

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

**Date:** Tuesday 11<sup>th</sup> October 2022, 14.00 – 16.30

**Venue:** Microsoft 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 Microsoft Teams. He shared the digital meeting etiquette, noting also that the Microsoft Teams chat question function is available.</p> <p>Special introduction was given to Louise Hudson as the new CHD network manager who commenced in post in September 2022, and to Dr Stephanie Curtis who took over as the CHD network clinical director on 1<sup>st</sup> October 2022. With thanks again given to Dr Andy Tometzki who relinquished this role to be clinical lead at BRHC.</p>
2.	<b>Approval of minutes and action tracker</b>
	<p>The minutes of the Network Board on 12<sup>th</sup> July 2022 were agreed to be an accurate record.</p> <p>The action log was updated as appended. Notable comments:</p> <p><b><u>170 - Delay of transfers form (Bristol and Cardiff)</u></b>                      Ensure new ‘delay in transfers’ form is in use – previously on hold. The board concluded that the process needs to be agreed for this, however there was consensus that the forms are to be kept in use even when Pelican Ward is closed. DW raised that a generic form that picks up delays across the network including level 3, 2 and 1 centres and across the age ranges is required. Circulate form to attendees of meeting for dissemination/comments.</p> <p><b><u>173 – Network to work with patient rep to design a sealed envelope for support after a death</u></b>                      JFH has met with patient rep Sophie to progress a sealed envelope project. To discuss with CNS team, ARC and palliative care network - this will be an ongoing project. Board very supportive of this – need to find a way to translate this to patients of all ages.</p> <p>No further actions to report on.</p>
3.	<b>Patient Story</b>
	<p>The board listened to Tom’s story presented live. Tom explained that he underwent his first cardiac surgery at the age of 21 years, and his second cardiac surgery when he was 33 years. He shared how having cardiac surgery for the second time was very challenging despite having a plan and a supportive family.</p> <p>Tom acknowledged and appreciated the positives of his care and what worked well. Due to covid-19 related reasons, he hadn’t been seen in clinic for some time. Tom explained that in November 2021, he had his first consultation with Dr Szantho at the Bristol Heart Institute, who made him realise that</p>

despite not having symptoms, he would need another surgical intervention in due course.

The waiting time for surgery was understandably an anxious time for Tom, however he shared that the clinical nurse specialist team were excellent at providing ongoing support and he also benefited from connecting with the psychology service via video call as this really helped with lowering some of the anxiety and helping him remain strong mentally. He shared that in hindsight he would like to explore some of the triggers to perhaps see if can address these.

Whilst Tom lives in London, he decided to keep his heart condition care in the South West due to his positive experience. He shared how one evening he presented with chest pain in a London hospital and was transferred to Bristol. When help was needed, it was there. Tom didn't feel as prepared as he felt he should and could have been, for example with deciding on the valve type – however based on the advice of clinical specialists, he was pleased with the final decision. Tom expressed how having a positive attitude really helped with the preparation for surgery and his recovery.

To improve patient experience, the main theme Tom identified was communication. He recommended that when a patient first hears about having surgery, is when the surgical journey begins, and support is needed. What led to his anxious feelings, was not knowing when the pre-op appointment and surgery date would be. Whilst acknowledging the challenges with NHS waiting lists, even a rough guide to dates would be very helpful. Tom became aware that another significant cause of the anxious feelings was that when he was first assessed, he didn't have many symptoms, but these developed, and he was concerned that this was not picked up nor considered in decision making about his case.

As a professional government communication expert, Tom identified that there is a window when communications can ideally be shared about heart conditions, and he recommended redesigning clinic letters to include this. He was also struck that the London team could not see or access the South West patient information – the internal NHS sharing of data and information would be beneficial.

Tom concluded with sharing his thanks to all those who supported him during a very difficult time in his life.

The presentation was very well received by the board who thanked Tom for sharing his story so well, acknowledging that learning can be taken from his experience.

Key points discussed following the presentation:

- NHS should have national information access, but data protection has prevented this – do need a better longer-term solution to this and to do more to improve communication systems between hospitals.
- The importance of acknowledging the challenges patients and families face when in the 'waiting period' as it is a time of uncertainty – normalising people's fears and to consider how services can provide support.
- Tom was invited to help with reviewing the content of the cardiac surgery standard patient letters.
- Carys Williams noted that the Swansea service is currently looking at updating their letters and leaflets for patients so the recommendation to include more information on heart symptoms will be taken on board.

