

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

**Date:** Wednesday 9<sup>th</sup> March 2022, 14.00 – 16.30

**Venue:** MS Teams Conference Call

**Chair:** Dr Dirk Wilson

### Minutes

Item	Notes and Actions
1.	<b>Welcome, introductions and apologies</b> - Personnel update
	<p>DW welcomed the attendees to the network’s virtual board meeting via MS Teams. He shared the digital meeting etiquette, noting also that the Microsoft Teams chat question function is available.</p> <p>Anna Mcculloch introduced herself as the new Consultant Psychologist at Cardiff and Vale.</p> <p>JGM has a new job and is leaving the network in early April 2022 - DW formally thanked JGM for all his hard work, enthusiasm, and support to the network over the last 10 months. Cat McElvaney is due to return from secondment in June 2022 so there will be a short-term gap in management support.</p>
2.	<b>Approval of minutes and action tracker</b>
	<p>The minutes of the Network Board on 7<sup>th</sup> December 2021 were agreed to be an accurate record.</p> <p>The action log was updated as appended. Notable comments:</p> <p><b><u>164 – Formal letter to be sent to centres that are not reporting performance quarterly data to the network board</u></b>                      Have been discussing with centres individually as issues arise. The centre return rate for the performance data has been really positive this time around so letter has not yet been sent.</p> <p><b><u>168 – BRHC pilot project on DNA rates</u></b>                      Project commenced in October 2021. Update postponed to July 2022 Network Board.</p> <p><b><u>169 – Level 1 ACHD 30-day re-intervention rate</u></b>                      This issue has resolved in the latest SSQD report. Closed.</p> <p><b><u>170 – Transfer delay from Level 1 surgical centre template reporting tool</u></b>                      Form for Cardiff to send to WHSCC to inform of patients that are ready to return from Level 1 surgical centre but are delayed due to bed capacity. AP has sent a draft reporting form to AT for his review.</p> <p><b><u>171 – Fifth consultant business case for BHI</u></b>                      Bristol Heart Institute has put forward an expression of interest in the UHBW operating plan round. Formal input not required from the network at this stage. Closed.</p> <p><b><u>172 – BRHC research funding risk</u></b>                      Change in risk management process so this action is no longer required. Situation will be monitored</p>

	<p>and recorded on a CHD network issues log if problems arise. Closed.</p> <p>No further actions to report on.</p>
<b>3.</b>	<b>Patient Story</b>
	<p>The board listened to George’s story pre-recorded by his mum, Jo. George has a CHD condition known as hypoplastic left heart syndrome with interrupted IVC and azygos continuation with bilateral SVCs, and he also has 22q11 deletion DiGeorge Syndrome. This story therefore covers a male patient with CHD, learning difficulties and transition.</p> <p>Jo briefly shared her son’s complex clinical background, the challenge of additional learning needs, being a single mum and how grateful she is for support from cardiac charities Little Hearts Matter, Max Appeal (supports families affected by DiGeorge Syndrome) and Youth @ Heart. Jo raised issues about their experience of transfer to adult services at the Bristol Heart Institute, problems with facilities and access exacerbated by the Covid-19 pandemic, but also their appreciation for the ACHD team.</p> <p>The presentation was very well received by the board who felt it was very powerful and moving. The three patient representatives at the board really connected with the story, particularly the mother of a 16-year-old about to transfer to the Bristol Heart Institute who reiterated that transfer can be daunting for both the patient and parents/carers – and this transfer experience is important as it could also affect young people’s future engagement with adult services. BN added that transition has been discussed in the patient rep team meetings and they are keen to work on this. There was some good discussion around supporting families in similar situations moving forward and the importance of listening to advocates (information from those who know patient best) particularly when patients have learning difficulties.</p> <p>DW shared that Wales have recently released a health transition policy for those with learning difficulties, and that the Cardiff team are looking at this to ensure the service reflects this, as this is a vulnerable group. SV noted that this story will be shared with the University Hospitals Bristol and Weston learning disability group and transition group to highlight the patient and family experience.</p> <p>The board thanked Jo and George for sharing their story.</p>
<b>4.</b>	<b>Network Performance exception reporting</b>
	<p><b><u>Performance dashboard</u></b></p> <p>JGM presented the performance report for review by the board. Focusing on equity of access, the purpose of this visual report is to update the board on performance across the network during the quarter, and to highlight any areas that are performing well or areas that may need support, so that the board may agree any actions or escalations that are required to address any performance issues highlighted. Please refer to the report for details.</p> <p>Since sharing the importance of centres submitting the quarterly reports at the last meeting, JGM was grateful and delighted to celebrate the improvement in engagement this time around with 100% response rate for South Wales paediatric and adult centres. The core network team are continuing to work with individual centres to try to overcome any barriers for this in the South West, particularly in ACHD.</p>

Overall, there is some good performance progress across the network, but the volume of backlogs is the primary challenge currently being seen.

