

South Wales and South West Congenital Heart Disease Network Network Board Meeting

Date: Thursday 22nd May 2025, 14.00 – 16.30
Venue: Microsoft Teams Conference Call
Chair: Dr Radwa Bedair, ACHD Consultant Cardiologist

Minutes

Item	Notes and Actions
0.	Welcome, introductions and apologies
	<p>Dr Radwa Bedair (RB) welcomed the attendees to the Network's virtual Board, providing a reminder on the digital meeting etiquette.</p> <p>The Board welcomed attendees joining for the first time: Tom Rhodes, Senior Commissioning Manager, NHSE for RUH (Bath) and Somerset; Emma King, NHS Wales JCC Head of Commissioning for Cardiac (taken over from Amy Lewis); Grace Warren, Fetal Network Manager, and Angie Smith, Lead Fetal Cardiac Sonographer.</p>
1.	Approval of minutes and action tracker
	<p>The minutes of the Network Board on 13th February 2025 were agreed to be an accurate record.</p> <p><u>197 - Hywel Dda Glangwilli paediatric CHD high wait challenges</u> A meeting supported by the Network and local team was held in January and again in May to discuss the situation and support progress. Work ongoing with NHS Wales JCC to establish original capacity funding.</p> <p><u>209 – Allocation of paediatric consultant admin work in between peripheral clinics - SLA document</u> BRHC meeting to be held in June 2025 regarding the SLA as a whole and a multi-speciality approach. Update to be provided at the next Board.</p> <p><u>211 – Commissioner view on Aneurin Bevan and Swansea Bay Health Boards ACHD provision limiting patient support due to financial provision, when in other areas Health Boards are providing the service</u> RP was picking this query up and his successor will report back when able.</p> <p>Closed actions: 200.</p>
2.	Patient Story
	<p>The Board listened to George's story, pre-recorded by George's mum Jo. George is a 13-year-old diagnosed with a double inlet left ventricle with ventricular atrial concordance at birth, and valvular and sub-valvular pulmonary stenosis. He underwent a bidirectional Glenn shunt in 2012, a total Cavo pulmonary connection with extra conduit in 2017 and an epicardial pacemaker implantation in 2024.</p> <p>George is currently receiving emotional, and well-being support to readapt to school life after missing so much secondary education due to his health. Jo mentioned that George has a good group of friends, but he often doesn't get invited to e.g. sleepovers due to other parents worrying</p>

	<p>about something going wrong with his heart. His brother Mikey shared his perspective on the impact on him as a sibling and looking out for George.</p> <p>Jo praised the support on the ward and the NHS staff involved in George's hospital care, and the importance of psychology and play therapy. She outlined the logistical challenges and the mental impact on George.</p> <p>For feedback to the Board, Jo felt that more local support is needed in Cornwall, particularly with having links with other families/children who also have a heart condition; how siblings can be supported; and all the family organisation that is required when a hospital appointment comes through, or waiting to get that date and trying to pre-empt what plans must be put in place.</p> <p><u>Key points discussed following the presentation:</u></p> <p>The Board thanked Jo, George and Mikey for sharing their experience in such an articulate way. Whilst communications have been good, this was more about managing expectations. Dr Georgina Ooues introduced herself as ACHD Consultant Cardiologist in Cornwall, and Nicola Morris offered to liaise about Heart Heroes support hubs to help with networking patients.</p> <p>The Board considered the point about logistical challenges when patients live remotely in the Network and how journeys can be made more streamlined for families.</p>
Network performance dashboard and exceptions – key headlines from quarter 4	
3.	Updates from Level 1 (Bristol)
	<p>MJ presented a summary update on the performance and assurance data that is collected on a quarterly basis. MJ advised that to support meeting timings not all highlights from the quarterly returns will be covered in detail during this section of the agenda. The performance slides will be circulated post meeting for anyone interested in a more detailed review.</p> <p><u>Level 1 paediatric CHD service</u></p> <p><u>Surgical and interventional performance – year to date waiting list trends for Level 1 (Bristol)</u></p> <p>For BRHC, the surgical inpatient waiting list has slightly increased and is similar to the numbers seen in 2025/26 Quarter 2 and is slightly lower than 2024/25 Quarter 4. The average wait for surgery has reduced to 11 weeks, and there is a significant reduction in patients waiting for JCC discussion.</p> <p>The interventional average waiting list shows an improved position with an average wait of 22 weeks. Improvements seen previously related to additional lists and some weekend activity taking place.</p> <p><u>Outpatient performance for Level 1 paediatrics (Bristol)</u></p> <p>The new patient consultant appointment mean wait remains statis from last quarter, and the follow up backlogs continue to increase. The growth in referrals is impacting this position with many cases related to inherited cardiac conditions (previously estimated that 25% of total backlog is ICC related). The Was Not Brought is at the lowest rate since pre-pandemic.</p> <p>Key updates:</p> <ul style="list-style-type: none"> - New appointment of Consultant Cardiologist - Dr Silvia Caroli. Expected start date August 2025. - New appointment of locum Consultant Cardiologist – Dr David Blundell start date June

