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

Date: Thursday 21st May 2026, 14.00 – 16.30
Venue: Microsoft Teams Conference Call
Chair: Dr Nigel Osborne, Consultant Paediatrician with Expertise in Cardiology

Minutes

Item	Notes and Actions
0.	**Welcome, introductions and apologies**
	Dr Nigel Osborne (NO) welcomed the attendees to the Network's virtual Board, providing a reminder on the digital meeting etiquette. Sheena Vernon's retirement The Board formally thanked SV for her outstanding contribution to the Network as Network Lead Nurse since its inception just over 10 years ago. SLC gave a presentation highlighting her many achievements throughout her 48 year career in the NHS, predominantly in ACHD. SV has played a key role in shaping the SWSW CHD Network from its early days, helping to develop high-quality, patient-centred CHD services provided. SV has shown exceptional leadership in service development, quality improvement, multidisciplinary working, and teaching, sharing her extensive knowledge of CHD care with healthcare professionals and patients.
1.	**Approval of minutes and action tracker**
	The minutes of the Network Board on 26th February 2026 were agreed to be an accurate record. **197 - Hywel Dda Glangwilli paediatric CHD high wait challenges** MJ updated that a further meeting was held with the service in early May 2026. Data validation exercise is complete; however, the Network are awaiting data returns to understand the current length of waits. Capacity and demand challenges - service managers to discuss with commissioners and look at resourcing opportunities to rectify. The service is keen to understand the position in other centres and any shared learning. The plan is to meet again 09/06/2026. LAW as service manager, updated that new team and asked to meet with Network again to discuss with data requirements. **209 – Allocation of paediatric consultant admin work in between peripheral clinics - SLA document** MOB updated that this is in progress - complexities involved which the legal team have reviewed and have now supported with a route forward. Still with UHBW commissioning and planning team who are supporting with template completion. The Board agreed to close this action, and for MOB to keep the BRHC business and governance meetings and tri-to-tri group updated.
2.	**Patient Story**
	The Board listened to a pre-recorded interview with Rosie, aged 21, who shared her experience of being diagnosed at age 17 with a congenital heart condition – Ebstein's Anomaly – and a broad complex tachycardiac following emergency admission with a heart rate of 200 bpm. Rosie underwent a diagnostic electrophysiology (EP) study and radiofrequency ablation, followed by a

repeat ablation procedure.

Rosie reflected on the emotional impact of learning that she had a congenital heart condition that would affect her for the rest of her life. She described finding it difficult to understand the range of tests and investigations taking place over this time.

Rosie explained that her first experience of the Bristol Heart Institute (BHI) was being admitted directly onto the adult ward, having had no transition, no opportunity to visit nor meet the team in advance. She also described finding it challenging staying in a bay where other patients were elderly.

Rosie spoke positively about the support she received from her consultant cardiologist, particularly that she visited her regularly, kept her updated, recognised how anxious she was feeling, provided reassurance, and took time to ask questions to get to know her personally. Rosie particularly appreciated the way the consultant supported her, especially when her procedure was cancelled and rearranged.

Rosie asked the Board to recognise the importance of clinicians speaking directly to young people, taking time to understand their concerns and anxieties, and building relationships with them as individuals. She also highlighted her concern about waiting two years for an exercise test.

Key points discussed following the presentation:

The Board reflected on the impact of holistic, person-centred care, highlighting how meaningful it was to hear Rosie's positive experience. In particular, the members noted the value of non-clinical conversations and the importance of getting to know the whole person, not just their heart condition.

A key learning point for the Network was the contrast between the softer, more supported paediatric approach and the expectation of independence within adult services, and the importance of supporting young people through that transition sensitively.

3. Network Update 2026

Board membership refresh

The aims of the refresh are to:

- Ensure representation across all areas of the Network
- Clarify remit and expectations of Network Board members
- Promote inclusivity and transparency
- Support stronger and more consistent engagement in decision-making
- Ensure continuity and regular attendance

Progress so far – the core members list has been reviewed and updated to ensure all key areas and professions are covered. Expression of Interest (EOIs) for Board membership across key groups have been issued for stakeholder consideration, with the role commitment descriptions and the updated Board terms of reference, incorporating the refreshed membership structure and remit.