Of key note:

Surgical waiting list

The increase in the level 1 paediatric surgical waiting list was noted – to be addressed under the level 1 update agenda item.

Plymouth ACHD – overdue follow up backlogs

As reported at the last board meeting, overdue follow ups continue to be more of an issue for ACHD and a support meeting was held last September with Plymouth. Plymouth ACHD service have been working hard to put on extra activity and manage this huge challenge. The team were invited to informally present on this at today's board meeting.

Dr Luisa Chicote-Hughes (LCH) provided a summary noting that the service has been under increased demand particularly over the last 5 years, and the outpatient backlog and long waiters remain a challenge. To help mitigate this, LCH has been able to provide further additional sessions in place of ward commitments, and following funding approval, the service has successfully appointed an experienced registrar in cardiology who started in mid-February 2022 so should be able to provide further clinic capacity. Over this time the service has had a marked improvement in DNA rates due to the efforts put into reduce this from around 15% to 2%. Other issues relate to the coding of the outpatient follow up plans, which are being reviewed.

The board thanked LCH for this update and is aware that clinic capacity and staffing is a challenge experienced across the region and encouraged centres to share ideas on how to mitigate this.

DNA rates

Noted high DNA rates in Cwm Taf Morgannwg report – this is higher than other centres. DW has discussed this with the centres who have agreed this needs additional focus.

Local centre reports

Each individual centre can access their local outpatient performance dashboard via the [CHD network website](#).

Inpatient waits for level 1

Please refer to the report for further details.

**NHSE Specialised Services Quality Dashboards (SSQD)**

The Adult Level 1 SSQD Quarter 2 2021/22 dashboard and Paediatrics Level 1 SSQD dashboard for Quarter 2 are included in the papers for information (this is due to the validation timeline). The board noted that there are no alerts reported for the paediatric level 1 service and there are 3 positive alerts for the adult level 1 service – notably the proportion of patients acquiring C.Diff (0%); proportion of patients acquiring MRSA (0%) and the formal complaints involving inpatients (0%).

**Surgical performance update**

Not provided at the meeting.

5.	Update from Level 3 centre(s)
	<p>JGM led an update on the behalf of the level 3 centres and invited representatives present to contribute. The key updates are outlined in the exception report in the papers.</p> <p><b>Adult CHD:</b> Key themes to note for adults included:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Included in the papers.</li> <li>• <b>Key risks/concerns:</b> For the South West, the key concern continues to be the volume of the waiting lists. Gloucester highlighted capacity concerns for transition patients. It is hoped that the network transition project may help with managing risk around this. For South Wales, there are also concerns around waiting times and, for Cwm Tag Morgannwg, ECHO requests. For Swansea there is concern about the ongoing vacancy for a replacement consultant with an interest in ACHD – this has been discussed as part of the self-assessment process and needs to remain a priority.</li> <li>• <b>Actions/support required from the network:</b> Cwm Taf Morgannwg was pleased to note that a 16-year-old transition age patient presenting with an acute problem was managed by the Prince Charles Hospital general cardiology team and it is hoped that this will continue to happen for 16/17-year-olds.</li> </ul> <p><u>Paediatric CHD</u> Key themes to note for paediatric level 3 centres included:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Included in the papers. For the South West, Swindon has noted a reduction in overdue follow ups which is positive. The board discussed cardiac nurse provision. Sharon Russell in Barnstaple is an engaged community nurse and may have been given some allocated time but this is not a specified cardiac nurse post. In Taunton a paediatric cardiac link nurse has started in post for a fixed period of 12 months. JH noted that whilst there is willingness to have a cardiac link nurse, there is no funding for this.</li> </ul> <p>NO reported that from 1<sup>st</sup> April 2022, the Royal Devon and Exeter Hospital and the North Devon District Hospital are merging to form one Trust, which will provide an opportunity to look at how services are delivered.</p> <p>For South Wales, Royal Glamorgan Hospital have a nurse identified for the paediatric cardiology link role, and Swansea have commenced drafting a business case for the appointment of a general paediatrician with an interest in paediatric cardiology to help further develop the local service.</p> <ul style="list-style-type: none"> <li>• <b>Risks/concerns to be escalated:</b> Ongoing issue for management support with Paediatrician with Expertise in Cardiology (PEC) clinics in Barnstaple. Image sharing issues escalated by Exeter. Gloucester and Swindon both raised concerns about the overdue follow up waiting list, and clinical risk assessments continue. In South Wales, echo cardiography image storage and transfer continue to be a concern in Cwm Taf Morgannwg.</li> <li>• <b>Actions/support required from network:</b> Exeter raised about the SWSWCHD network view on the use of DVDs as the Trust only long-term digital storage of echo cardiography.</li> </ul> <p>The Board recognise that a region-wide response is needed to improve image storage, as this has implications beyond CHD.</p>

