

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.00pm on Wednesday 19 December 2012 in the Whittington Education Centre.

Present:	Joe Liddane	Chairman
	Greg Battle	Executive Medical Director, Integrated Care
	Anita Charlesworth	Non-Executive Director
	Jane Dacre	Non-Executive Director
	Peter Freedman	Non-Executive Director
	Yi Mien Koh	Chief Executive
	Martin Kuper	Medical Director
	Paul Lowenberg	Non-Executive Director
	Richard Martin	Director of Finance
	Sue Rubenstein	Non-Executive Director
	Bronagh Scott	Director of Nursing & Patient Experience
In attendance:	Kate Green	Business Manager, Nursing & Patient Experience
	Louise Morgan	Trust Company Secretary
	Naser Turabi	Head of Performance

12/179 Welcome and apologies

179.1 Apologies for absence were received from Robert Aitken and Maria da Silva. The Chairman welcomed those members of the public and staff who had come to observe the meeting.

12/180 Declaration of interests

180.1 No board members declared any personal interests in the items scheduled for discussion.

12/181 Minutes of the meeting held on 28th November 2012

181.1 The minutes of the meeting held on 28th November were approved.

12/182 Matters arising and action notes

182.1 Referring to note 172.3 and in answer to a question from Paul Lowenberg, Naser Turabi said that the Performance Management Framework had not been brought to the Board this month due to his having been on earlier than expected paternity leave. It would be brought to the Board in January.

182.3 Paul Lowenberg enquired whether a formal response had been sent to the member of the public who had expressed concern about an episode that had occurred during a fire drill. Bronagh Scott assured him that a response was due to be sent within the next week or so and that she was keeping a close eye on this.

Action Notes

182.4 Louise Morgan would be adding the request for a deep dive into the physiotherapy service to the agenda items for early 2013.

182.5 Plans were already in place to convene the working group to look at issues around education, and consideration was being given to which committee this group might best report to. The first meeting would agree this, as well as the scope and terms of reference.

182.5 It was noted that UCLP would be invited to attend a Board seminar in February or March.

12/183 Chairman's Report

183.1 The Chairman informed Board members that attention had primarily been focussed on the Foundation Trust Steering group, which had met twice since the previous Board meeting. The amount of work that needed to be done was significant, and that group was working extremely hard at present.

183.2 The Chairman had also held meetings with the Chairmen of UCLH and the Royal Free, both of whom had been interested to discuss the reasons for the delay in the FT application process.

183.3 Finally, he had represented the organisation at the Michael Palin Centre Christmas party. He concluded by emphasising how busy the month had been.

12/184 Chief Executive's Report

184.1 Yi Mien Koh informed the Board that both the Secretary of State's top priorities and the Operating Framework had recently been published. She also drew attention to the 'Digital First' strategy which had been published on 26th November. Implementation of the latter would begin in 2013 and be completed during 2015.

184.2 The Chief Nursing Officer (CNO) had published her strategy for nursing, midwifery and care staff. Entitled 'Compassion in Practice', it focused on six values: care, compassion, courage, communication, competence and commitment.

184.3 It was noted that Islington CCG had been one of the 35 CCGs which met the criteria for managing budgets for secondary care, so could be deemed to have performed extremely well.

184.4 The Chief Executive paid tribute to three senior staff who would shortly be leaving the Trust; Matthew Boazman, Jennie Williams and Sue Tokley. All three, she said, had received offers of posts that constituted promotion, therefore there was cause for pride as well as sadness at their departure. Considering this, Peter Freedman asked what steps were taken to bring new talent in to the organisation, mentioning in particular the critical nature of Matthew's post in management of the hospital. Yi Mien answered that the new commissioning landscape was attracting some highly banded posts, adding that the first round of interviews for Matthew's post had been held but an appointment had not been made. Subsequently it had been decided to both increase the banding of the post and include within it responsibility for being Deputy Chief Operating Officer.

184.5 The two nursing posts were to be replaced by one appointment, and Bronagh Scott hoped to initially agree an 18 month secondment of one of the many extremely capable nursing staff from within her directorate. Additionally Cassie Williams had been appointed to act up and take on many of the responsibilities currently shouldered by Jennie.

