

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

Date: Thursday 26th February 2026, 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: Bradley Hoskins (Service Manager, Exeter), and Ursula Emery (Service Manager, BHI).</p>
1.	Approval of minutes and action tracker
	<p>The minutes of the Network Board on 25th November 2025 were agreed to be an accurate record.</p> <p><u>197 - Hywel Dda Glangwilli paediatric CHD high wait challenges</u> The original commissioner funding position is now understood. Glangwilli 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.</p> <p><u>209 – Allocation of paediatric consultant admin work in between peripheral clinics - SLA document</u> 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. MOB to check in with them in March 2026.</p> <p><u>216 - Network to look into a potential further data sub-categorisation by age (neonatal, early childhood, adolescents)</u> Focus this quarter was on shifting reporting from longest to average waits. Age sub-categorisation to be scoped with centres as to ease of data collation. To report back.</p> <p>Closed actions: 215</p>
2.	Patient Story
	<p>The Board listened to a pre-recorded interview with Francisco’s parents, Lisa and Mike. They shared their experiences surrounding Francisco’s birth and early cardiac care.</p> <p>Francisco was delivered via planned C-section at 37 weeks in Cornwall. Shortly after birth, he was transferred by ambulance to NICU in Bristol and diagnosed with tetralogy of Fallot. He underwent surgery, supported by ECMO. His parents highlighted the distressing and unexpected nature of this experience as new parents and expressed appreciation for the clinical team’s support during this critical period. It was noted that terms such as ‘ECMO’ are often new to families.</p> <p>Following successful surgery, Francisco came off ECMO, began breathing independently at one</p>

week, and progressed through PICU and Dolphin Ward before returning home.

Later, when Francisco returned to Bristol for further cardiac surgery, initial feelings of trauma arose. However, Lisa and Mike reported relief and trust in the PICU team due to their prior positive experience. Francisco has been well ever since. The family expressed deep gratitude to the clinical teams for their care and support.

Key points discussed following the presentation:

The Board asked about the impact of Francisco’s heart condition on his daily life. Lisa and Mike shared that Francisco is a happy, healthy, active child who meets all developmental milestones, and does not appear different from his peers. His chest scar is the only visible sign of his heart condition, and Francisco is proud of it. The family naturally discusses his condition with him, including aspects like dental hygiene and self-care.

Regarding the Network geography, the family did not feel disadvantaged living in Cornwall. They reported that in their experience care across the Network is brilliant and found the local Truro medical appointments with the visiting team highly accessible, noting that this is probably easier than traveling across a large city.

Network performance dashboard and exceptions – key headlines from quarter 3

3. 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 waiting list have been relatively consistent over the last six months, with a significant reduction since a peak 18 months ago. The ‘automatic go’ process has reduced cancellations, and the average wait for surgery, once listed, reduced further to 8 weeks. This is positive news.

The total interventional RTT waiting list shows that the total number on the list remains lower than throughout 2024/25. Improvements are related to additional lists, improved staffing and some weekend activity taking place. The average RTT wait reports a slight increase this quarter, however a significant reduction since this time last year.

Outpatient performance for Level 1 paediatrics (Bristol)

The new patient consultant appointment longest wait has halved to 33 weeks, similar to last quarter and much reduced from this time last year (57 weeks). Of concern and risk for the service, has been the growth in the follow up backlog - service leads are currently working on identifying actions to target reducing this.

Key updates:

- On track to meet 52 week wait trajectory by the end of 2025/26 (maintained in Q1)
- DNA rate remains in line with previous quarters
- Successful department Cardiac Services Away Day held on 14th January

- Business case investment confirmed (mid-February), which is a really positive result for the department - recruitment processes to commence.

Risks/concern:

- Continued high concern over increasing follow up backlog - with specific actions being identified with focus on reducing follow up backlog

Actions/support required from Network: None at present.

Level 1 adult CHD service

Surgical and interventional performance - BHI

The surgical average RTT waiting list position reports a gradual reduction over the last 18 months, from 26 weeks to 11 weeks, which is fantastic.

The total interventional waiting list has increased back towards levels seen in Quarter 1, however the average length of wait has reduced to 11 weeks demonstrating good throughput achieved by additional operating sessions and efficient scheduling. Clinical oversight can make the flow more efficient with time.

Outpatient performance for Level 1 adults (Bristol)

The BHI outpatient performance reports a significant reduction in the average wait for new patient consultant appointments.

