

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

**Date:** Thursday 25<sup>th</sup> November 2025, 14.00 – 16.30

**Venue:** Microsoft Teams Conference Call

**Chair:** Dr Radwa Bedair, ACHD Consultant Cardiologist

### Minutes

Item	Notes and Actions
0.	<b>Welcome, introductions and apologies</b>  Dr Radwa Bedair (RB) welcomed the attendees to the Network's virtual Board, providing a reminder on the digital meeting etiquette.  The Board welcomed attendees joining for the first time in new substantive roles: Dr Stephanie Connaire as ACHD Consultant Cardiologist from Cardiff, and Dr Elinor O'Neill, ACHD Consultant Cardiologist.
1.	<b>Approval of minutes and action tracker</b>  The minutes of the Network Board on 6 <sup>th</sup> August 2025 were agreed to be an accurate record.  <b><u>197 - Hywel Dda Glangwili paediatric CHD high wait challenges</u></b> The original commissioner funding position is now understood. Glangwili service managers have identified some reporting challenges, and a data validation exercise is underway. The plan is for a clinical tabletop exercise once the performance position is known to understand the risk and agree mitigations.  <b><u>209 – Allocation of paediatric consultant admin work in between peripheral clinics - SLA document</u></b> In progress - complexities involved which the legal team have reviewed and have now supported with a route forward. UHBW commissioning and planning team are supporting with template completion.  <b>Closed actions:</b> 211 & 213
2.	<b>Patient Story</b>  The Board listened to J's story as a pre-recorded interview. J is a 21-year-old diagnosed at birth with transposition of the great arteries. He underwent an arterial switch operation as a child, and an aortic valve replacement (2024). J shared about his experience of transition to the adult service in a DGH and how helpful it was to meet the adult team in advance of transfer, including visiting consultant (from Bristol).  With a passion for fitness, J's life dream was to join the Royal marines however he realised in recent years that with the entry requirements this would not be realistic due to his heart condition. J is also a keen rugby player and played for Somerset.  In 2024, J attended surgical pre-op and assertively raised about mechanical vs tissue valve, appreciating that the surgical team listened and reviewed the options, with his best interests at heart. J shared his experience of surgery and recovery, praising the support of the staff.

	<p>For feedback to the Board, J shared how a person-centred care approach is important, tailored to individual needs, and how meeting the team and being listened to makes such a difference (rather than just being a name in an email). J also shared that he feels it is also key that patients take personal responsibility to keep a positive 'can do' mindset.</p> <p><u>Key points discussed following the presentation:</u></p> <p>The Board thanked J for sharing his heart-warming and fascinating insights into his heart journey, particularly his surgical experience as an adult. It clearly came across that his confidence in the team was due to the positive interactions with staff and feeling listened to. The Board also discussed the importance of transition clinics, as Jack mentioned that this prepared him for moving, and the supportive role of the CNS and youth worker in this process.</p> <p>The interview approach to the patient story was commended.</p> <ul style="list-style-type: none"> <li>○ Action: BL to feedback the Board's thanks to J and also to Xander Patel-Cook on the quality of the interview.</li> </ul>
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### Network performance dashboard and exceptions – key headlines from quarter 1