<b>6.</b>	<b>Update from Level 2 centre</b>
	<p>JGM presented on the behalf of HW an update for the Level 2 centre - the key updates are outlined in the exception report in the papers. Notable comments included:</p> <p><b><u>Level 2 adult CHD service:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> included in the papers. Of note is that a business case that supports the uplift of cardiac MRI for ACHD patients has been submitted for sign off within the Cardiff and Vale UHB – this case includes the appointment of a 3<sup>rd</sup> ACHD consultant cardiologist. Four trainee echo cardiographers have been recruited through a fast-track training initiative. A new consultant psychologist joined the team in February 2022 (Anna Mcculloch), and a band 7 psychologist has just been recruited due to start in September 2022.</li> <li>• <b>Risks/concerns:</b> ACHD echo lead vacating their current role in May 2022. Recruitment process being initiated with a plan to support the ACHD service going forward.</li> <li>• <b>Actions/supports required from network:</b> None noted at the meeting.</li> </ul> <p><b><u>Level 2 paediatric CHD service:</u></b> AP presented an update for the Level 2 centre:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Self assessments of Level 3 centres have been completed against the NHSE standards, supported by Level 2 clinicians.</li> <li>• <b>Risks/concerns:</b> The main concern is outpatient department space as temporary Covid-19 service relocations are proposed to become permanent and will hamper return to normal capacity as Covid-19 eases – ongoing discussion and risk escalated to executive board. AP has been in discussion with the BRHC Clinical Leads about a risk passed to Bristol around a patient transferred to UHW without discussion with the medical team.</li> <li>• <b>Actions/support required from the network:</b> None noted at the meeting.</li> </ul>
<b>7.</b>	<b>Update from Level 1 centre</b>
	<p>The key updates are outlined in the exception report in the papers.</p> <p><b><u>Level 1 adult CHD service</u></b></p> <p>In GS absence, JGM shared the key updates on:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Given the patient population in the South West and for resilience, the service is short of consultant staff, and are also short of clinical nurse specialists against the NHSE standard.</li> <li>• <b>Risks/concerns to be escalated:</b> Challenges with demand and provision discrepancy in all activities, which all raise clinical risk concerns.</li> <li>• <b>Actions/support required from the network:</b> Support/lobby for a 5<sup>th</sup> ACHD consultant and two more clinical nurse specialist posts being prioritised in the 2022/23 operating plan.</li> </ul> <p>The network team has offered support for these and both cases have now been submitted as expressions of interest for prioritisation within the UHBW business planning process.</p>

**Level 1 paediatric CHD service**

PC shared the key updates to note:

- **Key updates:** included in the papers. Challenges with outpatients reduced capacity due to social distancing (as a designated children’s hospital, social distancing rules have not been lifted yet). Junior doctor staffing is now up to full recruitment in March 2022. In addition, Guido Piele left the service in the new year and following interviews for a locum consultant post held last week, Dr Mari Davies has been appointed to start in July 2022 (currently doing a fellowship in fetal cardiology).
- First fetal cardiology training day successfully held on 28<sup>th</sup> January 2022 as a hybrid event with 65-70 delegates. There has been much positive feedback and the team have been asked to organise a tailored course for sonographers in October and have been invited to run a hands-on session in Truro, Southmead and Taunton. The plan is to run a second fetal cardiology training day in 2023.
- **Risks/concern:**
    - Wait for first appointment and outpatient overdue follow up remains high. To mitigate this, are encouraging waiting list initiatives as well as additional clinics when inpatient work is cancelled.
    - Surgical waiting list has increased from 17 to 50 – largely due to reduced theatre lists (staffing) and PIC capacity. This is a moderate risk for the BRHC. Lists are being reviewed on a regular basis.
    - Glanso (payment model) clinics in 2022-23 have now been approved.
  - **Actions/supports required from network:** None noted at the meeting.