12/185 Quality Committee Progress Report

- 185.1 Bronagh Scott began her report by emphasising that she had done her best to keep the report brief and to the point in keeping with the recommendations on Board papers made by RSM Tenon.
- 185.2 It was noted that Robert Aitken had requested some amendments be made to the R&D Operational Capability Statement, and these had not yet been incorporated. It was agreed that an amended version should be circulated to Board members. It was agreed the Statement could be ratified through Chairman's action once the requested amendments had been made.
- 185.3 The Chairman commended the work being carried out by the District Nursing service to reduce the incidence of pressure ulcers, noting that Whittington Health was not an outlier in this area but it was hard to find similar organisations with which to benchmark performance. Sue Rubenstein emphasised the importance of distinguishing between hospital and community performance in this area, since inevitably the Trust was able to exercise significantly more influence and control over hospital patients than community ones. Agreeing, Bronagh Scott nevertheless drew attention to the considerable amount of work that had been carried out within community services to reduce the incidence of pressure ulcers. She added that there was a zero tolerance approach towards the acquisition of pressure ulcers in hospital, and where these did occur, a detailed root cause analysis into the cause was undertaken. The Trust was also piloting an initiative called the 'skin bundle' on some wards.
- 185.4 Sue Rubenstein informed the Board that the Quality Committee had voiced its concern at the delay in response times both for complaints and for the investigation of serious incidents, and would continue to monitor this. Bronagh Scott replied that there had been an improvement in the response times for serious incident investigation, more training sessions had been run, and clinical engagement was improving. She was aware that complaints response times remained an issue, and had put extra resource into the corporate team to enable that team to offer more support to the divisions.

12/186 Performance Dashboard

- 186.1 Head of Performance Naser Turabi had circulated this monthly operational report and invited comments and/or questions. The Chairman began by asking Naser to give an explanation for the cancellation of an entire list, evidence of which he had seen in the report. Naser replied that in some cases a list had to be cancelled due to sickness or other last minute issues, but occasionally close of a list could be attributed to other managerial issues such as a failure to communicate annual leave. There was a failure in some quarters to escalate issues appropriately. Yi Mien Koh felt this was a problem which was showing no visible sign of improvement, and it was one for which the Trust would be financially penalised the following year. The Board was also reminded that a previous cancellation remained one of the highest causes of DNA. The Trust had broadly met the target in terms of cancelled operations this year, the problem remained within out-patient appointments. The training for the new pathway co-ordinators would need to address these issues.

- 186.2 Anita Charlesworth raised the issue of the Trust's being rated amber against the VTE CQUIN target – performance had been good in August and September but appeared now to have fallen again. The Trust would only be paid if showing green for performance in this area. Richard Martin assured the Board that there would be no financial penalty under the block contract arrangement, but performance was being monitored. The Board discussed issues around accountability, and Yi Mien said that she would be re-launching the displays of performance outside her office in the New Year. Paul Lowenberg suggested such displays ought in addition to this be placed in areas where patients would see them such as out-patient clinics, and should also be used to demonstrate successes. Greg Battle urged caution, explaining that under-performers only tended to worry if they showed as clear outliers, which often meant no change was made to the main bulk. It was suggested the VTE CQUIN be further discussed at Quality Committee.
- 186.3 Peter Freedman asked for an explanation of the under-performance within cancer waits. Yi Mien Koh said that the last Cancer Board had focused on this. For the two week wait, some clinicians do not see this as crucially important and are therefore flexible and allow patients to change their dates. For the 31 and 62 days, the clinical leads were responsible for hitting targets, and there was a need to continue to monitor performance in this area. She added that there was a specific issue around dermatology, where some patients might not be viewed as quite as urgent as in other specialties, and it was suspected in any case that some GPs were using the two-week cancer target to fast-track people. There was a need to change the focus so that the challenge became the imperative to reassure this group of patients quickly that they did not have cancer. Yi Mien added that it was importance to give this area a similar focus to that given to the ED.
- 186.4 Paul Lowenberg commented that the first monthly report of the Friends and Family test did not appear encouraging. Naser Turabi replied that the target for November had been 15% and the Trust had achieved 12% so was on track, and all necessary measures had been implemented. ED had only recently begun to implement the test; whilst it was happening now it had been too late for the November report. Bronagh Scott added that the Trust was in fact ahead of the game in this new national measure, however the important thing would be to embed within the divisions the responsibility for the feedback machines etc. In answer to a question from Anita Charlesworth about implementation of the test within the community, Bronagh replied that the Department of Health (DH) had no plans to extend the test outside hospitals at present due to the cost. Furthermore, she stressed that these figures only related to the Friends and Family test, and the Trust did receive patient feedback via other routes.
- 186.5 Paul Lowenberg asked about the target for discharge before 11.00am and queried whether the Trust's performance in this area had deteriorated. Responding, Bronagh Scott said that the Trust had set itself very high targets, but the enhanced recovery programme continued to generate improvement in this area, and it was more realistic to aim for discharges to take place before 1.00pm.
- 186.6 Naser Turabi informed the committee that he was working at reviewing and revalidating all the RAG ratings across the dashboard. Sue Rubenstein thanked him for the difference his work had made to both the dashboard and the level of conversation around it. It was further noted that specific themes could be enlarged upon for more detailed discussion if the board so wished.