#### 4. Network Performance exception reporting

##### Performance dashboard

LH 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. This is so the board may agree any actions or escalations that are required to address any performance issues highlighted. Please refer to the report for details.

Since sharing the importance of centres submitting the quarterly reports earlier in the year, the board gave a positive thank you on the continued engagement with the high 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.

Of key note:

Overall, there is some good performance progress across the network, but the volume of backlogs is the primary challenge. A key headline is that the waiting times for new patients to receive a first appointment with a local consultant in Swansea Bay ACHD service has reduced significantly from 2022/23 Quarter 1 (93 weeks) to Quarter 2 (3 weeks).

SE shared that a meeting was recently held in Aneurin Bevan to review the paediatric consultant job plans – she noted that two of her general clinics are changing to cardiology to help clear the waiting list backlog and there is an initiative to look at new referrals. Some clinics have had to be cancelled due to staff sickness with covid etc, which has had an impact on the waiting list.

BL raised if there is any value in collecting how many patients each centre sees in clinics to provide an idea of the volume of work being done and looking at the template of how many patients are being seen in each clinic.

SC queried why there is such variation in waiting lists with some centres being so low and others so very high, and whether the workload can be shared more evenly? Can centres share measures used to reduce their waiting list? PM reported that the low waiting list for peripheral clinics in Swindon was as a result of appointing three PECs – recruitment and investment is key. Physical space for clinics is also a constraint.

GS was pleased to report that the Bristol Heart Institute has recently appointed a 5<sup>th</sup> consultant as a locum due to start in 2023 (Dr Victoria North) and it is hoped this position will become substantive. This is a very positive step forward.

- Action: GS requested to be copied into Truro ACHD service data requests.

##### 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.

	<p><b>NHSE Specialised Services Quality Dashboards (SSQD)</b></p> <p>The Adult Level 1 SSQD Quarter 1 2022/23 dashboard and Paediatrics Level 1 SSQD dashboard for Quarter 1 are included in the papers for information. The board noted that there was one negative alert reported for the paediatric level 1 service and 3 positive alerts. For the adult level 1 service there were 0 negative alerts and 5 positive alerts. Please refer to the report for further details.</p>
<b>5.</b>	<b>Update from Level 3 centre(s)</b>
	<p>LH 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. Mohamed Mehisen has joined the Taunton ACHD team as a locum consultant who is ACHD trained. For South Wales, since June 2022 an ACHD clinical nurse specialist has been attending the clinics at Prince Charles Hospital and Withybush Hospital offering additional support to the patients which is a significant uplift in the quality of the service provided. The Princess of Wales ACHD service reported that a local consultant has started to pick up sessions and there is ongoing recruitment to further tackle the waiting list. In Swansea Bay, extra sessions are being provided by HW new job plan to help with overdue follow ups.</li> <li>• <b>Key risks/concerns:</b> For the Southwest, BL noted that for Taunton, she has returned as ACHD nurse but her funding is not secure, and the concerns continue around integrating Yeovil and Somerset. For South Wales, Aneurin Bevan reported a demand and capacity mismatch with only two clinics per month. Cwm Taf Morgannwg service felt that there needs to be an overarching plan for clinic provision across the health board. In Swansea Bay, the ongoing challenge is that there is no substantive local consultant ACHD lead and limited clinic availability.</li> <li>• <b>Actions/support required from the network:</b> None reported.</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 southwest, NO shared that the main challenge continues to be waiting times and capacity mapping, primarily due to escalating referrals, denuding general paediatric cardiology skills and screening work not yet reflected in local capacity planning. Organisational changes with Exeter merging with Barnstaple, and Yeovil with Taunton will bring challenges, and funding for cardiac link nurses.</li> </ul> <p>For South Wales, the positive news in Swansea Bay is that Dr Ankita Jain starts as their new PEC in November 2022.</p> <ul style="list-style-type: none"> <li>• <b>Risks/concerns to be escalated:</b> For the southwest, NO summarised that of keynote is that Bath continues to work towards a replacement Echopacs system, and a business case is in progress (covers adults and paediatrics). Capacity mapping (Swindon are particularly limited by room availability) and waiting times as above. Lack of substantial digital storage solution at RD&amp;E for paediatric cardiology services, and a sense that decision making through the JCC and time to intervention (surgery, catheter, EP work) in the level 1 centre is lengthening beyond parental and local PEC expectations – causing parental anxiety and increasing contact from families.</li> </ul> <p>For South Wales, Royal Glamorgan paediatric service reported a continued key risk regarding the storage and transfer of echo images – funding for the McKesson storage system approved in August</p>