The main concern is the increase in waits for follow up appointments – this is due to reduced capacity in the service over Q3, fluctuant middle grade cover, seasonal leave and the ongoing increase in demand. However, there has been some safety netting put in place to support patients who require swifter follow up.

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

Key updates: As above.

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, which was positive overall. The return to four surgeons has strengthened capacity and enabled the team to take on additional lists.

For paediatrics, PICU capacity has been surprisingly good over the winter period, and a good volume of elective cases have been completed. The JCC discussion list is down to 12 patients with thanks to SM for his leadership around this, and a formal expression of interest has been released for a JCC Lead Clinician.

For ACHD, the surgical waiting list currently has 30-35 patients formally waiting, representing an

	<p>approximate 3 month wait for clinically non-urgent patients. The waiting list has reduced from this time last year mainly due to spare capacity in BHI theatres and extra lists being picked up by congenital surgeons.</p>
<p>4.</p>	<p>Updates from Level 2 (Cardiff)</p>
	<p><u>Level 2 paediatric CHD service:</u></p> <p>After a gap in receiving a quarterly data return, we received this for Q3.</p> <p><u>Performance update</u></p> <p>The new patient consultant appointment reports an average wait of 17 weeks, and the longest wait has reduced from this time last year (when data was last received). There has been an increase in the follow up backlog. Most patients are waiting less than 6 months.</p> <p>The DNA rate is at 6%, which is a reduction from levels seen last year (8-9% routinely). It was queried whether this was related to the text reminder system that has been rolled out across the Health Board. KPS confirmed that this has had an impact, however the issue with the new text reminder system is that it does not clarify what the appointment is for, so for patients under multiple services, this isn't ideal – there are plans to address this at a hospital level.</p> <p>Key updates:</p> <ul style="list-style-type: none"> - The service has identified an opportunity within the team to support the appointment of a Clinical Fellow using the training budget from HEIW and are working towards having a ring-fenced Paediatric Cardiology Sonographer using JCC funds. - Moving into Q4 these positions will be solidified, and recruitment will be active to support the team for 2026/27. <p>Risks/concerns: KPS raised a funding issue with the play service and that this provision for Welsh patients going to Bristol has been ceased. This is to be discussed further in the self-assessment review meeting and flagged to the BRHC Cardiology Leads.</p> <p>Actions/support required from Network: Self-assessment review planned for Thursday 5th March.</p> <p><u>Level 2 adult CHD service:</u></p> <p>MJ outlined the adult Level 2 position noting that the new patient longest wait has increased. However, there has been a further reduction in the follow up backlog, which has halved since this time last year. The Board praised this remarkable achievement reflecting the consultant establishment.</p> <p>The DNA rate is 8%, but it is hoped this will continue to decrease now the text reminder system has been rolled out.</p> <p>HW presented an update for the Level 2 centre.</p> <p>Key updates:</p> <ul style="list-style-type: none"> - Text reminder system now utilised for new, follow-up and echocardiography appointments. 73% of patients surveyed had received a text reminder for their

	<p>appointment.</p> <ul style="list-style-type: none"> - Nursing and psychology wellbeing sessions ("Walk Talk Think Feel") paper published in the Nursing Times outlining clinical supervision model and feedback and themes. - BHF "Moving Hearts" project presented at CNO conference and BACPR <p>Risks/concerns:</p> <ul style="list-style-type: none"> - Recent and ongoing issues with non-urgent hospital transport bookings getting cancelled (mostly in Cardiff for MRI, CPEX etc) at the last minute. This results in wasted slots and inconvenience for our patients. The CNS team are keeping a record of this. - Ongoing long waiting lists for psychology appointments as recruitment issues. <p>Actions/support required from Network:</p> <ul style="list-style-type: none"> - Ongoing support to increase participation of specialists at level 3 centres.
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5.	Updates from Level 3 centres (District General Hospitals)
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	<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 for Gloucester paediatrics, the visiting consultant waits remain high as does the DNA rate - a clinical validation exercise is planned to assess the risk. However, the visiting consultant overdue backlog has significantly reduced, as has the DNA rate, which is really positive.</p> <p>For Bath paediatrics, the average length of wait for new appointments for both visiting and local clinics has doubled, and an increase in the number of overdue follow up patients is reported.</p> <p>For Taunton paediatrics, there have been challenges with the local consultant service, possibly related to the Yeovil case load as there is no local PEC there currently.</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"> - Plymouth – funding has been agreed for a specialist children’s cardiac nurse. - Torbay – celebrate the appointment of a second PEC who started in January 2026. - Truro – have a new echo machine pending. - Exeter – a new referrals audit project highlighted that a significant proportion of referrals could be seen by a cardiac physiologist with/without PEC telephone follow up, providing evidence to support funding for a paediatric cardiac physiologist. <p>Risks/concerns & actions required from the Network:</p> <ul style="list-style-type: none"> - Taunton – no local PEC available at Yeovil District Hospital – currently advertising for a locum. Mitigation is in place with support of the Taunton team.
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- Truro – lack of clarity about tertiary consultant cover, and discrepant follow up intervals for patients after surgery/intervention.
- Exeter – PEC and paediatric cardiology capacity still on risk register with no solution for over 2 years. PEC follow ups have improved since the last quarter but the new patient waits continue to be long.