12/187 Financial Report

- 187.1 Introducing this item, Richard Martin informed the Board that the Month 8 figures demonstrated an improved position. The run-rate now constituted a small surplus of some £24k, which had again been supplemented by some non-recurrent factors. Looking at the factors supporting this, it was noted there had been a substantial reduction in spending on bank and agency staff.
- 187.2 For the third consecutive month there had been an underspend in midwifery, which Richard confirmed was a demonstration of sustained improvement for this service. ED had also halved its level of overspend, and the ICAM wards had also shown considerable reductions in their spending. Overall, the Trust was showing a £2.7m surplus against its £2.6m plan, and remained on track to meet its £3.1m year-end target.
- 187.3 Performance against the CIP target had now reached 88%. In addition, Islington CCG had identified some additional funding for some of the ambulatory care services.
- 187.4 The financial risk rating now stood at 3 for liquidity and 3.4 overall. The key objective, Richard said, was to keep the run-rate positive. In answer to a question from the chairman about the degree to which the month's favourable position could be attributed to performance, Richard replied that this was difficult to gauge after just one month, however it was worthy of note that the areas where improvements were visible were those that had been specifically targeted.
- 187.5 Yi Mien Koh expressed thanks to Bronagh Scott for her endeavours in reducing the spend on bank and (particularly) agency staff, and the operations team for their contribution to reducing the spend in maternity services. Richard Martin would circulate the financial report to all Board members after the meeting.

12/188 Finance & Development Committee Report

- 188.1 Paul Lowenberg informed the Board that the focus of recent meetings had been on developing the financial plan. The key component of this had been the approval of the investment in ambulatory care, which was an integral part of the strategy. The committee had also discussed and agreed the estates strategy and the draft workforce strategy.
- 188.2 Considerable committee time had also been spent discussing options for growth, also bringing together the necessary information for the convergence letter. All information could be seen in the final version of the Long Term Financial Model and the Business Plan.
- 188.3 Yi Mien Koh thanked Paul for his chairmanship of this committee, drawing attention to how much it had achieved since its inception. Her comments were echoed by the Chairman. She also thanked Richard and his team for producing the papers and additional information which enabled the committee to function. Anita Charlesworth paid tribute to the work which had been carried out on the estates strategy which had put the Trust in the position of being able to move forward on both maternity services and ambulatory care. In relation to this point, Yi Mien Koh enquired what the next steps were looking forward, and was informed that the maternity developments had been built into the mainstream programme. For the ambulatory care service, the application would be made in March, with the aim of completing in July and opening in September. Sue Rubenstein suggested thought be given

to generating publicity around these achievements, and it was agreed further consideration be given to this in March.

- 188.4 The Board gave its formal approval to all decisions made at the Finance and Development Committee.