	<p>2022 and is currently progressing.</p> <ul style="list-style-type: none"> <li>• <b>Actions/support required from network:</b> Exeter requested a letter of support from the network to the RD&amp;E management to back the PECs re: substantive digital storage solution, and an exploration of ways to make the JCC more timely and effective. Swindon asked for support in reviewing post operative patients in BRHC if there is not capacity locally as the link cardiologist does not do cardiology clinics in Bristol.</li> </ul>
<b>6.</b>	<b>Update from Level 2 centre</b>
	<p>SF 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. AM shared that South Wales ACHD psychology service now has two clinical psychologists and are more embedded in the Multi-Disciplinary Team. The South Wales ACHD Phase 3 business case is progressing with the WHSCC commissioners.</li> <li>• <b>Risks/concerns:</b> Ongoing effects of pandemic mean waiting lists are longer than would normally be appropriate. The waiting times have reduced from 13 months to 7 months by implementing extra clinics but there is still more work to do to get waiting times back to pre-pandemic levels. Echo provision in South Wales service is difficult overall due to staffing – two senior ACHD echocardiographers have both recently retired and new staff members are being trained. Referrals to electrophysiology at the level 1 centre (BHI) are currently waiting more than 12 months for EP procedures.</li> <li>• <b>Actions/supports required from network:</b> Update required regarding current EP service in Bristol and options for sending patients to other centres if waiting times are unmanageable, and an options review for echo staff to support the Welsh service. SC responded that this is due to GA cover issues and DM shared that can review echo cases on an individual basis.</li> </ul> <p><b><u>Level 2 paediatric CHD service:</u></b></p> <p>AP presented an update for the Level 2 centre:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> No key updates to report this quarter.</li> <li>• <b>Risks/concerns:</b> Nil for network but locally acute staffing issue due to staff sickness which has reduced clinic delivery as a result across all the local health boards. Staff members since returned so the position should improve.</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>GS presented the key updates for the level 1 ACHD centre:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Appointed a locum consultant (Dr Victoria North) to start in January 2023. Recently interviewed for a CNS and unfortunately were unable to appoint so will re-advertise soon</li> <li>• <b>Risks/concerns to be escalated:</b> Growing waiting list – all ACHD consultants contribute to general</li> </ul>

	<p>cardiology.</p> <ul style="list-style-type: none"> <li>• <b>Actions/support required from the network:</b> None reported at the meeting.</li> </ul> <p><b><u>Level 1 paediatric CHD service</u></b></p> <p>AT shared the key updates to note:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> included in the papers. Challenges with staff changes – recently successfully appointed two interventionalists, will be advertising for an EP role soon. Currently the service is running on five substantive consultants and five locums – hoping will improve next year if can make more substantive posts. Alison Hayes has been doing a lot of extra clinics with the aim of reducing the waiting list but the impact is small as referrals are increasing. The elective programme remains challenging with the waiting list still high – financial support for PICU and theatre staffing has improved capacity, however due to an increase in recent demand for PICU beds and emergency procedures, there hasn't been an impact on the waiting list yet.</li> <li>• <b>Risks/concern:</b> Still long wait for first appointment remains high. Surgical waiting list remains a concern although there are positive steps in place to improve. Concern around cardiology consultant staffing due to two resignations and two staff on maternity leave. Plan in place for recruitment and locums to mitigate.</li> <li>• <b>Actions/supports required from network:</b> None noted at the meeting.</li> </ul>
<p>8.</p>	<p><b>Patient representatives update</b></p>
	<p>The patient reps had a pre-meet in advance of the Board. NM shared that Heart Heroes continues to grow and develop and have recently posted laminated posters to all hospitals with QR code links to the Heart Heroes hubs to display in patient areas.</p> <p>NM is hoping to arrange regular visits to Dolphin Ward in due course, and attended the Fetal Cardiology training day last Friday, which provided really helpful information on the fetal pathway. The CHD network local charity event is being held on 13<sup>th</sup> October to consider how to work together as charities in the network and reach out to hospitals. The patient representatives have also reviewed draft paediatric wellbeing QR code posters for patients and families, that are currently going through governance processes before publication. FC updated on how the adult patient representatives had inputted to a new leaflet that has been published entitled 'tips and tricks for managing on the ward for ACHD patients.'</p> <p>FC was excited to share about the Down to Earth wellbeing pilot course, being run by the South Wales ACHD service, involving lots of practical outdoors skills. The main aim is to connect with others with a heart condition. This 6-week course is being held on Mondays with some clinical ACHD staff represented too. FC shared how this has been a very positive experience providing the opportunity to connect, listen and know that you are not alone as a heart patient, which helps reduce anxiety. The patient representatives thanked the board for listening to their call for patients to be treated holistically and that this is an excellent outcome.</p> <p>The Board was reminded that <i><u>if a project involves patient care, a patient rep should be involved.</u></i></p> <p>DW thanked the patient reps for their time and contributions.</p>