**8. Patient representatives update**

The patient reps had a pre-meet in advance of the Board. Following the success with the ‘I can’ project in Gloucester, NM updated that this is being launched by the Bristol hub in April 2022 with the first session being ‘I can cook.’ This is a monthly club for heart children to attend and take part in practical fun activities focusing on what they can do, and also to make connections with other children in similar situations. The aim is to roll this programme out across the network region in South Wales, Devon, Cornwall too.

Recently there have been a few families who have sadly lost children very suddenly and it has become apparent that the provision of bereavement support is mixed. Heart Heroes are partnering with the BRHC on this to try to support families during these difficult times. Aware that when situations arise like this, it can lead to heightened social media activity, so the charity are monitoring this carefully.

FC shared that she is becoming a Somerville Heart Foundation Volunteer as well as continuing with the network and feels this could be a good opportunity for her to link the two. BN has drafted a newsletter article on the mental health aspect of recovering from open-heart surgery for the Spring newsletter. Anna McCulloch invited the patient reps to contact her as she would like to support them.

The Board was reminded that *if a project involves patient care, a patient rep should be involved.*

DW thanked the patient reps for their time and contributions.

**9. Presentation: Cardiac Physiology Update**

Daniel Meiring, Fetal and Paediatric Cardiac Physiology Service Manager at the Bristol Royal Hospital for Children, led a presentation on a few of the many regional cardiac physiology work streams. Whilst the Covid-19 pandemic has presented challenges with staffing, resources and capacity, there have also been some positive outcomes with new ways of working and being able to meet virtually.

Quarterly network physiology virtual meets

The network physiology virtual meets were established in December 2020, Chaired by DM with support from the network core team. The purpose of these quarterly meets is to gather physiologists who work with CHD patients from across the region to try to share ideas and initiatives together. Many of the work stream initiatives in this presentation have come from this.

Pilot to support paediatric cardiac physiologist-led (PCP) peripheral echo cardiography clinics

Jo Jones (JJ), Clinical Scientist and Echocardiographer specialising in CHD at University Hospitals Bristol and Weston, is also a Health Education England Regional Lead for the Southwest Echocardiography Training Programme (ETP).

JJ presented on a 6-month pilot that commenced in December 2021 to review the feasibility of having paediatric cardiac physiologist-led peripheral echocardiography clinics and potential for future service provision. JJ reported that she is currently half-way through the planned pilot study, based with the cardiac team at the Royal Devon and Exeter Hospital, and this is due to complete by June 2022. This is supported by Nigel Osborne, PEC, and Catherine Armstrong, Consultant Cardiologist at the BRHC.

The study involves children between infancy and adolescence (0-18years) referred for a paediatric cardiology consultation which are triaged by the clinical team as a low-risk indication. The physiologist-led clinics aim to support the consultant paediatricians to keep their services sustainable due to the Covid-19 backlog. The pilot aims to run two all day clinics each month over the 6-month pilot period, seeing 7 patients per clinic. So far 5 clinics have been completed at the RD&E with a mix of new and follow up referrals – to date, almost half of these have been due to murmurs.

Patients/families are informed in advance that the appointment will be with a healthcare scientist rather than a doctor, and so far this has been well received as this reduces their waiting time. Due to an initial DNA issue, a telephone reminder service has since led to 100% attendance.

At the end of the pilot, a project report together with a cost-analysis will be completed for presentation at regional and national meetings. NO shared that there have been some areas of learning and the plan is to review this at the end of the pilot. The board recommended that patient feedback is obtained as part of this.

The board asked if this could be reproduced in the adult service. Gui Rego at the Bristol Heart Institute is also on the HSST programme and is currently in the second year. He shared that there are discussions to create a level 1 ACHD cardiac physiology-led clinic alongside the outpatient clinics within the ECHO department.