3.	<h4>Updates from Level 1 (Bristol)</h4>
	<p>MJ presented a summary update on the performance and assurance data that is collected on a quarterly basis. The performance slides will be circulated post meeting for anyone interested in a more detailed review.</p> <p><b><u>Level 1 paediatric CHD service</u></b></p> <p><b><u>Surgical and interventional performance – year to date waiting list trends for Level 1 (Bristol)</u></b></p> <p>For BRHC, there has been improvement since last quarter on both the surgical and interventional performance. The surgical inpatient waiting list has further decreased and is the lowest number for 3 years plus. The average wait for surgery has, once listed, also reduced and is at 12 weeks.</p> <p>The interventional average RTT waiting list shows a continued improved position with an average wait of 13 weeks, reduced from a 19 week wait this time last year. The Board praised all involved with this positive progress.</p> <p>The team led by SM are running some additional JCC MDT meetings in upcoming weeks to tackle the JCC waiting list. Thanks to SM for his support and leadership with this.</p> <p><b><u>Outpatient performance for Level 1 paediatrics (Bristol)</u></b></p> <p>The new patient consultant appointment longest wait has halved to 32 weeks, and the mean wait has further reduced to 13 weeks (from 22 weeks in Q1). Another positive achievement.</p> <p><b>Key updates:</b></p> <ul style="list-style-type: none"> <li>- Business case for substantive investment into Paediatric Cardiology presented to Trust Exec team - further information required before final decision can be made.</li> <li>- On target to meet 52 week wait trajectory for March 2026.</li> </ul> <p><b>Risks/concern:</b></p> <ul style="list-style-type: none"> <li>- Continued concern in high level of patients waiting in overdue follow up backlog.</li> </ul>

<p><b>Actions/support required from Network:</b> None noted.</p>	<p><b><u>Level 1 adult CHD service</u></b></p> <p><b><u>Surgical and interventional performance - BHI</u></b></p> <p>The surgical waiting list position shows that despite a slight reduction last quarter, the gradual increase seen over the past 18 months continues. The average RTT surgical wait is sustained at 18 weeks and remains much lower than last year.</p> <p>The interventional waiting list shows that the total waiting list has reduced by 25% this quarter due to excellent session utilisation. Despite the reduction in overall numbers, the average RTT wait has increased from that seen over the last 6 months. However, progress has been made with the longest wait.</p> <p><b><u>Outpatient performance for Level 1 adults (Bristol)</u></b></p> <p>The BHI outpatient performance has been impacted by the reduced number of fellows at present. The long waits for new patient consultant appointment continues, with a rise in the follow up backlogs and DNA rates. Extra clinics for longest waiters are planned for November, as well as redistribution of patients between some consultants.</p> <p>RB presented the <u>key updates for the level 1 ACHD centre</u> – in addition to the performance data already covered:</p> <p><b>Key updates:</b></p> <ul style="list-style-type: none"> <li>- All three self-expanding valve platforms now in use (Venus-P, Alterra and Harmony) addressing some of the longest waits. Great news!</li> <li>- ACHD study day held 7<sup>th</sup> October with excellent feedback.</li> <li>- CNS Danielle is on a career break until April 2026. Shiney Pattarumadathil is covering. <ul style="list-style-type: none"> <li>o Benji Hall has joined the team for admin support (Mondays and Tuesdays).</li> </ul> </li> </ul> <p><b>Risks/concerns to be escalated:</b> None noted.</p> <p><b>Actions/support required from the Network:</b> None noted.</p> <p><b><u>Level 1 Surgical update</u></b></p> <p>SM updated the Board on the surgical waiting list. In general, paediatric surgery is progressing well, with good access to PICU beds over recent months. In mid-November 2025, the total number of elective patients waiting for cardiac surgery was 35 which is low as the usual position is around 50, and this is standard nationally. The main issue for paediatrics is that the flow through the JCC is slow, which is impacting the surgical waiting list. The team are working hard to improve this process.</p> <p>For ACHD, the surgical waiting list is around 40 patients, and the waiting time for elective surgery is around 5 months. This is due to access to operating slots being limited and an increase in complex cases. Also, the number of urgent cases has affected the elective lists.</p> <p>In general, the position is reasonable with four cardiac surgeons working hard to deliver an excellent service.</p>
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4.	<b>Updates from Level 2 (Cardiff)</b>
<p><b><u>Level 2 paediatric CHD service:</u></b></p> <p><b><u>Performance update</u></b></p> <p>No return received this quarter to report on – this is related to workforce changes in the team with a changeover of the clinical lead and service manager. The Network team are looking forward to meeting with the service for their self-assessment review once a date is set.</p> <ul style="list-style-type: none"> <li>○ <b>Action:</b> Network team to link in with service to resolve absence of data submissions.</li> </ul> <p><b><u>Level 2 adult CHD service:</u></b></p> <p>MJ outlined the adult Level 2 position noting that there has been a sustained length of wait for new appointments (remains high) which is of concern. The team are validating these new patient referrals to identify the cause of this. Improvements are reported in the follow up backlog.</p> <p>HW presented an update for the Level 2 centre.</p> <p><b><u>Key updates:</u></b></p> <ul style="list-style-type: none"> <li>- New Consultant Cardiologist, Dr Stephannie Connaire, commenced in post in early September.</li> <li>- Positive feedback from Network Self-Assessment review.</li> </ul> <p><b><u>Risks/concerns:</u></b></p> <ul style="list-style-type: none"> <li>- Psychology resource (temporary second psychologist 2 days per week October 2025-March 2026, but ongoing issues with recruitment).</li> <li>- ACHD Fellow post deferred for 12 months in view of financial crisis / freeze on recruitment with this funding temporarily diverted to support ACHD MRI post, which is an ongoing issue. The ACHD Fellow post is to be readvertised mid to late 2026 to allow commencement in post January 2027.</li> </ul> <p><b><u>Actions/support required from Network:</u></b> None noted.</p>	
5.	<b>Updates from Level 3 centres (District General Hospitals)</b>
<p><b><u>Paediatrics – South West</u></b></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><b><u>Outpatient performance</u></b></p> <p>MJ highlighted that for Exeter paediatrics, the new patient consultant appointment waits, and local clinic overdue backlogs have further increased (around 6 months). This remains of great concern to the service, and a recent risk assessment has taken place. Some cost neutral improvements have been achieved but investment is required to meet the demand. In positive news, there has been some reduction in visiting clinic backlogs.</p>	