9.	Presentation: Surgical update – successes, challenges, and future plans
	<p>Shafi Mussa, Consultant Congenital Cardiac Surgeon at Bristol Heart Institute/Bristol Royal Hospital for Children, presented a spotlight on surgical updates.</p> <p><u>Successes</u> – SM shared the outcomes from the latest NICOR 2017-2020 paediatric data. This showed BRHC had 838 cases over this period, and the survival ratio is above what is predicted (positive result). For ACHD, there were 297 cases over this period (one of the largest programmes in the UK), with a survival risk ratio as predicted by risk-modelling, which is encouraging.</p> <p><u>ACHD activity</u> – The service has a large ACHD surgical programme of around 100 cases per year. This was significantly affected by Covid-19 with almost complete cessation in activity from March to July 2020, staff being repatriated and limited ICU capacity. This led to a drop in theatre sessions from 10 to 8 per month due to the reduced cardiac surgical capacity overall with staff shortages and hybrid theatre refurbishment. However, the waiting list now stands at 29 patients with the utilisation of extra operating lists when available. There are some long waiters due to patient factors, but these are being prioritised appropriately.</p> <p><u>Challenges</u> – The paediatric waiting list is a cause for concern. The Joint Cardiac Conference triage patients, and the surgical waiting list is reviewed on a regular basis. It was noted that 20% to 30% of the surgical workload comprises of urgent/emergency cases not captured on waiting lists. The team are corresponding with Helen Fardy, Medical Director WHSCC, regarding the process for Welsh patients.</p> <p>BRHC is a major trauma, burns and cardiac centre. Almost all paediatric cardiac surgery requires a post-operative admission to the paediatric intensive care unit (PICU). The staff vacancy rate on PICU was around 10% in the summer months, and in May/June 2022 alone, there were 15 cancellations due to the lack of PICU beds. Together with a reduced operating schedule (20% reduction in theatre time) since the end of 2020 due to staffing shortages in theatres and a hospital policy of prioritising long waiters from other specialities (impact of Covid-19), the waiting list is increasing.</p> <p>The cardiac surgical programme should deliver 7 to 8 operations per week but has been delivering 4 to 5 operations per week on average. This was a cause of concern and escalated to the Trust Medical Director who agreed to enhance bank rates for PICU nurses – this has improved the situation. There is also an ongoing recruitment drive for PICU and theatres. However, winter is coming which could affect PICU capacity.</p> <p><u>Future plans</u> – The cardiac surgical programme offers a wide range of conventional (i.e., non transplant and mechanical circulatory support) procedures. In addition, there is established expertise in the management of complex pulmonary atresia, Ebstein anomaly in children and adults, and aortic valve neo-cuspidisation (Ozaki procedure) in children and adults.</p> <p>The team are also looking at expanding the surgical repertoire for both paediatrics, such as complex TGA repairs, and ccTGA – the first double switch operation (atrial and arterial switch, VSD closure) was completed yesterday! – and for ACHD such as offering aortic root aneurysm – Personalised External Aortic Root Support (PEARS) procedures. Also looking at aortic valve repairs especially in the context of bicuspid aortic valves, and minimally invasive approaches to ASD and aortic root surgery.</p> <p>In <u>summary</u>, SM shared that the clinical outcomes are as expected according to clinical risk profile. The ACHD waiting list is under control and well managed by the Bristol Heart Institute team. The paediatric waiting list has many ‘time-expired’ patients (meaning beyond our desired time frame) but improving access to PICU and theatres should have some impact. There are many plans to expand the surgical</p>