Sharing good practice

A couple of the many innovative ideas from around the region.

- Quick guide cards – During Covid-19 pandemic, the Cardiff team identified an issue with CHD patients attending their local district general hospitals (DGH), so they developed some quick guide



cards on common heart conditions and how to measure this, as an aide memoir for their DGH physiology colleagues. Ideally would like to share these more widely with the network.

- Omnihub media streaming device – Carys Williams (Swansea) presented on an easy to set up streaming device used by the Swansea ECHO service. This device can live stream echo images so that emergency and urgent cases can be reviewed by the Cardiff based consultants who support the Swansea ECHO service. This prevents the delay of decisions and is helpful to get live feedback when needed. This was also useful with virtual clinics during the Covid-19 pandemic and is useful for teaching.

#### CHD Network NHS Future Platform – cardiac physiology forum

This is one of larger projects being worked on by the network and is an online platform for CHD network healthcare professionals designed in a simple, accessible, and collaborative way, primarily to share CHD learning resources. Carys Williams (Swansea) is leading a project sub-group to develop a physiology area on the platform – this is currently hidden on the platform whilst it is being developed and will be launched in the coming months. CW presented the proposed structure map of how the physiologist platform could be structured. The sub-group are currently gathering pre-existing materials from across the network to fill the gaps, such as PowerPoint presentations, webinars, ‘quick guide’ to conditions, information booklets – and would welcome more physiologist involvement across the network. The board thanked CW for taking a lead and moving this forward.

The CHD Network Future Platform is also home to the regional PEC platform with its new chat forum; the paediatric nurse webinar series; the fetal cardiology webinar series; the ACHD study day webinars and resources; and the network psychologist study day webinars. There are currently over 200 registered members. To access this, please contact the core network team.

#### Regional training pilot

On the behalf of Owen Burgess, DM provided a high-level overview of the regional training pilot led by Owen. In 2021 funding was secured from Health Education England to run a regional training paediatric pilot across the South West of England peripheral centres (wider initiative than Jo’s). It commenced with a scoping exercise to initially identify gaps and training needs (primarily for ECHO but also PECs if they need support with clinics), start to build resource in the network, improve governance and two-way communication. Owen Burgess is currently undertaking an extensive data collection exercise which he may be able to report on at the next Clinical Governance meeting. He has also been working with the team in Taunton with trialling physiologist clinics and has been supporting the Torbay physiologists with their British Society of Echocardiography (BSE) congenital exam.

#### Accreditation

DM noted that historically within CHD there has been European Society exam that many of the network physiologists have had to complete. More recently, the British Society of Echocardiography has offered an exam qualification too and some members across the South West have been part of the group to help create this.

One of the other recent initiatives from Health Education England is a funded 18-month post to fast-track individuals into adult ECHO posts – this is a British Society of Echocardiography qualification not in CHD. Some initial high-level meetings have been held with Health Education England to discuss this opportunity and whether there is a way to offer this in CHD as well.

The board were delighted by the increased physiology representation at the board meeting and thanked the group for this useful update.



**10. Network Board update**

JGM attached the supporting papers: quarter 3 update (October to December 2021); and the work plan 2021/22 update. Please refer to the papers for further detail.

Headlines for Q3/Q4 (December 2021 to date)

JGM highlighted some headlines:

- Completed the South Wales self-assessment gap analysis against the NHSE standards process, working with WHSCC and local representatives from the health boards - the overview report is currently being drafted. The Network team are grateful for the engagement with this process and for the constructive discussions around successes and challenges.
- Website features refreshed with a honed accessibility function.
- Education and training, including the fifth network physiologist meet (DM); PEC education forum (NO); monthly link nurse drop-in sessions (JH/SV); psychology day (VG).
- Launched cardiac nurse work book in early March 2022, and the cardiac nurses competencies development package
- Continued to lead and provide admin support to the national network of CHD networks regular conference calls.

Thank you to network members for their continued work and support.

Work plan 2021/22

The network board has a role in ensuring that the work plan is fit for purpose and to check progress on this. The current status is that there are 8 complete work plan areas; 19 work plan areas that are rated green (on track); 10 amber areas (partially progressed but have been delayed by external factors e.g., Covid-19) and 1 currently rated as red (stalled due to capacity in the L1 junior workforce; however, as reported today, the workforce is now fully established so this work should progress soon). Of note, is that some of the psychology work has been put on hold as a result of new vacancies in the Bristol service.