<p>RB raised that the impact of a 6 month wait does vary on age, and whether it would be possible for the data to be sub-categorised further by age category (neonatal, early childhood and adolescents). This may have already been done as part of the risk assessment. It was noted that PC and NO have been discussing enhancing the visiting consultant provision in Exeter.</p> <ul style="list-style-type: none"> <li>○ <u>Action:</u> Network to look into a potential further data sub-categorisation by age (neonatal, early childhood, adolescents)</li> </ul> <p>Gloucester paediatrics show significant improvements in the length of waits for new appointments with local clinics now at 12 week wait from 17, and the visiting clinics down to 4 weeks from 17 weeks.</p> <p>The key updates are outlined in the exception report in the papers.</p> <p><b>Key updates</b> included:</p> <ul style="list-style-type: none"> <li>- Exeter is reviewing the transition arrangements and are looking at a proposal for highly complex F2F transition between paediatrics and adult CHD. The digital systems including PACs storage, and cardiology testing are working well.</li> <li>- Gloucester was pleased to report that a newly appointed consultant from Bristol has been confirmed for the visiting clinics.</li> <li>- In Swindon, Owen Burgess has provided training for local cardiac physiologist. This has supported the tertiary clinic, offered additional training for PECs, and supported adult cardiac physiologists with older teenagers – excellent!</li> <li>- Barnstaple reported further progress on funding an ACHD nurse to work across both RDUH sites.</li> </ul> <p><b>Risks/concerns &amp; actions required from the Network:</b></p> <ul style="list-style-type: none"> <li>- Exeter - PEC and Paediatric Cardiology long waits - been on risk register for over 2 years.</li> <li>- Gloucester – overdue follow up pending list - plans to clinically validate. Irregularity of visiting consultant has resulted in clinic cancellations however this has since been resolved.</li> <li>- Swindon - no specialist nurse nor psychology input.</li> <li>- Truro - changes to the visiting consultants. Change over in September 2025 and will change again after March 2026. Some patients find this challenging/loss of continuity in challenging patient pathways.</li> </ul> <p><b>Actions/support required from Network:</b></p> <ul style="list-style-type: none"> <li>- Barnstaple – support with ACHD nurse</li> <li>- Truro – support importance of having dedicated paediatric admin team.</li> </ul> <p><b><u>Paediatrics – South Wales</u></b></p> <p><b><u>Outpatient performance</u></b></p> <p>MJ updated that Hywel Dda Glangwilli continue to be an area of high risk with significant visiting consultant waits reported. Plans for a service review and potentially clinical tabletop review to clarify the position and clinic risk.</p> <p>Cwm Taf Prince Charles service reports a significant improvement in their overdue backlog position, and length of wait for new appointments (currently no wait for local service), and Cwm Taf Princess of Wales service visiting backlogs have nearly halved since the last report, and the</p>
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<p>local and visiting waits have also reduced.</p> <p>Cwm Taf Royal Glamorgan service overdue follow up backlog remains similar to the previous reports and report an increase in waits for new appointments at the visiting clinic.</p> <p>The key updates are outlined in the exception report in the papers.</p> <p><b>Key updates/concerns:</b></p> <ul style="list-style-type: none"> <li>- Cwm Taf Morgannwg UHB, Royal Glamorgan Hospital - issue with cardiac nurse appointment to clinic, not meeting standards (same in most DGHs).</li> <li>- Swansea Bay UHB - Sheryl Morris, Physiologist, has retired &amp; also been awarded British Society of Echocardiography Lifetime Achievement Award 2025 for her dedication and service to paediatric cardiology.</li> </ul> <p><b>Risks/concerns to be escalated:</b></p> <ul style="list-style-type: none"> <li>- Cwm Taf Royal Glamorgan have a high DNA rate despite text reminders and are looking into this. Also raising, that there has not been a consistent fixed clinic slot from tertiary cardiology due to changes in visiting consultants in the recent 6-12 months.</li> </ul> <p><b>Actions/support required from the Network:</b> None noted.