	<p>repertoire.</p> <p>AP asked how the challenges with access to PICU and theatre in Bristol compare with other CHD networks across the country. AT shared that other networks are experiencing similar challenges and other centres have similar waiting times. A UK CHD networks conference call, Chaired by Michael Wilson (NHS England Programme Director) and AT in his role as Clinical Reference Group Chair, has been held regularly since March 2020 to discuss topics such as this. As well as the staffing challenges, there has also been a significant increase in referrals from GPs and a hiatus of activity post-pandemic.</p> <p>From a patient/family perspective, NM shared the importance of contacting and reassuring families who are waiting for surgery, so they know they have not fallen off the list. SM shared that there is a letter that is sent to families to let them know of the surgical situation and when a patient is cancelled in hospital they are seen by the surgical team. AT noted that to manage patient expectations, the JCC process can take 6 to 8 weeks before patients are informed of the plan.</p> <ul style="list-style-type: none"> <li>○ <u>Action</u>: Board to consider how communication to families re. the JCC review process could be standardised and improved.</li> </ul>
<b>10.</b>	<b>Network Board update</b>
	<p>LH attached the supporting papers: quarter 2 update (July 2022 to date); and the work plan 2022/23 update. Please refer to the papers for further detail.</p> <p>LH thanked the core network team for covering the manager vacancy gap over the summer months.</p> <p><u>Headlines for Q2/Q3 (July 2022 to date)</u></p> <p>LH highlighted some headlines:</p> <ul style="list-style-type: none"> <li>- Self-assessment process in Wales report finalised – due to present this at the WHSSC management board in December 2022.</li> <li>- Continued to lead and provide admin support to the national network of CHD networks regular conference calls – Michael Wilson has recently stepped down and we are waiting for news on what will happen next with this national coalition.</li> <li>- Transition study events held in May and October 2022.</li> <li>- PEC forum led by Nigel Osborne in July 2022, with positive feedback.</li> <li>- Seventh network cardiac physiologist meeting held led by Dan Meiring (this group is being reviewed in December)</li> <li>- Wellbeing QR code posters designed to signpost to psychology resources and webinars.</li> <li>- Refreshed charity and support groups website page.</li> <li>- Annual report 2021/22 published.</li> </ul> <p>LH thanked network members for their continued work and support.</p> <p><u>Work plan 2022/23</u></p> <p>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 1 complete work plan areas (annual report); 39 work plan areas that are rated green (on track); 5 amber areas (partially progressed but have been delayed by external factors e.g., Covid-19) and there are none currently rated as red. There are 8 areas on hold – now that LH and SC are in post, they will review these to consider what can be progressed or closed.</p> <p>DW was impressed by the workplan status, and all the good work being done by the network – well done all!</p>



Future planning: Work plan 2023/24

The network is planning to review, prioritise, and develop the network work plan for 2023/24. 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. LH would welcome views and ideas from network members for this. The draft version of the workplan will be circulated in due course.

- Action – network members encouraged to share any ideas/comment to feed into the draft 2023/24 network work plan.

**10. National and regional updates**

National update

AT provided a brief national snapshot:

- The CHD Clinical Reference Group is currently disbanded.
- National network of CHD networks meeting – continued to lead and provide admin support to this national regular meeting. This meeting commenced in March 2020 and looked at the resilience of CHD services across the UK, mainly focusing on risk and waiting list backlogs. The meeting was paused in October 2022 with Michael Wilson retiring and handing over CHD responsibilities to Anthony Prudhoe, NHS England National Programme Care Lead.
- National networks of CHD networks conference will be held in Birmingham on 9<sup>th</sup> November

Commissioner updates

**Welsh Health Specialised Services Committee (WHSSC), South Wales** - presented by KM.

- **Key updates**

ACHD –

- Progressing the phase 2 funding business case – this is currently being taken forward via WHSSC’s governance processes.
- WHSSC is working with the network to ensure that the baseline assessment of the level 3 South Wales CHD centres against the NHS England CHD standards is presented at the December meeting of the WHSSC management group.

Paediatrics –

- The 5-year Specialised Services Commissioning Strategy has been approved by WHSSC Joint Committee. As part of the implementation, there will be a review of outreach and in-reach services ensuring appropriate MDT, equity of access and equity of waiting times (likely to be year 3 or 4 for cardiac).
- Continual dialogue with Bristol on the cardiac surgery delays – monitoring on a monthly basis the impact on Welsh patients.

- **Action/support required from the network** – None noted at the meeting.