Actions/support required from Network: Exeter require a cardiac nurse specialist and cardiac physiologist.

Paediatrics – South Wales

Outpatient performance

MJ updated that the Cwm Taf service performance remains similar across the last six months across all areas. The high DNA rate (18%) for Royal Glamorgan is related to the small patient volume. Swansea performance has also remained consistent across the last six months, though there has been some reduction in visiting consultant backlogs this quarter. Aneurin Bevan reports a positive change with the reduction in waits for local consultant clinics and also a reduction in waits for visiting consultant new appointments, but an increase in follow up backlogs.

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

Key updates/concerns: Swansea have successfully recruited a paediatric cardiology link nurse.

Risks/concerns to be escalated: None noted.

Actions/support required from the Network: None noted.

Adult CHD – South West

Outpatient performance

Torbay ACHD service has reported a DNA rate at 32% for local clinics (generally at 6-12%) – awaiting validation from the service manager as this could be an admin process issue.

Exeter ACHD average wait for new appointments for local and visiting clinics remain similar to the last 6 months. The follow up backlog values for local clinics tend to fluctuate each quarter – the team have confirmed this is related to how the clinics fall against the reporting periods.

Taunton ACHD report an increase in follow up backlogs across local and visiting waits following some improvement last quarter.

Key updates:

- Exeter – are re-visiting business case for nurse to support the service.
- Taunton – Becky Lambert (ACHD nurse) is retiring at the end of April 2026, and approval has been received to advertise for a replacement.

Key risks/concerns: None noted.

Actions required from Network: Exeter requested information about other successful funding bids for nurse support.

Adult CHD – South Wales

	<p>100% returns received.</p> <p><u>Outpatient performance</u></p> <p>MJ updated that Aneurin Bevan report further reduction in the visiting consultant follow up backlog, having a significantly positive impact on the patients overdue.</p> <p>Hywel Dda Withybush have no wait for local new appointments for six months, and no local follow up backlog for nine months. Glangwilli have had no wait for local new appointments and no local follow up backlog for nine months.</p> <p>Key updates:</p> <ul style="list-style-type: none"> - Cwm Taf Prince Charles Hospital clinic frequency has doubled from 6 monthly to 3 monthly (2 to 4 clinics) and are full/overbooked. - Swansea Bay waiting list is a huge issue and HW is currently validating the list. For the population size, there is one all day clinic a month, whereas other Health Boards have two all day clinics a month. HW has escalated to the Health Board that Swansea is an outlier, however no response has yet been received. o <u>Action:</u> HW to escalate/write to the Network team (SLC) with the latest details on the Swansea ACHD clinic provision for SLC to pick up. <p>Risks/concerns – none noted.</p>
6.	<p>Patient and family representative update</p>
	<p>Following RW introducing herself, SV updated that Rebecca Williams has volunteered to Chair a patient and family led group with Network support. At the ‘meet and greet’ meeting last week, it was agreed to initially meet monthly on the first Thursday evening, with a standard agenda. The Chairperson role description and agenda will be modelled on the North Wales and North West CHD Network approach.</p> <p>The Board was reminded that <i>if a project involves patient care, a patient rep should be involved.</i></p>
7.	<p>Network Update 2026</p>
	<p><u>SV retirement</u></p> <p>The Board was formally informed that SV is retiring at the end of May 2026 from her role as co-Lead Nurse. Thanks were given to SV for all she has done in the Network since its inception.</p> <p><u>Network updated report</u></p> <p>RAB updated on some key highlight achievements from December to date. Of key note:</p> <ul style="list-style-type: none"> - Cardiff adult CHD self-assessment – following the meeting last autumn, the key findings have been shared and next steps agreed with the team. The Network core team are meeting HW next week to see how the team are getting on. - Cardiff paediatric CHD self assessment planned for 5th March. - Plans have been developed for a cross Network audit – looking at confirmed cases of infective endocarditis in both paediatric and adult patients. This is due to be launched soon, with details to follow.