</p> <p><b>Adult CHD – South West</b></p> <p><b>Outpatient performance</b></p> <p>Taunton ACHD have addressed the previous jump in the local follow up backlog and the local new appointment waits have also reduced, however the local patient DNA rate has increased significantly for local clinics. Truro ACHD reported positive news with reductions in the new appointment waits for both local and visiting consultants, and some improvement in the backlog position.</p> <p><b>Key updates:</b></p> <ul style="list-style-type: none"> <li>- Taunton are working on succession planning for the CNS role.</li> <li>- Truro - cardiac scientist-led ACHD clinics continue and an ACHD clinical fellow has been appointed which will support the service and clinics.</li> <li>- Gloucester – David Withers runs a monthly ACHD nurse clinic to support transition transfer from paediatrics to adult CHD.</li> </ul> <p><b>Key risks/concerns:</b></p> <ul style="list-style-type: none"> <li>- Truro is concerned about their outpatient waiting times and also the ongoing challenge to obtain a ACHD nurse post due to funding restrictions.</li> <li>- Taunton are concerned about a lack of joined up working with Yeovil District Hospital (now merged).</li> </ul> <p><b>Actions required from Network:</b> None noted.</p>	
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	<p><b><u>Adult CHD – South Wales</u></b></p> <p>100% returns received.</p> <p><b><u>Outpatient performance</u></b></p> <p>MJ updated that Aneurin Bevan has reported a reduction in the visiting consultant follow up backlog, however there is still no local service in place. Cwm Taf Glamorgan report a sustained position of zero follow up backlog for over 12 months.</p> <p><b><u>Key updates</u></b></p> <ul style="list-style-type: none"> <li>- Cwm Taf Morgannwg UHB, Royal Glamorgan Hospital – run a single clinic per month. Running a month behind (as WCS conference clashed with October clinic).</li> <li>- Cwm Taf Morgannwg UHB, Prince Charles Hospital - clinic frequency increased from 2 to 4 clinics per year. Clinics are now full/overbooked, providing justification for further clinics.</li> <li>- Aneurin Bevan UHB lack capacity for ACHD follow up.</li> </ul> <p><b><u>Risks/concerns</u></b> – none noted.</p>
<b>6.</b>	<b>Patient and family representative update</b> <p>BN updated that some of the patient representatives reviewed the new psychology 'getting support' pages on the Network website, which are now published. It was felt the information was very comprehensive, clear to understand and all the links worked well. The page layout was simple, quick to follow and very user friendly (which is ideal for people in already heightened anxiety or stress as otherwise if it is complicated this would be a barrier/hard to cope with). One of the title links has been amended to clearly signpost to further information.</p> <p>AD shared some patient feedback for the Board to consider around how joint planning can be improved for patients requiring support from more than one specialty, particularly 'out of hours.' It was raised that it is difficult for patients to advocate for themselves when their bodies are already under so much pressure, and they feel very unwell.</p> <p>The Board thanked the patient representatives for their time and support.</p> <p>The Board was reminded that <u><i>if a project involves patient care, a patient rep should be involved.</i></u></p>
<b>7.</b>	<b>Network Update 2025/26</b> <p><u><b>Level 1 (Bristol) and Level 2 (Cardiff) CHD Network Strategy event</b></u></p> <p>A collaborative working event between Bristol and Cardiff adult and paediatric CHD services was held in September 2025 to consider the future strategy of CHD between these services. This included problem solving of shared challenges to continue to develop CHD services. 37 delegates attended with good representation overall across the centres and workforce groups, with active participation.</p> <p>NHS England Regional Medical Director, Dr Emma Redfern, commenced the event with an overview of the NHS England landscape and the role and value of networks in the future.</p> <p>Feedback was very positive with a 4.83/5 satisfaction rate with comments including:</p> <p><i>"Networking opportunities... immensely valuable and worked well... as the group was about the right size. In our current environment we are constantly busy and often meet people for 1 or 2 minutes in the corridor. Being face to face and away from work was the perfect opportunity to be able to network."</i></p> <p><i>"It was really interesting and great to have time to think about strategy and 5–10-year plans.</i></p>