	<p>2025.</p> <p>Risks/concern:</p> <ul style="list-style-type: none"> - Continued increase in overdue Follow Up backlog. - Risk of non-delivery of 52 week wait targets. - Issues relating to fetal capacity resulting in poor performance against 3 calendar day target. Ongoing management of screening referrals being worked through. <p>Actions/support required from Network: None noted this quarter.</p> <p>CA raised concern that Level 1 senior consultants are covering admin (rather than clinical work) which could be done by admin roles and that better electronic systems are needed. SLC supported this from a BHI perspective.</p> <p><u>Level 1 adult CHD service</u></p> <p><u>Surgical and interventional performance - BHI</u></p> <p>Despite the increase in total patients waiting on the adult surgical waiting list (the increased throughput of cases at JCC could be impacting on list size), the reduction in average length of wait seen last quarter is sustained.</p> <p>The adult interventional waiting list shows a continued reduction. The previous growth may have been related to expanding interventional treatment options. The average wait remains static from Quarter 2, now at 17 weeks which is a significant reduction from earlier in the year.</p> <p><u>Outpatient performance for Level 1 adults (Bristol)</u></p> <p>There has been an increase in average wait time for new patient consultant appointments. The follow up backlog reduction continues with the lowest number waiting since June 2021. The DNA rate shows a slight reduction this quarter, but this remains high, and the team are keen to tackle this, with learning from the health equalities DNA project. CM plans to update on this at the next Board meeting.</p> <p>RB presented the key updates for the level 1 ACHD centre – in addition to the performance data already covered:</p> <p>Key updates:</p> <ul style="list-style-type: none"> - RUH Bath – first local ACHD specialist clinic held in Bath, May 2025 - positive outcome to reduce travel for patients in this area. SLC will be the visiting consultant. - Hybrid cath lab refurbishment planned this year with a 7-month timeframe for the works to be completed. This will impact across all subspecialties, but the plan is to re-provide activity where possible. - Another self-expanding transcatheter valve (Harmony) has been approved and three patients have been treated so far. This will expand the treatment range for transcatheter pulmonary valve replacement. <p>Risks/concerns to be escalated: None noted.</p> <p>Actions/support required from the Network: None noted.</p>
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	<p><u>Level 1 Surgical update</u></p> <p>SM noted that for paediatrics, the surgical waiting list is around 90 patients. There was one week around Easter where no work was performed due to PICU beds, however recruitment/staffing in PICU and theatres has since improved. The aim is to increase surgical throughput at times when there is more capacity in PICU, such as over the summer. Some straight forward cases such as pacemakers, can be managed through Dolphin HDU as part of the Enhanced Delivery Programme (rather than PICU).</p> <p>The surgical cases are getting more complex and often can only do one case a day rather than two. The option of putting a more straight-forward case after a complex case could be explored, but this is logistically challenging.</p> <p>Consultant Cardiac Surgeon, Massimo Caputo, returns from sabbatical in June 2025.</p>
4.	<p>Updates from Level 2 (Cardiff)</p>
	<p><u>Level 2 paediatric CHD service:</u></p> <p><u>Performance update</u></p> <p>MJ updated that that has been huge improvements in the outpatient data with a reduction in both the new patient consultant appointment waits to 26 weeks, and the follow up backlog, which is significantly lower than at the end of 2023/24. The pooling of follow ups has supported improvements in the position. The Was Not Brought rate remains similar to usual levels.</p> <p>NH presented an update for the Level 2 centre:</p> <p>Key updates:</p> <ul style="list-style-type: none"> - NH is leaving in August, and interviews for a replacement are planned for 13th June. <p>Risks/concerns: Consultant pending vacancies – one locum consultant post extended until 9th June 2025 to help with the smooth running of the service and hot week cover. The substantive consultant post has been advertised with an aim to recruit two suitable candidates – ideally with the first to start from 9th July and the second from 1st September 2025.</p> <p>Actions/support required from the Network: None noted.</p> <p><u>Level 2 adult CHD service:</u></p> <p>MJ outlined the adult Level 2 position noting that there has been some deterioration in progress over the past year, though the positive updates in relation to workforce will hopefully support an improved position in coming months. The DNA rate seems to be increasing.</p> <p>HW presented an update for the Level 2 centre.</p> <p>Key updates:</p> <ul style="list-style-type: none"> - Dr Elinor O'Neill has been successfully appointed as the new full-time ACHD consultant – replacing Simon MacDonald post (this does leave a gap in the registrar cohort) - The clinical ACHD Fellow post ended in March 2025 and recently approval has been received to re-advertise for another post. - Moving hearts (cardiac support) 12-month programme funded by BHF, has had a positive uptake and outcomes. - Sarah Finch, Lead CNS, has been successful in obtaining the Florence Nightingale