	<p><b>NHS England, South West</b> Presented by CK</p> <ul style="list-style-type: none"> <li>• <b>Key updates</b> including: <ul style="list-style-type: none"> <li>- Preparing for ODN 2023/24 workplans – deadline for submission to be confirmed.</li> <li>- Peripheral clinic SLA – with Bristol to progress.</li> <li>- Women’s and Children’s Programme Board – next meeting 15<sup>th</sup> November – opportunity to showcase the annual reports.</li> <li>- Service reviews – work continues with CHD, SIC and PCC – national funding allocated to improve transport and Level 2 capacity for paediatric critical care.</li> <li>- CYP elective recovery – now a focus nationally and regionally. Currently setting up the governance with the first working group meeting planned for 12<sup>th</sup> October.</li> <li>- NHS England – Health Education England and NHS Digital now formally merged into NHS England. This will involve streamlining some back-office functions and a plan to reduce the total size of the organisation by 30-40% by September 2023.</li> </ul> </li> <li>• <b>Risks/concerns to be escalated to a national level</b> – waiting list recovery and restoration.</li> <li>• <b>Actions/support from the network:</b> ODN intelligence of risks and issues in relation to recovery and restoration.</li> </ul>
<b>11.</b>	<b>Network Issues (risk register) – for information</b>
	<p>LH shared that since April 2022 there has been a change in approach as the ODNs no longer hold their own risks registers. Individual provider risks are held by the centres and regional risks may be held by Specialist Commissioning as appropriate. The network can support action to mitigate risks held at other levels. It was raised at the last Board meeting that further clarity is required around the process and form, as well as guidance on defining risks and issues. Discussion is ongoing with Specialist Commissioning who are reviewing this, as well as with the other ODN managers. LH outlined that risk is the effect of uncertainty, while an issue is more an event or condition that has already happened or is impacting currently.</p> <ul style="list-style-type: none"> <li>○ <b>Action:</b> LH to table a new draft network risk and issues log which matches the current process and the new way of categorising issues/risks at the next Board meeting in January 2023.</li> </ul> <p>Please refer to the risk report in the papers.</p> <p>The board were reassured that LH is reviewing and that further discussion is to follow around the clarity of this process.</p>
<b>12.</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>13.</b>	<b>Any Other Business</b>
	<ul style="list-style-type: none"> <li>• Next Board Meeting, Thursday 19<sup>th</sup> January 2023, 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 being held on Thursday 19<sup>th</sup> January 2023 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>

- New transfer form is being designed by BHI new consultant, Victoria North – this will be available on the Medway electronic system. The BHI will be unable to accept patients from paediatric cardiology unless this form is completed with the required information. It was agreed that an advanced draft version of the BHI transfer form will be discussed amongst the wider consultant body.