12/189 FT Application Update

- 189.1 Following the last meeting of the steering group the aim was to have produced version 6 of the IBP by 7th January. All documentation was to be sent to NHS London by 25th January. A Board development seminar had been scheduled for 9th January, at which some time would be spent developing topics as identified by Edward Lavelle. There had now been a positive report on HDD2, which had contained no red, a reduction in amber and 25 green areas.
- 189.2 Referring to the convergence letters, Richard said that the Trust had met with both Haringey and Islington that week in order to discuss plans for deploying funding for 2014/15 and 2015/16 in terms of growth. There continued to be a need to provide the commissioners with assurance over what was to be provided. Richard and Fiona Smith had attended Haringey's finance committee to present and make the case for increased resource in the community setting. In the meantime the Trust had received assurance that the original assumptions could be used to complete the LTFM.
- 189.2 Updating the Board on the CIP position, Richard informed Board members that the CIP figures were being updated to reflect decisions made around efficiency, and some targets that were proving impossible to deliver had been removed. Workforce numbers had been recast from 850-900 to 550 and might be reduced still further.
- 189.4 In summary, then, the two main outstanding risks to the Trust's FT application remained acquiring the convergence letter and the CIP position.

12/190 Trust Governance Structure

- 190.1 Introducing this item, Bronagh Scott assured Board members that the structure had been updated in a way which met the requirements of NHSLA, CQC and the FT application process, and had also been colour coded to provide further clarity. It had been brought to the Board for formal approval, and would henceforth be brought back quarterly unless any significant changes were made outside this timetable.
- 190.2 Paul Lowenberg raised the issue of committees reporting up to the formal sub-committees of the Board, asking though what process he as Chair of a Board sub-committee was to be assured that these committees were carrying out their agreed functions effectively and adhering to their terms of reference. Louise Morgan replied that further detail on this would be provided with the next iteration of the structure, along with more details of accountability. Concurring with Paul's point, the Chairman wondered whether some external scrutiny of the structure might be of benefit. It was likely that governance arrangements would be raised at the Board to Board meeting.
- 190.3 It had been reported to Quality Committee that David Williams and Louise Morgan were holding meetings with all committee chairs to agree terms of reference which had been produced to an agreed template. Anita Charlesworth spoke of the need for consistency and commended this as a good basis for moving forward.

12/191 Board Assurance Framework (BAF)

191.1 Peter Freedman said that the BAF had now been updated to:

- align strategic risks and make sure these are reflected in the IBP
- to ensure all financial risks are reflected in the BAF
- to take a further look (with Edward Lavelle?) during January and then come back to the Board.

Louise Morgan suggested that a flow chart might be appended to increase clarity.

191.2 Paul Lowenberg asked whether the financial risk on tariff reduction would be added to the BAF as a separate new item or be entered as part of an existing item. Yi Mien Koh suggested it might be entered under 'effective and efficient care' assuming it was rated 12 or over.

12/192 Communication from today's meeting (Board Matters)

192.1 Noting that it was not planned to circulate an issue of Board Matters prior to the New Year, the Chairman said that he would work with Karen Welsh on this.

12/193 Questions / comments from the floor

193.1 Members of the public raised the following issues:

- concern over the replacement of Sue Tokley and Jennie Williams with a single post and the need to closely monitor the effect of this
- the mention, under the FT application agenda item, of a significant reduction in posts across the Trust.

193.2 Bronagh Scott replied that she shared the concern about replacing two senior nursing posts with one, and would not be following this course of action had any alternative have been available to her. She did assure Board members, however, that the Trust was in a considerably better place than had been the case a year ago, and specifically mentioned that Cassie Williams would be acting as an extremely capable Head of Patient Experience with a newly appointed Complaints Manager beneath her. There had also been some transfer of duties from Sue to Lisa Smith. In addition, Bronagh also expressed a high level of confidence in the divisional heads of nursing.

193.3 In response to the second point, Richard Martin reminded Board members that all Trusts had to make 5% efficiency savings, and that there was routinely around 15% turnover of staff. He spoke of the work carried out through the Unipart project to generate efficiency opportunities by streamlining services without damaging patient care. The Trust's reference costs were high, and the commissioners were not purchasing the same level of services. There remained some work to be carried out on numbers.