	<p>Foundation Leadership Scholarship.</p> <p>Risks/concerns:</p> <ul style="list-style-type: none"> - Ongoing issue with follow ups. - Psychology service is in crisis – being seriously under-resourced in South Wales without secure hours, and demand far beyond capacity. AM is finding it difficult to attend the MDT meetings to help address this. <p>Actions/support required from Network: None noted.</p>
5.	<p>Updates from Level 3 centres (District General Hospitals)</p> <p><u>Paediatrics – South West</u></p> <p>An ‘at a glance’ chart was displayed to show the data and narrative returns for the Network. It was acknowledged that narrative may not be returned if a centre has no updates to share in quarter.</p> <p><u>Outpatient performance</u></p> <p>MJ highlighted that the new patient consultant appointment waits in Plymouth have increased significantly in the last 6 months.</p> <p>For the follow up backlog, Bath have achieved a zero-backlog position for all clinics, and Taunton have reduced their visiting consultant backlog to just 7 patients (44 patients in Q3). Torbay have sustained a minimum local backlog over the last 9 months.</p> <p>The key updates are outlined in the exception report in the papers.</p> <p>Key updates included:</p> <ul style="list-style-type: none"> - Exeter has ongoing demand that exceeds capacity, despite the increase in PEC clinic numbers over the last 12 months. The service is scoping mitigation options such as onsite physiologist training and an age cut off for new patients of 16 to reduce the list. - Plymouth have had funding agreed for a full-time specialist children’s cardiac nurse. - Following the self-assessment review, Taunton is working to get an exercise testing service for paediatric age group patients. - Swindon have a new echo machine with substantially better-quality images. <p>Risks/concerns & actions required from the Network:</p> <ul style="list-style-type: none"> - Exeter – the backlog for new and follow up patient waiting list is significant and this is a long-standing item on the RDUH risk register. NV added that the demand is mainly due to increasing referrals. Need funding support to procure extra all-day additional clinics. - Plymouth has a long wait for new patients to be seen in level 3 clinics (approx. 1 year for routine patients) - Swindon has a lack of a cardiac nurse specialist and dedicated HDU facility. <p><u>Paediatrics – South Wales</u></p> <p><u>Outpatient performance</u></p>

Nil returns from Cwm Taf since quarter 1 – MJ is meeting with new services manager and will raise about the quarterly Board data returns.