All professionals and stakeholders working across the Network regions are considered part of the wider Network. Individuals who are not designated board members are always welcome to attend Network Board meetings as attendees / subject matter contributors.

The next step is to aim to confirm the representatives across the key groups at the Network Board meeting in August 2026.

CA raised whether Board attendance should be considered within consultant job plans. The national CHD standards do expect network involvement however this would need to be agreed locally through the job-planning process. Having a named consultant representative for the service would also help to provide continuity.

Self-assessments

MJ updated on the recent progress:

- Level 2 paediatric (Cardiff) self-assessment review completed (5th March)
- Executive letter sent to University Hospital Wales outlining feedback and highlighting areas of risk
    - Progress already made against action plans to improve compliance, particularly within Level 2 (Cardiff) ACHD service

In summary, the current cycle of self-assessments is now complete, with 23 centres assessed since May 2024. Centres continue to report quarterly progress against action plans through the Network Board, with many improvements already demonstrated. Key themes and challenges identified across the reviews have been incorporated into the Network workplan, and the core Network team remains available to meet with centres to discuss any areas of concern, as required.

Thank you to all involved as this has been a really good benchmarking exercise.

National Networks Meeting, Liverpool

The core Network team and Chair of the SWSW PPV representative group attended the National CHD Networks meeting on 26th March 2026, together with other teams across the country. This included an initial review/refresh of the current NHSE CHD national standards (2016). The whole pathway approach was recommended, however currently it is unclear who will lead the next steps due to the NHSE restructuring.

Proposal for a level 3 centres stakeholder event(s) – Autumn 2026

The Level 1 and 2 strategy event was successfully held last September 2025 bringing together the adult and paediatric teams from Bristol and Cardiff. This was a valuable opportunity for collaboration and discussion regarding the 5-10 year strategic planning.

Following this, the plan is to hold two region specific stakeholder events (South West England and South Wales) in the autumn to bring together clinical teams primarily within the Level 3 services across the Network, to focus on shared priorities, service development and cross-region collaboration. Level 1 and 2 Leads are also invited. This is to provide dedicated time to discuss shared challenges, innovations and future strategies.

- Tuesday 29th September 2026 (TBC) – Bridgend (focused on South Wales centres)
- Tuesday 3rd November 2026 – Exeter (focused on South West centres)

A survey has been circulated welcoming all thoughts and ideas to help shape the programmes.

Yeovil – changes and patient pathways

SLC updated that Yeovil and Taunton have merged as the same Trust, however Yeovil sit under the Thames Vally and Wessex CHD Network (Southampton). The Network team met this week with the regional commissioning lead, one of the Somerset FT deputy medical directors, and representatives from the paediatric cardiology service in Taunton to discuss future referral arrangements, of which a clear unified pathway is favoured. Future referrals are likely to be directed primarily to Bristol, however patients already established under Southampton following surgery may remain under Southampton care if preferred. Further work and ongoing discussions are required to clarify operational pathways, funding, and activity allocation.

Network-wide transition guidance

BL provided an update on the Network wide SOP for CHD transition care that has been developed and circulated to stakeholders for comments. The comments received during the consultation process have been reviewed and incorporated where appropriate.

The Board formally signed this off as approved.

Governance and risk management processes

The Network governance reporting policy and incident form have been refreshed following Network feedback. This supports the transition to a strengthened PSIRF-aligned governance model focused on shared learning, proportionate response, collaborative practice, and clearer oversight across the Network, in alignment with recent NHSE updates. Appreciation was expressed to those who had taken the time to provide feedback.

The Board formally signed this off as approved.

The next step is for the Network website to be updated, with a launch of this as a reminder of the importance of reporting and sharing patient safety events and risks to enable shared themes, collaboration and aligned practice across providers.

- **Action:** Network website governance page to be refreshed with new documents.

Network education strategy

It was noted that the Network education strategy was first written in 2018 and has been redrafted and updated in 2025/26 and circulated for Network comments. Again, the comments received have been reviewed and incorporated where appropriate.

The Board formally signed this off as approved.

Workplan 2026/27

The SWSW CHD multi-year Network workplan is aligned to the delivery milestones of Beyond compliance: CHD Network strategic vision 2025-2035.