*Really informative and good things were learnt from the Welsh team to implement in Bristol."*

*"Most useful...cross pollination between centres, between adult and paediatric services and allied health professionals. All talks were excellent and small group discussions very useful."*

A draft action plan has been produced, some areas of which are already in progress, and the next step is to circulate the outputs to the delegates. The Network are to identify immediate priorities for 2026/27 for inclusion in the workplan.

#### Beyond compliance: strategic vision 2025-2035

Following the strategy event, SLC presented the draft refreshed Network strategy to the Board for input and approval. As a well-established reputable Network with clear governance structures, several of the centres within the Network fulfil/exceed the national CHD standards and there is excellent engagement from almost all centres to continually improve and collaborate, with a strong patient/family voice. The Network has wide-reaching clinics geographically, minimising travel for patients.

The focus is now on levelling up equity of care; high quality care, led by the latest clinical developments; innovating for the future (research/IT/patient pathways); expanding the patient/family voice; and sharing our model nationally.

SLC shared the Network vision for 2025-2035:

1. High quality standardised care is delivered in all centres, led by latest clinical developments, including seamless care between paediatric and adult services.
2. Equity of access to services and equitable outcomes, regardless of geography
3. Support a strong and sustainable CHD workforce.
4. Strong patient/parent partnership with representation from a variety of socio-economic and ethnic groups
5. Foster research, innovation, and digital integration

SLC outlined for each of the above vision statements where the Network is now, and where we want to be, and how this could be achieved over the next 10 years.

- Action: circulate the slides to the Board members

#### Self-assessments against the National NHS England 2016 CHD standards

##### Level 1 (Bristol) Adult CHD review

The Level 1 BHI adult self-assessment review was held with the local team on 3<sup>rd</sup> July 2025, with a findings and next steps session with the service and divisional leadership team held on 24<sup>th</sup> September 2025. The outcomes report was produced and shared with the service and division, showing many areas of excellence and high-level compliance against the standards. The key challenges include workforce, transition and transfer and IT/digital/comms challenges limiting the service. The next step is to send a feedback letter highlighting any areas of risk to the UHBW Executive team, and to incorporate any actions/areas of Network support as an outcome of the reviews (including paediatrics) into the Network workplan.