### Attendees

Name		Job Title	Organisation	11/10/22
Alan Pateman	AP	Paediatric Clinical Lead	Cardiff, University Hospital of Wales	Present
Andy Tometzki	AT	BRHC Clinical Director / Consultant Paediatric Cardiologist	Bristol, University Hospitals Bristol & Weston	Present
Ankita Jain	AJ	Consultant Paediatrician with Expertise in Cardiology	Hywel Dda	Present
Anna Mcculloch	AM	Lead Consultant Psychologist	Cardiff, University Hospital of Wales	Present
Becky Lambert	BL	Staff Nurse ACHD	Taunton, Musgrove Park Hospital	Present
Becky Nash	BN	Patient Representative		Present
Carys Williams	CW	Cardiac Physiologist	Swansea Bay	Present
Claire Kennedy	CK	Senior Commissioning Manager	NHS England	Present
Claire Logan	CL	Paediatric clinical nurse specialist	Cardiff, University Hospital of Wales	Present
Daniel Meiring	DM	Fetal&Paediatric Cardiac Physiology Service Manager	Bristol, University Hospitals Bristol & Weston	Present
Dirk Wilson	DW	Consultant Paediatric Cardiologist	Cardiff, University Hospital of Wales	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, Musgrove Park Hospital	Present
Gergely Szantho	GS	Consultant cardiologist	Bristol, University Hospitals Bristol & Weston	Present
Jessica Hughes	JFH	Network Lead Nurse (joint)	CHD Network Team	Present
Katy Huxstep	KH	Consultant Paediatrician with Expertise in Cardiology	Truro, Royal Cornwall Hospital	Present
Kimberley Meringolo	KM	Specialised Planner (Paediatrics)	Welsh Health Specialised Services Committee	Present
Lisa Patten	LP	Paediatric clinical nurse specialist	Bristol, University Hospitals Bristol & Weston	Present
Louise Hudson	LH	CHD Network Manager	CHD Network Team	Present
Marcia Scheller	MSC	Consultant Paediatrician with Expertise in Cardiology	Cwm Taf	Present
Marta Cunha	MC	ACHD clinical nurse specialist	Bristol, University Hospitals Bristol & Weston	Present
Nicola Morris	NM	Patient Representative		Present
Nigel Osborne	NO	Consultant Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Present
Pradesh Mappa	PM	Consultant Paediatrician	Swindon, Great Western Hospital	Present
Rachel Burrows	RB	CHD Network Support Manager (note-taker)	CHD Network Team	Present
Sarah Finch	SF	ACHD Clinical Nurse Specialist	Cardiff, University Hospital of Wales	Present
Shafi Mussa	SM	Consultant Surgeon	Bristol, University Hospitals Bristol & Weston	Present
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team	Present
Soha Elbeherly	SE	Consultant Paediatrician with Expertise in Cardiology	Aneurin Bevan, Nevill Hall Hospital	Present
Stephanie Curtis	SC	Network Clinical Director / Consultant cardiologist	CHD Network Team / Bristol, University Hospitals Bristol & Weston	Present
Tom Large	TP	Patient Representative		Present
Zoe Trotman	ZT	Senior Nurse, paediatric cardiology	Bristol, University Hospitals Bristol & Weston	Present
Andre Clinchant	AC	Lead Nurse	Taunton, Musgrove Park Hospital	Apologies
Andrew Parry	AP	Consultant	Bristol, University Hospitals Bristol & Weston	Apologies
Andy Arend	AA	Consultant paediatrician	Barnstaple, North Devon District Hospital	Apologies
Anthony Goodwin	AG	Consultant Paediatrician with Expertise in Cardiology	Cwm Taf	Apologies
Anthony Pearce	AP	Commissioner	NHS England	Apologies
Bill McCrea	BMc	Consultant – ACHD	Swindon, Great Western Hospital	Apologies
Candida Frankham	CF	Cardiac Physiologist	Truro, Royal Cornwall Hospital	Apologies
Catherine Blakemore	CB	Consultant - ACHD	Torquay, Torbay District General Hospital	Apologies
Chris Gibbs	CG	Consultant - ACHD		Apologies
David Lindsey	DL	Consultant - ACHD	Gloucestershire Hospitals	Apologies
David Mabin	DM	Consultant Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Apologies
Dushen Tharmaratnam	DT	Consultant ACHD	Barnstaple, North Devon District Hospital	Apologies