The Board formally signed this off as approved.

Transfer of care from paediatric to adult services project update

The transfer of care project group was re-launched with the aim to implement a robust and

consistent transfer of care process between paediatric and adult CHD services across the Network, reducing the risk of patients being lost to follow-up and improving continuity of care.

The previous self-assessments identified that transition processes are underdeveloped across several centres, however South Wales are recognised as having a well-developed transition process.

The proposed young person clinic service model is a tiered by gold, silver and bronze standards:

- Gold standard - In Taunton, young people are seen in a dedicated clinic with specialist nurse and youth worker.
- Silver standard – In Truro, young people are seen in a dedicated young person clinic with *virtual* nurse and youth worker support, and in Gloucester young people are seen and supported by a specialist nurse but not grouped together or seen by a youth worker.
- Bronze standard – In Exeter, Barnstaple, Bath, Swindon and Torbay, young people are not grouped together and no specialist nurse nor youth worker support.

The operational challenges are that there is heavy reliance on booking teams and specialist nurses and coordinating young people into designated clinic slots.

JT queried the intended medical staffing model for transfer clinics. SLC clarified that the focus is on adult service onboarding rather than combined paediatric/adult appointments.

The Board agreed that the proposed model is reasonable and achievable, and that the Network are to continue the development and implementation of transfer clinics, with further progression towards gold standard provision across the Network.

The project group has also reviewed the existing issues of lost to follow up and the electronic referral systems. IT system mapping shows centres across the Network use either Epic (planned expansion across Devon and Taunton), Careflow and Maxims. The wider implementation of Epic will make a positive difference.

Project Title: Transfer of Care (ToC) between Paediatric and Adult Services									**Insert Date: 29/04/2026**
Project Manager: Steph Curtis			Project Reports to: T&F group and CHD Network Board						
Project Aim	To identify patients lost to follow up between paed and adult care. To investigate the causes of this, explore implementation of new TOC system, and ensure adequate TOC. Ultimately improving safety and reducing unnecessary medical follow-up.								
Key outcome:	To reduce the risk/and hopefully end the loss of patients between services. To improve info transferred and patient/staff experience.								
Key Messages (Challenges, Risks, Awareness, Discussion)									
• Different systems in England and Wales • Lack of specialist nurses (ACHD and paediatric) to drive this • Different IT systems make safe electronic, auditable transfer difficult • Entrenched ways of working / clinicians' reluctance to engage with IT systems									
RAG	**Performance Metric**	**Baseline (centres)**	**Q2 23/24 to Q4 24/25**	**Q1 25/26**	**Q2 25/26**	**Q3 25/26**	**Q4 25/26**	**Q1 26/27**	**Q2 26/27**
	Audit LTFU in England and Wales		Presented at NW CG group						
	Advice on who can be discharged from paediatric cardiology		"Simple Lesions to Discharge" SOP complete, approved at NW CG group, disseminated, on NW website						
	Where to refer non-CHD children		List of cardiologists in all L3 centres to refer to for non-CHD pathologies compiled & disseminated.						
	Scope system in L3 English centres		Mixture of EPRs: Devon all EPIC with easy communication between centres.						
	Explore Welsh system		L2 consultant-led - different approach		Effective Welsh system now with zero LTFU				
	Electronic referral systems mapped	2/10	L1 patchy, though system in place, Barnstaple reliable				Systems to be explored		
	Models for young person clinic explored	2G/S2/B6					Gold silver and bronze YP clinic described. Plans made to upgrade L3 clinics.		
	Electronic transfer system in all centres	3/10	Truro via Maxims				EPIC –3 Devon centres – 6/10 – Bath, Glos, Taunton, Swindon tba		
	All YPs seen in dedicated clinic	2/10					Glos & Swindon to be arranged		

Imaging protocols group update

A joint imaging protocols multidisciplinary project group was launched in January 2026 with the aim to ensure all ACHD patients receive consistent, high-quality CT and MRI imaging across the Network, by agreeing, governing and implementing shared cross-network protocols for common lesions, to reduce repeat imaging, avoid unnecessary radiation exposure for patients, and improve efficiency and decision-making.
The group has reviewed and updated existing protocols and are revising protocols so they can be adapted for wider Network use. The draft protocols are expected by the end of June.