#### Level 2 (Cardiff) Adult CHD review

The Cardiff adult self-assessment review was held with the local team on 16<sup>th</sup> September 2025 in Cardiff. A draft outcome report has been produced and shared with the service. This reflects many areas of excellence including cohesive, supportive team working across a highly experienced workforce and recent expansion of the consultant team. The key challenges include waiting times; facilities/rooms for patients; access to dentistry; some limitations to training and education; and workforce. The service has approved the draft outcome report, and the next step is for the service team to progress with actions and update the core Network team in the coming months if any barriers are preventing progress.

#### Level 2 paediatric CHD service review

It is understood that the service team have completed the self-assessment template as referenced at the NHS Wales JCC innovation day though this hasn't been submitted to the network team as yet. Currently awaiting confirmation of a date for the review meeting. Due to a change over of the clinical lead and service manager, this has been delayed.

#### Network updated report.

BL updated on some key highlight achievements from August 2025 to date, in addition to the above. Of key note:

- Continued to progress plans and work with stakeholders for the Network wide audits to be held within 2026/27.
- Refreshed the Network ACHD clinical guidelines.
- Refreshed the psychology and youth worker pages on the Network website.
- Network education and training events held.

#### Network maturity matrix outputs

The Board completed a network maturity matrix assessment at the August 2025 meeting. This matrix was developed by NHS England in 2019 as a tool to explore the level of each Network's maturity with eight core areas within the matrix and a possible 5 levels of maturity (1 lowest, 5 highest). This is an assessment of the Network as a whole, with the aim to identify areas to further improve and develop as a Network.

17 responses were received, and the Network were scored as five for leadership and facilitation and four (for purpose and direction; governance and structure; knowledge capture and reuse; integrity and vitality; learning and improvement; impact and value; and sustainability and renewal).

MJ outlined the identified areas for improvement and the next steps.

1. Refresh Board structure & Terms of Reference to ensure broad representations and clarify rules of engagement.
2. Refresh Network vision.
3. Further engage across the services / different workforce groups (including AHPs, healthcare scientists, psychology)
4. Strengthen patient and parent rep group and look at how can better represent patient

	<p>populations.</p> <ol style="list-style-type: none"> <li>5. Progress with training strategy</li> <li>6. Confirm engagement processes for members / clarify new member induction processes.</li> </ol> <p>Set target scoring and repeat the exercise in 2026/27.</p>
<b>8.</b>	<b>Commissioner updates</b>
	<p><u><a href="#">NHS Wales Joint Commissioning Committee update</a></u></p> <p>Amy Lewis provided a summary on the behalf of the NHS Wales Joint Commissioning Committee on a recent paediatric cardiology service improvement and innovation event held in September 2025, organised by the NHS Wales JCC quality and patient safety team. This brought together multi-disciplinary staff and system wide partners, to explore opportunities for enhancing quality, efficiency, and experience, and aimed to reflect on current service challenges, to share innovative practices and identify any priorities for future development.</p> <p>Each of the three main providers (Children's Hospital for Wales in Cardiff, Alder Hey Children's Hospital Liverpool, and Bristol Royal Hospital for Children) were invited to present an overview of their paediatric cardiology service, including workforce overview, service provision and activity and performance. Patient stories and experience were also shared at the event.</p> <p>The key themes that emerged included consistent excellence in clinical outcomes with all three centres performing at or above national benchmarks. Discussed workforce challenges particularly for consultant capacity, specialist nursing, physiology, and psychology roles. Infrastructure pressures including space constraints, dependence on charity funded equipment, and growing outpatient backlogs, fetal cardiology delays. Also, variation in transition services and support for families across regional and local centres.</p> <p>Examples of strong innovation were shared such as Alder Hey little hearts at home remote monitoring app; Cardiff physiology-led Echo clinics; Bristol's hybrid catheterisation lab.</p> <p>Collectively, the discussions showed a shared commitment to continuous improvement, equitable access, and high-quality patient-centred care.</p> <p>There is learning to take from the event feedback, and further resource is needed to organise these events. Service engagement is critical for a successful event, and thanks were given to all the providers who contributed and participated with the preparations before and on the day, which is no small task on top of the day job and operational pressures.</p> <p>For next steps, an output report of the event is in progress and will be shared when finalised.</p> <p><u><a href="#">South West update</a></u></p> <p>In CK's absence, MJ updated that there has been approval for voluntary redundancies for NHS England and the ICBs, which was previously on hold when treasury funding was secured. This is part of the merge of NHS England into the Department of Health and Social Care.</p> <p>NHS England Strategic Commissioning framework has been published – this is a high-level guide that sets out how the ICBs are going to be acting as strategic commissioners of health services. Included in this will be the main priorities and aims around improving population health, reducing inequalities, and ensure value for NHS spending.</p>
<b>9.</b>	<b>Any Other Business</b>
	<ul style="list-style-type: none"> <li>- <u><a href="#">Board membership</a></u> – Need to ensure members send a nominated deputy if unable to attend.</li> </ul>