- A second RUH (Bath) ACHD local clinic was held with a visiting specialist, and the next one is planned in April. Great to be providing this for our patients in Bath so care is closer to home.
- Published New Year 2026 Newsletter (January 2026) – articles for the next edition are due by May.
- Hosted a Level 1 & 2 Clinical Nurse Specialist Away Day in January, it was great to meet together in person and share together - the feedback was really positive.
- For education, thanks to all involved with the transition study morning (Feb), the South West Cardiology PEC forum (Feb), and also the ACHD echo webinar programme.

Board membership refresh

MJ introduced the proposals for refreshing Board membership, which have been in development for a while. The need for this work was further highlighted during the maturity matrix exercise presented at the August 2025 Board, where feedback emphasised the importance of clearly defining member roles and expectations, and ensuring that all workforce groups across the Network are appropriately represented.

Aims:

- Ensure representation across all areas of the Network (geography, workforce groups, L1-L3 services)
- 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 to date:

Core members list reviewed and updated to ensure all key areas and professions are covered.

Role commitments created for each member type including:

- Attendance and term expectations
- Sharing key updates from their area as needed
- Contributing to decision making with Network wide impartiality
- Supporting delivery of workplan within role and capacity
- Potentially join short, focused pieces of work by agreement

Principles:

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.

Next steps:

- Expression of Interests (EOI) for Board membership across key groups to be issued, with the drafted role commitment descriptions and further information
- Update Board terms of reference, incorporating refreshed membership structure and

remit

Development of Network workplan 2026/27

The SWSW CHD multi-year Network workplan is shaped by:

- Continuation of existing priority projects
- Key areas of challenge identified through the self-assessments (23 service assessments over 18 months 2024-2025)
- Outputs from the Level 1 & Level 2 services' strategy day (held Autumn 2025)
- Stakeholder feedback on key priorities (gathered at Board / other meetings throughout 2025)
- Other issues escalated within the Network

The work plan is aligned to the delivery milestones of Beyond compliance: CHD Network strategic vision 2025-2035.

National annual CHD meeting

This is being held in Liverpool on 26th March 2026. The agenda includes starting to review/refresh the current NHSE CHD national standards (2016).

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

The purpose is to bring together clinical teams within the Level 3 services across the Network, to focus on shared priorities, service development and cross-region collaboration. To also provide dedicated time to discuss shared challenges, innovations and future strategies.

Format options under consideration:

- A single combined event for all Level 3 services
- Two region specific events (South Wales and Southwest England)

We welcome all thoughts and ideas. Planning will begin shortly and further information to follow.

Network governance

BL shared that the patient safety incident response framework (PSIRF) is the NHS new approach to learning from patient safety events.

The Network governance reporting document has been refreshed setting out how patient safety events, morbidity and adverse outcomes across the Network are identified, shared and responded to, and how learning is used to support system-wide improvement, in line with the NHS Patient Safety Incident Response Framework (PSIRF).

The next step is for this to be reviewed and for the key documents to be signed off. The Network website will then 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.

ICC update

SLC updated that the Royal Devon University Hospital (Exeter) will officially host and manage the South West clinical genetics service from 1st April 2026. There are problems with this in that Bristol is the main laboratory where all cancer and most rare disease genomic testing is performed, so the flow is the wrong way. The ICC service specifications are expected in 2026.

Imaging protocols group update

The task and finish group project aim is to ensure that all patients receive consistent imaging across the Network, to reduce the need for repeat imaging/wasting resources and exposing patients to unnecessary radiation. The first project meeting was held in January 2026 and the Level 1 and 2 protocols were shared and gaps were matched.