Project Title: Joint Cross-sectional Imaging Protocols Task & Finish Group					Insert Date: 30/04/2026
Project Manager: Steph Curtis (team – cardiology, radiology L1/2– SLC, SJC, EON, IA, AW, FG, SV/MJ)				Project Reports to: CHD Network Board	
Project Aim	To ensure that all patients receive consistent imaging across the Network				
Key outcome:	To reduce the need for repeat imaging/waste of resources + exposing patients to unnecessary radiation. Can be audited via MDT				
Expected output:	The creation of cross network CT and MRI guidelines for common lesions				
Key Messages (Challenges, Risks, Awareness, Discussion)					
• Entrenched ways of working/lack of up-to-date training, potential lack of time in job plans for highly detailed reporting • Risk to patient safety from repeated CTs (common place for Ross, PPVI planning and Fontan patients) • Inefficiency in waste of resources from repeat scanning due to inadequate imaging elsewhere and transferring data to companies • Desire for comprehensive guideline to be used by all imagers across the region to ensure the highest quality imaging in all centres for all patients					
RAG	Performance Metric	Baseline	Q3 25/26	Q4 25/26	Q1 26/27
	Level 1 & 2 protocols shared and gaps matched at first meeting Jan 2026		Fabio/Ihab to share protocols		
	Survey/audit on L2-3 scanning satisfaction MDT/need for re imaging		Method of audit agreed		
	Decision made on where imaging should occur mapped to imaging sites			Agreed	
	Nature of Network-wide comprehensive guideline agreed by group			Agreed	Draft 1 tbc
	Feedback sought for guideline & taken through governance processes				
	New guideline circulated to Network				
	Continued audit of inadequate/unnecessary repeat imaging				

ICC update

The South West Clinical Genetics Service provide specialist assessment, diagnosis, genetic testing and counselling for people who have, or may have, a genetic condition, and their families. Following service disruption, the service has been reorganised and as of 1st April 2026, is hosted by the Royal Devon University Hospital.

Genetic counsellor provision remains in place, and recruitment is ongoing for additional Exeter-based staff supporting the Bristol services. Positive feedback has been received regarding the current MDT support arrangements, however there are some clinical service challenges, such as out of hours cover remains limited due to staffing shortages, outpatient reviews are currently supported through locum arrangements, and inpatient provision remains limited pending further recruitment.

4. Patient and family representative update

	FC updated that the Network Patient and Public Voice (PPV) group was relaunched in March 2026 with a newly appointed patient Chair and has since been meeting once a month in the evenings, with a standard agenda. So far this has achieved strong engagement from both newly appointed and returning representatives. This launch aims to further strengthen the patient voice within the Network. At the last meeting, the Chairperson role description and PPV role description were reviewed and agreed by the group, and an aging in ACHD paper was discussed. The group are keen to recruit some more members, and plan to submit regular newsletter articles to focus on the work of the group. The Board was reminded that *if a project involves patient care, a patient rep should be involved*.
Network performance dashboard and exceptions – key headlines from quarter 3	
5.	**Updates from Level 1 (Bristol)**
	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. **Level 1 paediatric CHD service** Surgical and interventional performance – year to date waiting list trends for Level 1 (Bristol) For BRHC, the numbers on the surgical inpatient waiting list have reduced this quarter following a period of consistency over the past year. The 'automatic go' process has reduced cancellations, and there has been more effective management of cardiac flow through PICU. More operations have been delivered than planned across 2025/26. The average RTT wait for surgery, once listed, has slightly increased to 13 weeks. This remains lower than the peak of 28 weeks at the end of 2023/24. For interventional, the total inpatient waiting list has further reduced this quarter and has halved since this time last year. Improvements are related to improved staff and additional lists. The average length of wait remains consistent this quarter, now at 19 weeks and remains reduced from 27 weeks wait this time last year. Outpatient performance for Level 1 paediatrics (Bristol) The new patient consultant appointment average wait has sustained at 12 weeks (from 22 weeks in Quarter 1), and the follow up backlog is reported as slightly reduced. The WNB rate (5%) remains in line with previous quarters. MOB presented the key updates for the level 1 paediatric cardiology centre – in addition to the performance data already covered: **Key updates:** - Business case investment approved in February 2026: staged 3-year investment across all roles in the MDT; consultants, physiology, nursing. This investment is to focus on delivery of outpatient and inpatient performance within Paediatric Cardiology. - Currently out to advert for a new consultant cardiologist.