	- <u>Next Board Meeting, Thursday 26<sup>th</sup> February 2026, 14:00 – 16:30 (virtual)</u> - Board members are asked to inform the Network team of any agenda items for the next Network Board meeting.
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## Attendees

Name	Job Title	Organisation	25-11-25
Amanda Davies	AD	Patient Representative	Present
Amy Lewis	AL	Paediatric Commissioner	Present
Anna McCulloch	AM	Consultant Clinical Psychologist	Cardiff, University Hospital of Wales
Becky Nash	BN	Patient Representative	Present
Daniel Meiring	DM	Fetal & Paediatric Cardiac Physiology Service Manager	Bristol, University Hospitals Bristol & Weston
Elinor O'Neill	EON	ACHD Consultant Cardiologist	Cardiff, University Hospital of Wales
Emma Hubert-Powell	EHP	PEC	Plymouth, Derriford Hospital
Ganga Bharmappanavara	GB	PEC	Taunton, Somerset
Georgina Ooues	GO	Consultant Cardiologist ACHD	Truro, Royal Cornwall Hospital
Hannah Williams	HW	ACHD clinical nurse specialist	Bristol, University Hospitals Bristol & Wales
Helen Wallis	HW	Consultant Cardiologist	Cardiff, University Hospital of Wales
Jennifer Stirling	JS	Cardiac nurse	Hywel Dda UHB
Kindre Morgan	KM	ACHD clinical nurse specialist	Cardiff, University Hospital of Wales
Megan O'Brien	MOB	General Manager	Bristol, University Hospitals Bristol & Weston
Michelle Jarvis	MJ	CHD Network Manager	CHD Network Team
Rachel Burrows	RAB	CHD Network Support Manager	CHD Network Team
Radwa Bedair	RB	ACHD Consultant Cardiologist	Bristol, University Hospital Bristol, and Weston
Sam Padmanahan	SP	PEC	Truro, Royal Cornwall Hospital
Sarah Finch	SF	ACHD Clinical Nurse Specialist	Cardiff, University Hospital of Wales
Shafi Mussa	SM	Consultant Surgeon	Bristol, University Hospitals Bristol & Weston
Stephanie Connaire	SC	ACHD Consultant Cardiologist	Cardiff, University Hospital of Wales
Stephanie Curtis	SC	Network Clinical Director / Consultant Cardiologist	CHD Network Team / Bristol, University Hospitals Bristol & Weston
Zoe Trotman	ZT	Cardiology Ward Sister	Bristol, University Hospitals Bristol & Weston