MJ updated that Hywel Dda Glangwilli visiting consultant waits continue to grow significantly, and Hywel Dda Withybush continue to struggle with long waits for the visiting clinics. Hywel Dda paediatric centres have a patient safety risk from the clear capacity demand challenges, and meetings have been held with the local service, Health Board and commissioners. Some actions have been agreed to further mitigate risk and historic funding/capacity commitments are being investigated.

The key updates are outlined in the exception report in the papers.

Key updates/concerns included:

- Hywel Dda Glangwilli visiting specialist clinic template has been changed to increase new patient capacity (from 3 to 6 per all day clinic). Further discussions are planned with commissioners to require increase in the number of clinics to cope with demand.
- Swansea has a comprehensive risk assessment on the directorate risk register and several mitigations/controls in place including mapping of capacity and demand in the last 12 months.

Actions/support required from the Network: None noted.

Adult CHD – South West

The nil returns were for Truro due to workforce changes; and Swindon who have historically not submitted a return and this has been escalated following the self-assessment.

Outpatient performance

MJ updated that Exeter's quarter 3 reduction in long wait for local new appointments has reversed back to 45 weeks from 21. However, there has been significant improvement in Exeter's backlog position. Gloucester report steady progress in improving all the measures over the past 12 months, with reducing new waits for both visiting and local clinics from 35 weeks to 5 weeks. Plymouth reports a deterioration in the local consultant backlog with a significant increase in overdue patients mainly due to demand – recent changes to the consultant rota have increased non-specialist duties impacting local ACHD clinic provision.

Key updates:

- Taunton held their first transition/transfer clinic in May 2025, attended by paediatric and adult consultants in the adult cardiology department.
- Exeter continues to work on a business case for a nurse to support the service.
- Gloucester ACHD CNS post has been extended for another 12 months, which is excellent news. DL fed back that David Wither's role has substantially improved the running of the ACHD outpatient clinic.

Key risks/concerns:

- Gloucester's waiting list concerns continue as more patients are repatriated from Bristol and with the Trust's financial pressures.
- Taunton continue to look at better ways to configure local consultant clinics – need to formally add the issues caused by Yeovil District Hospital to the risk register.

	<p>Actions required from Network: None noted.</p> <p>Adult CHD – South Wales</p> <p>100% of centres provided a data return as per previous quarter.</p> <p><u>Outpatient performance</u></p> <p>MJ updated that Cwm Taf Glamorgan have no waits for local new nor follow up appointments. Cwm Taf Princess of Wales local consultant new waits continue to reduce, now at 8 weeks, and there is some increase in the follow up backlog, yet all under 12 months wait. Swansea Bay has no patients on the new appointment waiting list for local and visiting. However, Hywel Dda Glangwilli visiting backlog has doubled from last quarter with most patients waiting over 12 months.</p> <p>Key updates</p> <ul style="list-style-type: none"> - Cwm Taf Morgannwg Royal Glamorgan – Thanks to HW for her support during the gap in visiting ACHD specialist. A substantive replacement is due to start in June. - Cwm Taf Morgannwg Princess of Wales – whilst there have been waiting list improvements, the service is still running 11 months behind the desired follow up appointments. There are plans for a new full-time consultant which might ease the situation. - Swansea Bay – currently no new patients on the waiting list, but there is a backlog of follow up patients. <p>Risks/concerns – none noted.</p>
6.	<p>Patient and family representative update</p> <p>NM updated that the NHSE CHD Clinical Reference Group met in April 2025 with the top two priorities being workforce and inequalities in health. With the NHS England changes, there is a block on recruitment, including patient and parent representatives. It is important to ensure that CHD is still recognised on the national agenda.</p> <p>The patient and family representative role description has been refreshed and circulated for comments. The psychology pages on the Network website are also being refreshed and have been re-written – the patient representatives are to be involved with reviewing this soon.</p> <p>The Board thanked the patient representatives for their time and feedback.</p> <p>The Board was reminded that <i>if a project involves patient care, a patient rep should be involved</i>.</p>
7.	<p>National and regional updates</p> <p><u>Commissioner updates</u></p> <p>NHS England, Southwest - presented by CK.</p> <p>Key updates including:</p> <ul style="list-style-type: none"> - Delegation – specialised services are being delegated to ICBs with Somerset ICB as the principal commissioner. - The seven ICBs in the South West of England are to cluster into three groups (Devon and Cornwall; BNSSG and Gloucestershire; and Somerset, BSW and Dorset). - Model ICB blueprint document published on 8th May 2025 – this is to help ICBs produce financial reduction plans to cut running costs by 50%. It also sets out an initial vision for ICBs as strategic commissioners, and the role they will play in releasing the ambitions of