- **Risks/concern**: Follow up backlog has slightly reduced, ongoing work to identify actions to support reduction in backlog.

Actions/support required from Network: None at present.

Level 1 adult CHD service

Surgical and interventional performance - BHI

The total inpatient waiting list for surgery shows a consistent position over the last 9 months. The surgical average RTT waiting list position reports a slight increase, however over the last 18 months a reduction has been seen.

The total interventional waiting list has increased back towards levels seen in Quarter 1 (2025/26). However, the average length of wait at 13 weeks demonstrates a good throughput despite increased numbers on the list. This does not include electrophysiology patients.

Outpatient performance for Level 1 adults (Bristol)

The BHI outpatient performance reports that the average new patient consultant appointment waits remain stable, as does the follow up backlog with similar numbers to last quarter. Safety netting is in place to support patients who require follow up sooner.

UE presented the key updates for the level 1 ACHD centre – in addition to the performance data already covered:

Key updates:

- There is an aspiration to increase new outpatient capacity with the appointment of new ACHD locum consultant (to cover VN) - interviews in April.
- Mutual aid offered to Plymouth due to consultant absence - awaiting response.
- Awaiting formal plan outlining finance plans from RUH for peripheral clinics being provided by Dr Curtis.
- Successful training day organised by Dr North (March 2026) with teaching delivered by consultants from UHBW and UHW.
- CNS Dani has returned from career break (Shiny has returned to C805).

Risks/concerns to be escalated: None noted.

Actions/support required from the Network: None noted.

Level 1 Surgical update

In SM's absence, SLC presented the surgical update to the Board. Overall, more than 400 surgical cases were undertaken in the last financial year. The monthly paediatric surgical waiting list dashboard was shown noting that 36 patients are awaiting JCC discussion. In ACHD there is also good flow, noting that there are very few waiting JCC review.

6.	Updates from Level 2 (Cardiff)

Level 2 paediatric CHD service:

Performance update

The new patient consultant appointment reports the longest wait at 24 weeks (between 22-26 across last year). No average wait data provided. The follow up backlog remains stable over the last six months, and the DNA rate is 6%. This could be related to the text reminder system that has been introduced across the health board.

DE presented the following **key updates:**

- Positive feedback following the CHD NHSE Standards Self-Assessment – overall compliance 94%
- Strong consultant team maintaining service sustainability
- Excellent transition service
- New Clinical Fellow post to support peripheral clinic capacity is currently out for advert.

Risks/concerns: Two consultants in the team are currently on long-term sick-leave.

Actions/support required from Network: None noted.

Level 2 adult CHD service:

MJ outlined the adult Level 2 position noting that the average new patient consultant waits has doubled, yet the longest wait has halved since last quarter. The follow up backlog has also increased but remains lower than this time last year. The DNA rate is 9%, but this is expected to decrease now that the text reminder system has been rolled out.

HW presented an update for the Level 2 centre.

Key updates:

- Joint Level 3 clinic split into two streams, which will fulfil recommendations for patients to have a named consultant
- Work to advance PROM in progress
- BHF 'moving heart' project ongoing – next funding application opens Sept 2026. BHF work accepted as a poster presentation at the Nursing and Midwifery Conference.
- Park Walk initiative (monthly) with the ACHD team supporting patients to achieve this - team invited to present SOP and briefing paper at the BACPR conference as best practice. Scope to extend the scheme to cardiac patients.
- Awaiting approval for a SOP re: referral of ACHD inpatients to ACHD team at UHW.
- AMc is working with the Bristol psychology team on supporting patients through the surgical pathway.