Emma Hulbert Powell	EHP	Consultant Paediatrician with Expertise in Cardiology	Plymouth, Derriford Hospital	Apologies
Faamy Hassan	FH	Consultant Paediatrician with Expertise in Cardiology	Hywel Dda	Apologies
Georgina Ooues	GO	Consultant Cardiologist ACHD	Truro, Royal Cornwall Hospital	Apologies
Geraint Morris	GM	Consultant Paediatrician with Expertise in Cardiology	Swansea Bay	Apologies
Gui Rego	GR	Senior Echocardiographer (ACHD)	Bristol, University Hospitals Bristol & Weston	Apologies
Helen Fardy	HF	Medical Director	Welsh Health Specialised Services Committee	Apologies
Helen Liversedge	HL	Consultant Fetal	Exeter, Royal Devon University Hospital	Apologies
Helen Wallis	HW	Consultant Cardiologist	Cardiff, University Hospital of Wales	Apologies
Jack Gibb	JG	Paediatric Cardiology ST4 Training	Bristol, University Hospitals Bristol & Weston	Apologies
Jennifer Holman	JH	Consultant Paediatrician	Gloucestershire, Gloucester Hospital	Apologies
Joanne Jones	JJ	Paediatric and Fetal Cardiac Sonographer	Bristol, University Hospitals Bristol & Weston	Apologies
John Madar	JM	Consultant Paediatrician with Expertise in Cardiology	Plymouth, Derriford Hospital	Apologies
Karen Sheehan	KSh	Paediatric Cardiac Research Sister	Bristol, University Hospitals Bristol & Weston	Apologies
Katrina Spielman	KS	ACHD clinical nurse specialist	Cardiff, University Hospitals of Wales	Apologies
Karikalan Kandasamy	KK	Consultant ACHD	Truro, Royal Cornwall Hospital	Apologies
Kindre Morgan	KM	ACHD clinical nurse specialist	Cardiff, University Hospital of Wales	Apologies
Lalit Bhalla	LB	Consultant - ACHD	Aneurin Bevan, Wales	Apologies
Louise Challis	LC	Link Nurse	Torquay, Torbay District General Hospital	Apologies
Luisa Chicote-Hughes	LCH	Consultant Cardiologist - ACHD	Plymouth, Derriford Hospital	Apologies
Luisa Wilms	LW	Consultant	Taunton, Musgrove Park Hospital	Apologies
Luke Harris	LH	Service Manager	Gloucestershire Hospitals	Apologies
Maha Mansour	MM	Consultant Paediatrician with Expertise in Cardiology	Swansea Bay	Apologies
Manish Gandhi	MG	Consultant cardiologist - ACHD	Exeter, Royal Devon University Hospital	Apologies
Marion Schmidt	MS	Consultant Paediatrician	Newport, Royal Gwent Hospital	Apologies
Mark Dayer	MD	Consultant Cardiologist - ACHD	Taunton, Musgrove Park Hospital	Apologies
Matthew Beake	MB	Consultant Paediatrician with Expertise in Cardiology	Gloucestershire Hospitals	Apologies
Max Nathan	MN	Consultant Paediatrician with Expertise in Cardiology	Bridgend, Princess of Wales	Apologies
Mel Gilbert	MG	Matron for Child Health	Truro, Royal Cornwall Hospital	Apologies
Muhammad Addin	MA	Consultant Paediatrician with Expertise in Cardiology	Bath, Royal United Hospital	Apologies
Nagendra Venkata	NV	Consultant Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Apologies
Nicola Johnson	NJ	Consultant Paediatrician with Expertise in Cardiology	Taunton, Musgrove Park Hospital	Apologies
Orhan Uzan	OU	Consultant Cardiologist	Cardiff, University Hospital of Wales	Apologies
Patricia Caldas	PC	Consultant paediatric cardiologist and Clinical Lead	Bristol, University Hospitals Bristol & Weston	Apologies
Pauline Aiston	PA	Psychologist	Bristol, University Hospitals Bristol & Weston	Apologies
Peter Wilson	PW	Medical Director Commissioning	NHS England	Apologies
Poonamallee Govindaraj	PG	Consultant Paediatrician	Cwm Taf Morgannwg, Royal Glamorgan	Apologies
PremKumar Pitchaikani	PP	Consultant	Hywel Dda	Apologies
Rachel Tidcombe	RTi	Patient Representative		Apologies
Rainer Fortner	RF	Consultant Paediatrician with Expertise in Cardiology	Cwm Taf	Apologies
Richard Palmer	RP	Senior Commissioner	Welsh Health Specialised Services Committee	Apologies
Rowan Kerr-Liddell	RKL	Consultant Paediatrician with Expertise in Cardiology	Torquay, Torbay District General Hospital	Apologies
Sam Padmanabhan	SP	Consultant Paediatrician with Expertise in Cardiology	Truro, Royal Cornwall Hospitals	Apologies
Sandeep Ashketar	SA	Consultant paediatrician	Aneurin Bevan, Royal Gwent Hospital	Apologies
Sian Jenkins	SJ	Consultant Paediatrician with Expertise in Cardiology	Hywel Dda, Glangwilli Hospital	Apologies
Simon Dunn	SD	Operational Service Manager	Torquay, Torbay District General Hospital	Apologies
Simon Macdonald	SM	Consultant Cardiologist	Cardiff, University Hospital of Wales	Apologies
Sree Nittur	SN	Consultant Paediatrician with Expertise in Cardiology	Swansea Bay	Apologies
Steven Pike	SP	General Manager of Paediatric Cardiac Services, Neurosurgery and PICU	Bristol, University Hospitals Bristol & Weston	Apologies
Susie Gage	SG	Paediatric Cardiology and Surgical Pharmacist	Bristol University Hospitals Bristol & Weston	Apologies
Tatiana Rjabova	TR	Consultant Paediatrician with Expertise in Cardiology	Bath, Royal United Hospital	Apologies
Vanessa Garratt	VG	CHD Network Clinical Psychologist	CHD Network Team	Apologies
Vishwa Narayan	VN	Consultant Paediatrician with Expertise in Cardiology	Hywel Dda	Apologies
Yusf Museji	YM	Consultant – ACHD	Glangwilli	Apologies