	<p>the 10 Year Health Plan (due to be published at the end of June).</p> <ul style="list-style-type: none"> - Operational Delivery Networks (ODNs) such as the SWSW CHD Network are commissioned by NHSE – the future is unknown, but it is likely the ICBs will be reliant on the ODNs for continuation of the work they deliver. <p>Risks/concerns: None noted.</p> <p>NHS Wales Joint Commissioning Committee (formerly known as Welsh Health Specialised Services Committee, WHSSC), South Wales – presented by EK.</p> <p>Key updates including:</p> <p>Adult</p> <ul style="list-style-type: none"> - Already covered consultant posts and gap in clinical fellow in Cardiff (see level 2 update) - Cardiff and Vale University Health Board have continued to advise of significant ‘front door’ cardiology services pressures at UHW, noting also significant commissioner cost pressures relating to interventional cardiology. <p>Paediatrics</p> <ul style="list-style-type: none"> - UHBW have re-started sharing the routine performance monitoring data with NHS Wales JCC which is helpful in providing the required assurance. - Follow up meeting held with the Network and Hywel Dda UHB in relation to the waiting times for paediatric patients seeing visiting specialists from Cardiff & Vale UHB. Several actions were identified, with plans to continue to progress and seek solutions.
8.	Network Update 2025/26
	<p><u>Network updated report</u></p> <p>SV updated on some key highlight achievements from March 2025 to date. Of key note:</p> <ul style="list-style-type: none"> - Self-assessment reviews – completed in Level 1 paediatrics, and progressing plans for Level 1 adults and Level 2. - First ACHD local clinic held in Bath. - Meeting with Glangwilli services to find solutions to patient safety concerns related to outpatient capacity challenges. - Audit project strategy for network wide audit progressing. - Published the management of chronic thoracic aortic disease in adults guideline for Network clinicians, and the ADHD medications for children with cardiac or suspected cardiac disease guideline is finalised and awaiting approval. - Website audit held with an external provider to look at areas of refresh and uplifting the website homepage format. The dental pages have been updated with support from the Network dentistry clinicians. - Held the ACHD medical training programme in early May with excellent attendance and feedback, as well as the paediatric cardiac study day for nurses with a presentation on endocarditis by the Network Lead Nurse. Plans are underway for the Network psychology day (June) and Network transition morning (July).

Network workplan 2025/26

This was signed off by NHS England South West in May 2025. The workplan contents include the continuation of ongoing Network projects, the recommendations from the 2024/25 self-assessments, and key priorities as identified by Network stakeholders. The menti meter exercise at the February 2025 Board showed that the top stakeholder priorities are workforce, transition, cardiac rehab, and cross Network audit, all areas that have Network projects attached for 2025/26.

Antenatal Cardiac Champion Project

Grace Warren, Fetal Network Manager, and Angie Smith, Lead Fetal cardiac & Midwife sonographer, provided an update on improving the antenatal detection rates in Fetal cardiology and the introduction of cardiac champions.

Education - Angie Smith runs monthly online teaching sessions on the second Friday of each month, and these are attended by staff across the South West of England.