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**Whittington Health
Trust Board Action Notes 2012-13**

This paper identifies new actions arising from the Board meeting held 19th December 2012.

Ref.	Decision/Action	Timescale	Lead
182.1	Performance Management Framework to be brought to the Trust Board in January 2013	January Board	NT for MdS
186.2	The VTE CQUIN to be discussed at the January Quality Committee	January QC	BS
188.3	To give consideration, later in the spring, to generating some positive publicity around proposed improvements in maternity services and the ambulatory care initiative	March/April	Board with Comms
190.1	Quarterly reporting of the Trust's Governance Structure be added to the Board planner	January	LM
191.1	Suggestion that a flowchart be appended to the BAF to increase clarity	Jan/Feb	LM

NIHR Guideline B01

R&D Operational Capability Statement

Version History

Version number	Valid from	Valid to	Date approved	Approved by	Updated by
RDOCS 001				XX	XX

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Organisation R&D Management Arrangements

Information on key contacts

Name of Organisation: Whittington Health
 R&D Lead / Director (with responsibility for reporting on R&D to the Organisation Board): Dr Robert Sherwin

Contact 1:

Role: R&D Director
 Name: Dr Robert Sherwin
 Contact Number: 0207 288 5414
 Contact Email: robert.sherwin@nhs.net

Contact 2:

Role: Assistant Director
 Name: Dr. Senga Steel
 Contact Number: 020 7288 3405
 Contact Email: senga.steel@nhs.net

Contact 3:

Role: RM&G Administrator
 Name: Sanela Andrijac
 Contact Number: 020 7288 3274
 Contact email: sanela.andrijac@nhs.net

Contact 4:

Role:
 Name:
 Contact Number:
 Contract email
 Add further lines as required

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Information on staffing of the R&D Office

R&D Office Roles (e.g. Governance, Contracts, etc)	Whole Time Equivalent	Comments
R&D Director	0.2	indicate if part time/full time/shared/joint etc Part time. RM&G strategy lead and RM&G issues
Assistant Director	0.5	Part time. Role deals with all RM&G issues
RM&G Administrator & PA to Assistant Director of Research + Research and Director of Research + Innovation	1.0	Role deals with all RM&G issues

Add further lines as required

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Information on reporting structure in organisation (include information on any relevant committees, for example, a Clinical Research Board / Research Committee / Steering Committee.)

There is a Research Management and Governance Executive Committee that oversees the functions and systems for the approval and support of Research across the organisation. This committee reports to the Quality Committee, a sub committee of Trust Board .

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Information on Research Networks supporting/working with the Organisation.

Information on how the Organisation works with the Comprehensive Local Research Network (CLRN), Primary Care Research Network (PCRN), Topic Specific Clinical Research Networks (TCRN)

Research Network (name/location)	Role/relationship of the Research Network eg host Organisation
Central and East London Comprehensive Local Research Network	Member
North London Cancer Network	Host site for Cancer Network studies
Diabetes Network	Host site for Diabetes Network studies
Stroke Network	Host site for Stroke Network studies

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Information on collaborations and partnerships for research activity (e.g. BRC, BRU, Other NHS Organisations, Higher Education Institutes, Industry)

Organisation Name	Details of Collaboration / Partnership (eg University/Organisation Joint Office, external provider of pathology services to Organisation, etc, effective dates)	Contact Name	Email address	Contact Number
UCL/UCLH Comprehensive Biomedical Research Centre	Research Support Services Managed by Joint Research Unit (UCLH, UCL and RFH)			
UCL Academic Health Sciences Centre	Research Support Services Managed by Joint Research Unit (UCLH, UCL and RFH)			
Royal Free Hampstead Foundation Trust	Research Support Services Managed by Joint Research Unit (UCLH, UCL and RFH)			
North London Cancer Research Network	Running of studies		NLCRNadmin@cancer.ucl.ac.uk	
UCL Partners	UCL			

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Organisation Study Capabilities

Information on the types of studies that can be supported by the Organisation to the relevant regulatory standards

	CTIMPs (indicate Phases)	Clinical Trial of a Medical Device	Other Clinical Studies	Human Tissue: Tissue Samples Studies	Study Administering Questionnaires	Qualitative Study	OTHER
As Sponsoring Organisation	No	No	Yes - single site	No	Yes	Yes	Any single site study apart from CTIMPS
As Participating Organisation	All phases other than phase 1	All phases	Yes	Yes	Yes	Yes	All types of studies except primary care
As Participant Identification Centre	All phases	All phases	Yes	Yes	Yes	Yes	All types of studies

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Which licences does the organisation hold which may be relevant to research?