Future planning: Work plan 2022/23

The network has been reviewing, prioritising, and developing the network work plan for 2022/23. The workplan is owned by the CHD network board and delivered by the core team and network members, providing the direction of travel over the coming 12 to 18 months. Since circulating the draft versions of the workplan, the feedback comments and ideas have been incorporated. The latest version has been recently circulated for sign off by the board – if there are any concerns or gaps identified, please let John Mills know by 31 March. No concerns were raised at the board meeting.

**11. National and regional updates**

National update

JH provided a brief national snapshot:

- E-learning for Health modules (national initiative) - JH shared that the new CHD modules that have been developed in collaboration with e-Learning for Health and several other CHD networks around the country are due to be released in April. There will be three modules available, providing an introduction to CHD for health professionals who do not specialise in CHD (including nurses, GPs, neonatologists etc.).
- National network of CHD networks meeting – continued to lead and provide admin support to this national regular meeting. These were run weekly over the winter and have recently moved

to monthly. This meeting looks at the resilience of CHD services across the UK, mainly focusing on risk and backlogs.

Commissioner updates

**Welsh Health Specialised Services Committee (WHSSC), South Wales** - presented by Kimberley Meringolo

- **Key updates**
  - Andrea Richards retires March 2022 and will return to WHSCC but in a different role. The new planning lead for ACHD will be Richard Palmer.
  - Inherited Cardiac Conditions service option appraisal recently carried out – the outputs are currently being discussed.
  - Self-assessment reviews in South Wales – after all the review meetings, the plan is to submit an overview report of the gap analysis to the WHSSC management group that asked for this joint working to be undertaken. The aim is that the NHS England standards would be formally adopted in Wales.
- **Actions/support required from the network** – None noted at the meeting.

**NHS England, South West**  
Presented by CK

- **Key updates** including:
  - ODN 2022/23 draft workplans submitted in January - need to ensure that outcomes are measurable.
  - Peripheral Clinic SLA with Bristol to progress.
  - Women’s & Children’s Programme Board held yesterday (8<sup>th</sup> March 2022)
  - Risk Management – the new process is for risks to be escalated through network boards and, where appropriate, added to risk registers held by providers or commissioners.
  - Network Strategy – work ongoing to map all Networks across NHSEI. Plan to have a more joined up approach to working e.g., closer working between networks like CHD ODN and Cardiac strategic clinical network. Discussions have started with the cardiac networks in south west and the equivalent in Wales.
- **Risks/concerns to be escalated to a national level**
  - Upcoming CHD manager vacancy – likely delay in some programmes of work.
  - Waiting list recovery and restoration – visibility of longest waits and potential harms
- **Actions/support from the network:**
  - ODN intelligence of risks and issues in relation to recovery and restoration.

**12. Network risks – for information**

JGM summarised the network risk report. Please refer to the risk report in the papers. There is a new process for managing risks and the ODN will no longer hold its own risk register. Risks are instead to be escalated through network boards but held on a commissioner risk register, provider risk register, or managed through the network workplan. The network will instead hold an *issues log* going forward to record problems which are currently having an impact.

	<p>The report includes current risks and their risk rating, what controls are in place and recent actions. There are currently 7 open risks on the network risk register. The report details how each of these will be managed going forward.</p> <p>The Network Board is still responsible for receiving/managing risks to escalate to commissioners. The Board are asked whether all the relevant network risks are recorded; to check the risk ratings; to check the controls in place are adequate; to decide whether further controls or actions are needed; and whether any other risks need to be escalated.</p>
<b>13.</b>	<b>Evaluation</b>
	<ul style="list-style-type: none"> <li>Evaluation forms - Board members were invited to complete the meeting feedback form via the Microsoft Forms link circulated.</li> </ul>
<b>14.</b>	<b>Any Other Business</b>
	<ul style="list-style-type: none"> <li>Next Board Meeting, Tuesday 12<sup>th</sup> July 2022, 14:00 – 16:30 (virtual) - Board members were asked to inform the network team of any agenda items for the next network board meeting.</li> <li>The Network Clinical Governance Group is also being held on Tuesday 12<sup>th</sup> July 2022 but in the morning at 10:00 until 12noon. Please do let the core network team know if you have quality improvement/audit of network wide interest to present.</li> </ul>