In February 2025, 14 cardiac champions were identified from 13 hospitals. The expectation of the cardiac champion role includes attending the regional training sessions delivered by the Bristol fetal cardiology team, and to cascade this training within their units. They are the local contact for colleagues and act as a link to the fetal cardiology team, helping to improve the quality of referrals sent to Fetal Cardiology.

A Fetal Cardiology Network study day was held on 7th February 2025, with plans underway for future days on 4th July and 28th November 2025.

The key challenge of the project is that it is reliant on two members of staff to support and teach, and the Bristol Fetal Cardiology service is already stretched with limited time.

The next steps are to continue with the face to face and online training sessions; to continue with hands on days for cardiac champions; provide feedback to USS and Fetal Medicine departments regarding postnatal diagnosis from the NICOR data; to roll out regional audit; and draft a best practice policy on how to scan the fetal heart.

Ongoing project updates

SLC presented on ongoing projects noting the successes and challenges:

1. **The Adult JCC project** – a post-project survey was carried out with all respondents saying that the JCC had improved, being more organised, efficient and streamlined. The waiting list was previously 3 months and has now gone, with many positive differences such as less patient queries, being safer and efficient. The new terms of reference is very clear so everyone knows what is expected and there is more engagement and focus as the pace of the meeting is faster.
2. **Delayed transfers between Level 1 and Level 2 paediatric centres** – to audit and reduce delayed transfers of care. This affects beds and thus the surgical programme. A full project group (Bristol, Cardiff, Network and Commissioners) had a final meeting in March 2025 agreeing that the new escalation process is working well and flow has improved.
3. **Paediatric JCC project** – The Network scoped views of stakeholders, and the survey results were disseminated to the team leads with a meeting to agree the recommendations. SLC presented the survey results at both the Bristol and Cardiff paediatric consultant meetings. As funding/job plan issues have delayed the start of a new JCC Lead, Mr Mussa has led and actioned the recommendations. Under Mr Mussa's leadership the waiting list for

	<p>discussion has over halved.</p> <p>4. Image transfer of all patient images across the Network, particularly ECHO transfer between Wales and England. Scoped the issue and resolved with IT teams in Swansea and Bristol test centres and set up accounts for users for Welsh systems. Hywel Dda and Aneurin Bevan have come back online following a cyber-attack, and Cwm Taf is in progress. The Bath system is up and running. The long-term Exeter paediatrics ECHO storage has been sorted with the local team and the reporting system is being refined to be complete by mid-2025.</p> <p>5. Communication of patient information across the Network (to identify gaps in the safe flow of patient information from Level 1 to Level 2 to Level 3 centres). This work included improving the adult patient letters/results/surgical notes being sent too Level 2 & 3 centres; and systems being put in place to inform Level 2 and 3 of adult discharges and adult JCC outcomes. A repeat stakeholder survey was undertaken to measure improvement in adults. The paediatric work is ongoing, and the registrars are surveying the level 3 centres re: best template – for re-audit after 3 months.</p> <p>6. Transfer of care between paediatric and adult services – primarily looking at the quality of transfer, and checking suitable patients listed/discharged, and aiming to identify patients lost to follow up between paediatric and adult care to ultimately improve safety and reduce unnecessary medical follow up.</p> <p>There is ongoing work looking into robust electronic transfer. SLC has been scoping IT systems across the region to assess feasibility of learning across the region. NH to scope the Welsh system as this may need a different approach.</p> <p><u>South West England self-assessments</u></p> <p>MJ recapped on the purpose of the review and the progress. The South Wales Level 3 self-assessments and reviews were previously held in 2023; 17/17 of the South West England self-assessments and virtual review sessions were completed between May to December 2024; and the Level 1 BRHC Paediatric review was completed in April 2025. Following a pause due to NHS England, plans are now underway for the Level 1 BHI ACHD review, and for the Cardiff reviews.</p> <p>So far, 10 areas of key and shared challenge have been identified, and all are to be included on the Network issues log. Progress and improvement have already been made to address these in some centres including the first ACHD visiting clinic being delivered in Bath in May 2025 – this is the start of a plan to establish a local ACHD service at the Royal United Hospital.</p> <p>MJ outlined the centre progress updates against the key findings, with the Network support. The Board celebrated the progress centres are already making against the self-assessment action plans.</p>
9.	Any Other Business
	<ul style="list-style-type: none"> - <u>Board membership</u> – Need to ensure members send a nominated deputy if unable to attend. - <u>Next Board Meeting</u>, Wednesday 6th August 2025, 14:00 – 16:30 (virtual) - Board members are asked to inform the Network team of any agenda items for the next Network Board meeting.