Licence Name	Licence Details	Licence Start Date (if applicable)	Licence End Date (if applicable)
Example: Human Tissue Authority Licence			
None			
Human Tissue Authority	Postmortem Licence (Yearly Renewal)	2012	2013
Human Fertility and Embryology Authority	Treatment (Insemination with Partner's Sperm)	01/10/2011	30/06/2015

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PCT ONLY: Information on the practices which are able to conduct research

N/A

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Organisation Services

Information on key clinical services contacts and facilities/equipment which may be used in studies for supporting R&D governance decisions across the organisation.

Service Department	Specialist facilities that may be provided (eg number/type of scanners)	Contact Name within Service Department	Contact email	Contact number	Details of any internal agreement templates
Pathology Pharmacy	Routine Haematological and Blood Transfusion testing Specialist facilities that may be provided/standard service (Brief) Pharmacy clinical trials service includes: - Managing IMP at site which includes receipt, storage (including temperature monitoring), dispensing, returns, destruction (if necessary) of IMP - Maintaining pharmacy file which includes trial-specific pharmacy SOPs, IMP accountability, patient-specific IMP accountability / returns - IMP may be intravenous cytotoxic chemotherapy, oral chemotherapy or other oral medication.	TBC Priyal Shah and Simon Wan	senga.steel@nhs.net senga.steel@nhs.net	020 7288 3274 020 7288 3274	
Radiology	Plain x-ray, fluroscopy, ultrasound, CT scans, MRI, nuclear medicine, mammography, DEXA	Recep Saleyman	senga.steel@nhs.net	020 7288 3274	

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Information on key management contacts for supporting R&D governance decisions across the organisation.

Department	Specialist services that may be provided	Contact Name within Service Department	Contact email	Contact number	Details of any internal agreement templates
Archiving	All WH studies are archived in line with UCLH/UCL archiving policy	R&D	senga.steel@nhs.net	020 7288 3274	
Contracts	Access to UCLH contracts team for advice and guidance	R&D	senga.steel@nhs.net	020 7288 3274	
Finance	Assistance with costs and budgeting of studies	Eleanor Hellier	eleanor.hellier@nhs.net		
HR	Assistance with HR work within RM&G. Research passport administered via	Sanela Andrijac	sanela.andrijac@nhs.net	020 7288 3274	
Statistical support	Statistical support provided by Biostatistics Group at UCLH.	Mark Griffin	mark.griffin@ucl.ac.uk		

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Organisation R&D Interests

Information on the areas of research interest to the Organisation

Area of Interest	Details	Contact Name	Contact Email	Contact Number
Bariatric Surgery			senga.steel@nhs.net	020 7288 3405
Cancer	Host site for North London Cancer Network. Specific areas of interest -		senga.steel@nhs.net	020 7288 3405
Cardiovascular			senga.steel@nhs.net	020 7288 3405
Cellular and Gene Therapy			senga.steel@nhs.net	020 7288 3405
Continence			senga.steel@nhs.net	020 7288 3405
Diabetes			senga.steel@nhs.net	020 7288 3405
Ear Nose and Throat			senga.steel@nhs.net	020 7288 3405
Educational Research (medical, nursing, midwifery and allied health professionals)			senga.steel@nhs.net	020 7288 3405
Gastroenterology and Hepatology			senga.steel@nhs.net	020 7288 3405
Haematology			senga.steel@nhs.net	020 7288 3405
Imaging			senga.steel@nhs.net	020 7288 3405
Infectious Diseases			senga.steel@nhs.net	020 7288 3405
Integrated Care Pathways and Organisation			senga.steel@nhs.net	020 7288 3405
Neurodegeneration			senga.steel@nhs.net	020 7288 3405
Neurodiagnostics			senga.steel@nhs.net	020 7288 3405
Neuroimaging			senga.steel@nhs.net	020 7288 3405
Neurotherapeutics			senga.steel@nhs.net	020 7288 3405
Paediatrics			senga.steel@nhs.net	020 7288 3405
Nursing, Midwifery and AHP research			senga.steel@nhs.net	020 7288 3405
Oral Health			senga.steel@nhs.net	020 7288 3405
Respiratory, Anaesthetics and Critical Care			senga.steel@nhs.net	020 7288 3405
Womens' Health			senga.steel@nhs.net	020 7288 3405
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Information on Local / National Specialty group membership within the Organisation which has been shared with the CLRN