## Attendees

Name	Inits.	Job Title	Organisation	Present/ Apols
Alan Pateman	AP	Paediatric Clinical Lead	University Hospital of Wales	Present
Anna Mcculloch	AM	Lead Consultant Psychologist	Cardiff and Vale	Present
Becky Nash	BN	Patient Representative		Present
Carys Williams	CW	Cardiac Physiologist	Swansea	Present
Claire Kennedy	CK	Senior Commissioning Manager	NHS England and NHS improvement – South West	Present
Claire Logan	CL	Paediatric clinical nurse specialist	Cardiff	Present
Daniel Meiring	DMe	Fetal & Paediatric Cardiac Physiology Service Manager	University Hospitals Bristol and Weston	Present
Dirk Wilson	DW	Consultant Paediatric Cardiologist	University Hospital of Wales	Present
Ed Roberts	ER	Assistant General Manager		Present
Emma Whitton	EW	Commissioner	NHS England South West	Present
Frankie Carlin	FC	Patient Representative		Present
Ganga Bharmappanavara	GB	Consultant Paediatrician with Expertise in Cardiology	Taunton and Somerset	Present
Georgina Ooues	GO	Consultant Cardiologist	Royal Cornwall Hospitals	Present
Gui Rego	GR	Senior Echocardiographer (ACHD)	University Hospitals Bristol and Weston	Present
Jennifer Holman	JH	Consultant Paediatrician	Gloucester Hospital	Present
Jessica Hughes	JFH	Network Lead Nurse (joint)	CHD Network Team	Present

Name	Initis.	Job Title	Organisation	Present/ Apol
Joanne Jones	JJ	Paediatric and Fetal Cardiac Sonographer	University Hospitals Bristol and Weston	Present
John Mills	JGM	CHD Network Manager	CHD Network Team	Present
Katy Huxstep	KH	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Present
Kimberley Meringolo	KM	Specialised Planner (Paediatrics)	Welsh Health Specialised Services Committee	Present
Kindre Morgan	KM	ACHD clinical nurse specialist	Cardiff	Present
Luisa Chicote-Hughes	LCH	ACHD Consultant Cardiologist		Present
Marta Cunha	MC	ACHD clinical nurse specialist	University Hospitals Bristol and Weston	Present
Nicola Morris	NM	Patient Representative		Present
Nigel Osborne	NO	Consultant Paediatrician with Expertise in Cardiology	Royal Devon and Exeter	Present
Patricia Caldas	PC	Consultant paediatric cardiologist and Clinical Lead	University Hospitals Bristol and Weston	Present
Rachel Burrows	RaB	CHD Network Support Manager (note-taker)	CHD Network Team	Present
Sarah Finch	SF	ACHD Clinical Nurse Specialist	University Hospital of Wales	Present
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team	Present
Steven Pike	SP	General Manager of Paediatric Cardiac services, Neurosurgery and PICU	University Hospitals Bristol and Weston	Present
Vanessa Garratt	VG	CHD Network Clinical Psychologist	CHD Network Team	Present
Zoe Trotman	ZT	Senior Nurse, paediatric cardiology	University Hospitals Bristol and Weston	Present
Andre Clinchant	AC	Lead Nurse	Taunton and Somerset	Apologies
Andrea Richards	AR	Senior Commissioner	Welsh Health Specialised Services Committee	Apologies
Andrew Parry	AP	Consultant	University Hospitals Bristol and Weston	Apologies
Andy Arend	AA	Consultant paediatrician	North Devon District Hospital, Barnstaple	Apologies
Andy Tometzki	AT	CHD Network Clinical Director / Consultant Paediatric Cardiologist	CHD Network Team	Apologies
Ankita Jain	AJ	PEC	Hywel Dda	Apologies
Anthony Goodwin	AG	PEC	Cwm Taf	Apologies
Anthony Pearce	AP	Commissioner	NHS England and Improvement	Apologies
Becky Lambert	BL	Staff Nurse ACHD	Taunton and Somerset	Apologies
Bill McCrea	BMc	Consultant	Great Western Hospital, Swindon	Apologies
Candida Frankham	CF	Cardiac Physiologist	Royal Cornwall Hospital	Apologies
Catherine Blakemore	CB	ACHD Consultant	Torbay	Apologies
David Mabin	DM	Consultant Paediatrician with Expertise in Cardiology	Royal Devon and Exeter	Apologies