Attendees

Name		Job Title	Organisation	22-05-25
Amy Lewis	AL	Senior Commissioner	NHS Wales Joint Commissioning Committee	Present
Angie Smith	AS	Lead Fetal cardiac & Midwife sonographer	Bristol, University Hospitals Bristol & Weston	Present
Anna Mcculloch	AM	Consultant Clinical Psychologist	Cardiff, University Hospital of Wales	Present
Becky Nash	BN	Patient Representative		Present
Catherine Armstrong	CA	Consultant Paediatric Cardiologist	Bristol, University Hospitals Bristol & Weston	Present
Claire Kennedy	CK	Senior Commissioning Manager	NHS England	Present
Claire Logan	CL	Paediatric Clinical Nurse Specialist	Cardiff, University Hospital of Wales	Present
Daniel Meiring	DM	Fetal & Paediatric Cardiac Physiology Service Manager	Bristol, University Hospitals Bristol & Weston	Present
David Lindsey	DL	Consultant Cardiologist with interest in ACHD	Gloucestershire Hospitals	Present
Emma King	EK	Senior Planner Commissioner	NHS Wales Joint Commissioning Committee	Present
Ganga Bharmappanavara	GB	Consultant Paediatrician with Expertise in Cardiology	Taunton, Musgrove Park Hospital	Present
Georgina Ooues	GO	Consultant Cardiologist ACHD	Truro, Royal Cornwall Hospital	Present
Giovanni Biglino	GB	Network Research Lead	Bristol, University Hospitals Bristol & Weston	Present
Grace Warren	GW	South West Fetal Network Manager		Present
Helen Wallis	HW	Consultant Cardiologist	Cardiff, University Hospital of Wales	Present
Jennifer Shortland	JS	Consultant Paediatric Cardiologist	Bristol, University Hospitals Bristol & Weston	Present
Jo		Patient representative		Present
Justin Thuraisingham	JT	Consultant Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Present
Katy Huxstep	KH	Consultant Paediatrician with Expertise in Cardiology	Truro, Royal Cornwall Hospital	Present
Lisa Patten	LP	Paediatric clinical nurse specialist	Bristol, University Hospitals Bristol & Weston	Present
Luisa Chicote-Hughes	LCH	Consultant Cardiologist - ACHD	Plymouth, Derriford Hospital	Present
Megan O'Brien	MOB	Assistant General Manager - BRHC	Bristol, University Hospitals Bristol & Weston	Present

Name		Job Title	Organisation	22-05-25
Michelle Jarvis	MJ	CHD Network Manager	CHD Network Team	Present
Nagendra Venkata	NV	Consultant Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Present
Nicola Morris	NM	Patient Representative		Present
Rachel Burrows	RAB	CHD Network Support Manager (note-taker)	CHD Network Team	Present
Radwa Bedair	RB	ACHD Consultant Cardiologist	Bristol, University Hospital Bristol and Weston	Present
Sarah Finch	SF	ACHD Clinical Nurse Specialist	Cardiff, University Hospital of Wales	Present
Shafi Mussa	SM	Consultant Surgeon	Bristol, University Hospitals Bristol & Weston	Present
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team	Present
Stephanie Curtis	SLC	Network Clinical Director / Consultant cardiologist	CHD Network Team / Bristol, University Hospitals Bristol & Weston	Present