Project Title: Joint Cross-sectional Imaging Protocols Task & Finish Group		Insert Date: 15/2/2026
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)				
<ul style="list-style-type: none"> 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
Green	Level 1 & 2 protocols <u>shared</u> and gaps matched at first meeting Jan 2026	Red	Fabio/Ihab to share protocols	Green	Green
Green	Survey/audit on L2-3 scanning satisfaction MDT/need for re imaging	Red	Method of audit agreed	Green	Green
Yellow	Decision made on where imaging should occur mapped to imaging sites	Red	Red	Agreed	Yellow
Yellow	Nature of Network-wide comprehensive guideline agreed by group	Red	Red	Agreed	Yellow
Red	Feedback sought for guideline & taken through governance processes	Red	Red	Red	Red
Red	New guideline circulated to Network	Red	Red	Red	Red
Red	Continued audit of inadequate/unnecessary repeat imaging	Red	Red	Red	Red

Transfer of care from paediatric to adult services project update

The CHD standards state that CHD Networks must demonstrate arrangements to minimise loss of patients to follow up during transition and transfer. A specialist multidisciplinary team transfer clinic or equivalent is to be available to every young person in the region. Here is the description of the young person clinic 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 steps to improving this is grouping patients in a nominated young person clinic with any available network nurse or level 1 nurse running a virtual clinic with the support of a youth worker. However, increasing the specialist nurse input into clinic either virtually or in person from Level 1

or Network is difficult due to staffing.

Project Title: Transfer of Care (ToC) between Paediatric and Adult Services										Insert Date: 05/02/2026	
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)											
<ul style="list-style-type: none"> 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 											
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								
	Advice of where to refer children without congenital heart disease		List of cardiologists in all hospitals in Network to refer to for different pathologies compiled, disseminated, on NW website								
	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	1/9	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 in all centres	1/9					Actions for above				
	All YPs seen in dedicated clinic	2/9					Actions for above				

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

CK updated that

- **ODN 2026/27 Workplans** – Workplans approved at the February Women & Children's Network Programme Board.
- **Women's & Children's Programme Board** – held in February, with a new focus on exception reporting against ODN workplans and quarterly milestones.
- **30th January Networks Engagement Event in Taunton** – this was well attended and well received. All Networks in attendance to share workplans.
- **NHSE/DHSE transition programme** – on track for March 2027. Specialist commissioning is merging with the integrated care boards.

9. Any Other Business

- Board membership – Need to ensure members send a nominated deputy if unable to attend.
- Next Board Meeting, Thursday 21st May 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.

Attendees

Name		Job Title	Organisation	26-02-26
Anna Mcculloch	AM	Consultant Clinical Psychologist	Cardiff, University Hospital of Wales	Present
Becky Nash	BN	Patient Representative		Present
Becky Lambert	BL	Network Lead Nurse	CHD Network Team	Present
Bethan Shiers	BS	Clinical Nurse Specialist	Hywel Dda	Present

Name		Job Title	Organisation	26-02-26
Bradley Hoskin	BH	Service Manager	Exeter, Royal Devon University Hospital	Present
Catherine Armstrong	CA	Paediatric Consultant Cardiologist	Bristol, University Hospital Bristol, and Weston	Present
Claire Kennedy	CK	Regional Commissioner	NHS England South West	Present
Elinor O'Neill	EON	ACHD Consultant Cardiologist	Cardiff, University Hospital of Wales	Present
Emma Hubert-Powell	EHP	PEC	Plymouth, Derriford Hospital	Present
Ganga Bharmappanavara	GB	PEC	Taunton, Somerset	Present
Georgina Ooues	GO	Consultant Cardiologist ACHD	Truro, Royal Cornwall Hospital	Present
Giovanni Biglino	GB	Network Research Lead	Bristol, University Hospital Bristol, and Weston	Present
Helen Wallis	HW	Consultant Cardiologist	Cardiff, University Hospital of Wales	Present
Jennifer Stirling	JS	Cardiac nurse	Hywel Dda UHB	Present
Karina Parsons-Simmonds	KPS	Clinical Nurse Specialist	Cardiff, University Hospital of Wales	Present
Kindre Morgan	KM	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
Michelle Jarvis	MJ	CHD Network Manager	CHD Network Team	Present
Muhammad Addin	MA	PEC	Bath, Royal United Hospital	Present
Rachel Burrows	RAB	CHD Network Support Manager	CHD Network Team	Present
Radwa Bedair	RB	ACHD Consultant Cardiologist	Bristol, University Hospital Bristol, and Weston	Present
Rebecca Williams	RW	Patient Representative		Present
Sam Padmanahan	SP	PEC	Truro, Royal Cornwall 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
Silvia Caroli	SC	Paediatric Consultant Cardiologist	Bristol, University Hospital Bristol, and Weston	Present
Stephanie Connaire	SC	ACHD Consultant Cardiologist	Cardiff, University Hospital of Wales	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
Zoe Trotman	ZT	Cardiology Ward Sister	Bristol, University Hospitals Bristol & Weston	Present