Name	Initis.	Job Title	Organisation	Present/ Apols
Emma Hulbert Powell	EHP	PEC	Plymouth	Apologies
Faumy Hassan	FH	PEC	Hywel Dda	Apologies
Gergely Szantho	GS	Consultant cardiologist	University Hospitals Bristol and Weston	Apologies
Gerraint Morris	GM	PEC	Swansea	Apologies
Helen Fardy	HF			Apologies
Helen Liversedge	HL	Consultant Fetal	Royal Devon and Exeter	Apologies
Helen Wallis	HW	Consultant Cardiologist	ABMU Health Board	Apologies
John Madar	JM	PEC	Plymouth	Apologies
Karen Sheehan	KSh	Paediatric Cardiac Research Sister	University Hospitals Bristol and Weston	Apologies
Katrina Spielman	KS	ACHD clinical nurse specialist	Cardiff	Apologies
Lisa Patten	LP	Paediatric clinical nurse specialist	University Hospitals Bristol and Weston	Apologies
Louise Challis	LC	Link Nurse	Torbay	Apologies
Luisa Wilms	LW	Consultant	Taunton and Somerset	Apologies
Luke Harris	LH	Service Manager	Gloucestershire Hospitals	Apologies
Maha Mansour	MM	PEC	Swansea	Apologies
Manish Gandhi	MG	ACHD Consultant cardiologist	Royal Devon and Exeter	Apologies
Marcia Scheller	MSC	PEC	Cwn Taf	Apologies
Marion Schmidt	MS	Consultant Paediatrician	Royal Gwent Hospital, Newport	Apologies
Mark Dayer	MD	Consultant Cardiologist	Taunton and Somerset	Apologies
Matthew Beake	MB	PEC	Gloucestershire Hospitals	Apologies
Max Nathan	MN	Consultant Paediatrician with Expertise in Cardiology	Bridgend, Princess of Wales	Apologies
Muhammad Addin	MA	PEC	Royal United Hospital, Bath	Apologies
Nagendra Venkata	NV	PEC	Royal Devon and Exeter	Apologies
Nicola Johnson	NJ	PEC	Taunton and Somerset	Apologies
Orhan Uzan	OU	Consultant Cardiologist	University Hospital of Wales	Apologies
Peter Wilson	PW	Medical Director Commissioning	NHS England and Improvement	Apologies
Poonamallee Govindaraj	PG	Consultant Paediatrician	Royal Glamorgan	Apologies
Pradesh Mappa	PM	Consultant Paediatrician	Great Western Hospital	Apologies
PremKumar Pitchaikani	PP	Consultant	Hywel Dda	Apologies
Rachel Tidcombe	RTi	Patient Representative		Apologies
Rainer Fortner	RF	PEC	Cwm Taf	Apologies
Rowan Kerr-Liddell	RKL	Consultant Paediatrician with Expertise in Cardiology	Torbay Hospital	Apologies
Sam Padmanabhan	SP	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Apologies
Sandeep Ashketar	SA	Consultant paediatrician	Royal Gwent Hospital, Newport	Apologies
Shafi Mussa	SM	Consultant Surgeon	University Hospitals Bristol and Weston	Apologies
Sian Jenkins	SJ	Consultant Paediatrician with Expertise in Cardiology	Glangwilli Hospital, Wales	Apologies

Name	Inits.	Job Title	Organisation	Present/ Apols
Simon Dunn	SD	Operational Service Manager	Torbay Hospital	Apologies
Simon Macdonald	SM	Consultant Cardiologist	University Hospital of Wales	Apologies
Soha Elbehery	SE	PEC / Consultant Paediatrician	Nevill Hall Hospital	Apologies
Sree Nittur	SN	PEC	Swansea	Apologies
Stephanie Curtis	SC	Consultant cardiologist	University Hospitals Bristol and Weston	Apologies
Susie Gage	SG	Paediatric cardiology and surgical pharmacist	University Hospitals Bristol and Weston	Apologies
Tatiana Rjabova	TR	Consultant Paediatrician with Expertise in Cardiology	Royal United Hospital, Bath	Apologies
Vishwa Narayan	VN	PEC	Hywel Dda	Apologies

**Also in attendance:**

- Debasis Biswas, Speciality Paediatric Doctor, Bonglais Hospital (Hywel Dda)
- Paul Smith, Clinical Admin Manager, Plymouth