Risks/concerns:

- Limitations in psychology provision (? up-banding post to Band 8 to improve recruitment).
- Vetting of referrals to the Cardiff UHW clinics - currently difficult to gatekeep clinics as referrals are vetted by non-ACHD cardiology clinics before being added to ACHD waiting list.
- Trying to organise meeting with Medical Records and New Patient appointments to ensure that ACHD referrals are vetted by the ACHD team.

	Actions/support required from Network: - One third (approx.) of patients within the Cardiff clinics are from AB UHB therefore uplifting AB UHB clinic would help.
7.	**Updates from Level 3 centres (District General Hospitals)**
	Paediatrics – South West 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. 100% returns were received for the first time. Outpatient performance MJ highlighted that for - Barnstaple paediatrics – previously no return for 12 months due to a change in management structure post-merger. More work is required on data extraction from new, follow up, local and visiting clinics and transfers (to avoid lost to follow up). - Exeter paediatrics have a high volume of referrals. Minor increase in PEC clinic numbers (recycling of PAs) has reduced new waits but had minimal impact on follow ups. The local consultant waits for new appts now at 9 weeks, but there are 117 on the overdue follow up list and this remains on the divisional risk register. - Bath paediatrics: local consultant backlog has reduced, and the visiting consultant backlog has been eradicated. - Gloucester paediatrics – the local consultant follow up backlog has jumped to 308 patients (206 last quarter and consistent to that in previous quarters). - Plymouth paediatrics report good progress this quarter in reducing backlog for visiting consultant (now at 27 patients overdue compared to 85). The service remains concerned regarding the backlog position for local patients and are anticipating an increase in average wait for new patients (currently static) due to referral growth. - Taunton paediatrics report some recovery in local clinic (challenges last quarter related to supporting at Yeovil site). New waits are down from 34 weeks average wait to 14 weeks (in line with usual position). The key updates are outlined in the exception report in the papers. **Key updates** included: - Gloucester – have a new cardiac nurse specialist (1 day a week) - Torbay – have implemented the EPIC system aligning with other Devon centres - Barnstaple – governance concerns remain around coding and data extraction challenges. There is currently no route for business case to formalise the current local CHD nurse role (no funding available). - Exeter – long term digital storage problems have been resolved. The transition nurse is to return in July (mat leave) and there is no progress in expanding the local CHD nurse role.

Risks/concerns & actions required from the Network: None noted.

Actions/support required from Network: None noted.

Paediatrics – South Wales

Almost all returns received, except for Hywel Dda Glangwilli which is an area of high risk with significant visiting consultant waits. A data validation exercise has been completed and the plan is to submit the last 12 months of data to the Network. The service manager and clinical lead are receiving capacity demand data and are considering development of a case. LAW (Hywel Dda Service Manager) was present at the Board and asked to meet with the Network team.

- **Action**: Service Manager and MJ to meet to discuss Network performance data requirements.

Outpatient performance

MJ updated that:

- Hywel Dda Withybush report some backlog growth this quarter, but numbers remain less than 15 patients for each service.
- Cwm Taf services report that performance remains similar across the last nine months across all areas.
- Aneurin Bevan show a continued reduction in waits for local clinics, and the wait for local new appointments has halved since quarter 1. Visiting consultant follow up backlog continues to increase.

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

Key updates/concerns: None noted.

Risks/concerns to be escalated: None noted.

Actions/support required from the Network: None noted.

Adult CHD – South West

Nil return from Plymouth ACHD for 12 months – a meeting has been requested with the service leads, particularly as there are significant challenges within the service performance and mutual aid has been requested. An additional ACHD consultant post currently is being advertised.

Swindon have not submitted a return historically and this has been escalated to NHSE commissioning leads.

Outpatient performance

- Gloucester ACHD has reported a jump in local consultant waits for new appointments and concern remains around the follow up backlog delays. No data provided for visiting consultant clinics.
- Taunton ACHD report a consistent position across both clinics.