National / Local	Specialty Group	Specialty Area (if only specific areas within group)	Contact Name	Contact Email	Contact Number
Martin Kuper	Critical Care Specialty Group	Enhanced recovery and critical care			
Hugh Montgomery	Critical Care Specialty Group	Critical care			
Jayant Vaidya	Cancer Network	Breast cancer and surgical intervention			
Farrukh Shah	Thalasaemia	Thalasaemia			
Pauline Leonard	Cancer Network	Cancer			

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Organisation R&D Planning and Investments

Area of Investment
(e.g. Facilities, Training, Recruitment, Equipment etc.)
ReDA database
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Description of Planned Investment
Merging of EPS into ReDA database which will allow for tracking, monitoring and recruitment of all clinical studies

Value of Investment
~£2000

Indicative dates
Jun-12



Organisation R&D Standard Operating Procedures Register

SOP Ref Number	SOP Title	SOP Details	Valid from	Valid to
We have a suite of SOPs which are currently being updated in line with RSS.	Protocol amendments	Management and approval of protocol amendments	02/02/2012	02/02/2014
	Serious breeches	Statutory management of serious protocol breeches under EU Law	02/02/2012	02/02/2014
	Urgent safety measures	Statutory management under EU Law (CTIMPS)	02/02/2012	02/02/2014
	Pharmacovigilance	Outlines process for safety reporting for clinical trials (CTIMPS)	02/02/2012	
	Consent for research	Outlines responsibilities of standards in line with ICH-GCP	02/02/2010	02/02/2012
	Auditing of research studies	Process by which studies are selected and audited under research	02/02/2012	02/02/2014
	Site file guidance	SOP on setting up and maintaining study records	09/09/2012	09/09/2014
	Sponsorship approval	guidance for investigators for submitting proposals to Whittington health	09/06/2012	09/09/2014
	Approval of Commercial studies	Process by which commercial studies are approved	Under development	
	Research passport approval	process for agreement of passports and letters of access	Under development	
	Management of research fraud and misconduct	How fraud and misconduct are managed -outlines responsibilities of	In progress	02/02/2014

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Information on the processes used for managing Research Passports

All research passport requests and letters of access are handled by the R&D administrator.

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Information on the agreed Escalation Process to be used when R&D governance issues cannot be resolved through normal processes

The R and D administrator will escalate any issues to the Assistant Director of Research, Innovation and Quality. If the issue cannot be resolved it will be escalated to the Director of Research at Whittington Health. If appropriate, unresolved issues should be referred to Chief Executive Office of Whittington Health.

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Planned and Actual Studies Register

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Other Information

For example, where can information be found about the publications and other outcomes of research which key staff led or collaborated in?

Whittington Health prides itself on running a range of studies that vary in type, phase and complexity. Recruitment into NIHR adopted studies in 2011-2012 was 536; an additional 200 patients were recruited into non-portfolio studies. There are currently 138 studies actively recruiting within the Trust, involving approximately 100 researchers. As well as participating in multi-centre national studies there is a drive for locally lead projects, service evaluation, innovation and collaborations within the Whittington Health and local partners. There is a close working relationship with Middlesex University, promoting research within the nursing community, with studies into patient benefit, staff working relationships, the clinical environment and the streamlining of services. An annual Research and Development Report is published and is available externally on the Trust website.

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