	Key updates: - Taunton have a new ACHD nurse appointed (starting June 2026). A second joint adult/paediatric transfer clinic was held in March 2026. - Gloucester – ACHD nurse is now running a monthly nurse led clinic. **Key risks/concerns**: Gloucester have a large burden of patients (large catchment area) and the service is under significant pressure with undue delays. **Actions required from Network:** None noted. **Adult CHD – South Wales** 100% returns received. Outpatient performance MJ updated that: - Aneurin Bevan ACHD has no local service. The visiting consultant waits for new appointments are stable across the last 6 months. The backlog for follow up reports a slight decrease from last quarter but much improved since the start of the year. - Cwm Taf Glamorgan – YTL plans to catch up with follow up waits to a maximum of one month hindered by the bank holiday clinic cancellation. - Swansea Bay – follow up backlog continues to grow. HW is engaging with the service to start a clinic, however the hurdle is clinic space. **Key updates -** none noted other than performance. **Risks/concerns** – none noted.
8.	**Commissioner updates**
	NHS Wales Joint Commissioning Committee update - None provided and no rep available to join the meeting this time. An update will be provided at the next meeting. South West update - In CK absence, it was updated that South West commissioning is currently in a hiatus due to NHSE going into a consultation period.
9.	**Any Other Business**
	- Board membership – Need to ensure members send a nominated deputy if unable to attend. - Next Board Meeting, Wednesday 19th August 2026, 14:00 – 16:30 (virtual) - Board members are asked to inform the Network team of any agenda items for the next Network Board meeting. - Thanks were given to Dr Nigel Osborne for chairing in RB's absence.

Attendees

Name		Job Title	Organisation	21-05-26
Anna Mcculloch	AM	Consultant Clinical Psychologist	Cardiff, University Hospital of Wales	Present
Ashley Nisbet	AN	Consultant Electrophysiologist	Bristol, University Hospital Bristol and Weston	Present
Becky Lambert	BL	Network Lead Nurse	CHD Network Team	Present
Bethan Shiers	BS	Clinical Nurse Specialist	Hywel Dda	Present
Catherine Armstrong	CA	Paediatric Consultant Cardiologist	Bristol, University Hospital Bristol and Weston	Present
Debbie Engstrom	DE	Deputy Service Manager, Paediatrics	Cardiff, University Hospital of Wales	Present
Elinor O'Neill	EON	ACHD Consultant Cardiologist	Cardiff, University Hospital of Wales	Present
Emily Putnam	EP	Assistant Paediatric CNS	Bristol, University Hospital Bristol and Weston	Present
Emma Hubert-Powell	EHP	Paediatrician with Expertise in Cardiology	Plymouth, Derriford Hospital	Present
Francis Cantin	FC	Specialist Nurse	Plymouth, Derriford Hospital	Present
Georgina Ooues	GO	Consultant Cardiologist ACHD	Truro, Royal Cornwall Hospital	Present
Helen Wallis	HW	Consultant Cardiologist	Cardiff, University Hospital of Wales	Present
Jane Bromilow	JB	Consultant Cardiologist	Cardiff, University Hospital of Wales	Present
Justin Thuraisingham	JT	Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Present
Katrina Spielmann	KS	ACHD Clinical Nurse Specialist	Cardiff, University Hospital of Wales	Present
Lisa Patten	LP	Clinical Nurse Specialist	Bristol, University Hospital Bristol and Weston	Present
Luisa Chicote-Hughes	LCH	Consultant with Expertise in ACHD	Plymouth, Derriford Hospital	Present
Lynwen Anne Williams	LAW	Service Manager	Hywel Dda	Present
Maisy	MMC	Patient representative		Present
Megan O'Brien	MOB	General Manager Paediatrics	Bristol, University Hospital Bristol and Weston	Present
Michelle Jarvis	MJ	CHD Network Manager	CHD Network Team	Present
Nagendra Venkata	NV	Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Present
Nigel Osborne	NO	Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Present
Rachel Burrows	RAB	CHD Network Support Manager	CHD Network Team	Present
Rosie	RG	Patient representative		Present
Rowan Kerr Liddell	RKL	Paediatrician with Expertise in Cardiology	Torquay, Torbay District General Hospital	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	Network Lead Nurse	CHD Network Team	Present
Sian Jenkins	SJ	Paediatrician with Expertise in Cardiology	Hywel Dda	Present
Stephanie Curtis	SC	Network Clinical Director / Consultant Cardiologist	CHD Network Team / Bristol, University Hospitals Bristol & Weston	Present
Ursula Emery	UE	Service Manager	Bristol, University Hospital Bristol and Weston	Present