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

Date: Tuesday 6th December 2016, 10:00 – 12:30
Venue: Board-room 3, The Parkway Hotel, Cwmbran
Chair: Andy Tometzki

Minutes (Draft)

Item	Notes and Actions
1.	**Welcome, Introductions & Apologies** (see appendix). AT welcomed and introduced the attendees and noted apologies.
2.	**Approval of Minutes**
	The minutes of the September 2016 Board Meeting were agreed as an accurate reflection of the meeting. It was noted by SA that there is a South Wales Paediatric Cardiovascular Network, which has an education / CPD remit. The President is Orhan Uzun, and Dr Poonamallee Govindaraj (Raj) is the Honorary Secretary. It was felt that although there may be some overlap between that network and the CHD Network, there are opportunities for linking the work for example around CPD and sharing of clinical protocols. Consideration may need to be given as to whether and how this can be applied to the South West. There is also an Adult Welsh Cardiovascular Society and a Welsh Fetal Cardiovascular Network. **ACTION: JD to contact Orhan Uzun to explore joint working with Welsh Paediatric Cardiac Network**
3.	**Actions**
	The actions log was updated as appended. Notable comments: RW noted that NHSE are supporting the work to align providers within networks – i.e. Plymouth and Yeovil. DW noted that there are some Welsh patients who had their surgery at the Brompton and may wish to consider Bristol as a closer option for follow up care. Likewise for pulmonary hypertension patients who went to the Brompton before this service was available in Bristol. **Action: DW / BS to give patients from the Brompton the choice to have their follow up in Bristol** JH noted that cot capacity at St Michael's Hospital, Bristol was sometimes an issue, meaning that Gloucester patients would be transferred to Leicester rather than Bristol, even where this was not the preferred patient flow. **ACTION: JD/JH to look at whether there is a log of how often St Michael's Hospital lacks capacity for transfer of cardiac babies and to raise this with St Michael's management** Patient representation – It was recognised that it is difficult for patient representatives to attend all meetings, but that it is important that they are represented. HA said he could meet up with patients from Welsh services to get their views. Bethan can help identify some keen people. AC suggested inviting Ups and Downs – a Down's Syndrome support group. The website should be used to ask patients if they have a story to share to the Board, perhaps through one of the formal

	representatives. The Somerville Foundation can also be used to advertise for patient input **ACTION: HA/BS to identify patient reps / views from Welsh patients** **ACTION: JD to invite Ups and Downs to be involved in Network and to consider how website can be used to promote patient input to Board** Image sharing – A meeting took place between UHW and UHB to improve the image sharing capabilities between the Trusts. Fairly immediate benefits can be achieved by a relatively small investment in an Image Exchange Portal in UHW, the business case for which is being pushed forward by the UHW ACHD lead. The UHW consultants are also trialling the use of i-pads which should give them a much quicker way to access the UHB electronic patient records. If these are successful, the plan is to look at similar improvements across the network. It was noted that it is possible to connect to UHB from other clinics via VPN, although the honorary contract process and password protections make this clunky. The IPad option may help. **ACTION: JD to map what connectivity options are in use in each clinic and roll out examples of good practice** The Cardiobase system allows users to access the UHW systems from a dedicated PC in other centres. A Miraki box is required to set this up. **ACTION: AT, SC and RT to trial having access to UHW systems through Cardiobase and assess whether this is beneficial. MDT coordinators could be given access** MRI capacity – There is a group looking at MRI capacity in Wales. This is coordinated by WHSSC, although this is a secondary care service for local Health Boards to resolve rather than Specialised Commissioning. It was felt that responsibility sitting at secondary care (Health Board) level was not an ideal solution as waiting times were still 12-18 months. It was agreed this should remain as an action to monitor the progress of the MRI group. CHD waiting times – It was noted by AT that there is significant variation in waiting times for CHD outpatient appointments around the region, with patients waiting 12-18 months in some Trusts. **ACTION: JD to collate waiting times for all Trusts and present to next Board for action** JD and AT are writing to all consultants and their managers to support the recognition of CHD work and CPD in their job plans. The general reception to this so far has been positive.
4.	**Items for Approval**
	<u>Terms of Reference and Roles & Responsibilities</u> The TORs were updated following a meeting with NHSE and WHSSC, as appended. The reporting arrangements have been agreed to be to the ODN Oversight Board in NHS England and to the Annual Audit Day in WHSSC. NHSE have agreed to the TORs, which will be formally accepted through the next ODN Oversight Board. WHSSC have agreed to the TORs and are seeking to get this formally signed off. WHSSC have drafted service specifications in line with the NHS England CHD Standards, however before these can go out for formal consultation there are some specific issues around ASD that need to be resolved, the proposed provision of which could potentially be outside the NHS England standards. UHW and UHBristol will require a contract around this and work is ongoing with this. The outcome of this will support the completion of the Wales CHD Standards.

	ACTION: UHW to resolve contract with UHBristol. CC to update service specification accordingly and circulate for consultation **ACTION: CC to get TORs and Roles & Responsibilities documents signed off by WHSSC** **ACTION: JD to request that VL approaches ODN Board to approve Roles & Responsibilities document – either through Chair privilege or by offline agreement** **Communications and Engagement Strategy** JD presented the draft communications and engagement strategy, which was positively received. Some additional key stakeholder groups were identified: Wales Cardiac Network, Wales Fetal Cardiac Network, Wales Paediatric Cardiac Network, and the Southampton-Oxford CHD Network. It was also felt that there needed to be a strengthening of adult patient engagement, which HA and BS would support in Wales. **ACTION: JD to amend communication and engagement document and circulate for approval at next Board** **ACHD Guidelines** SC presented the ACHD guidelines that she has produced, initially for UHB. These were very well received and were thought to be incredibly useful and should be adopted network-wide. They would need to be checked for applicability in Wales, but could then be approved virtually and uploaded as Network protocol. **ACTION: BS to amend the end of each ACHD guideline with updated contact details for their team. JD to add Network logo and upload to UHB DMS initially (which should have open access) then to network website** It was agreed that similar guidelines should be developed for Paed CHD. The Welsh Paediatric Cardiology Network has already done some work on this, which it would be useful to consider for network-wide adoption. It was felt the clinical leads for UHW (DW) and UHB (Rob Tulloh) would be best placed to coordinate producing these guidelines. . **ACTIONS: PECs to advise JD what specific areas they would want protocols for. JD to ask DW and RT to start work on the guidelines and to contact Welsh Paediatric Cardiology Network for their input / collaboration.**
5.	**Network Update**
	JD, AT and SV presented an update on the Network team's activities, including: **NHS England Consultation** NHSE are proceeding with the consultation around proposed re-designation of some level 1 centres. The impact of this on the SWSW network is minimal, with only 8 additional surgical cases predicted. UHB has responded to the consultation proposals raising concerns that the reconfiguration fails to address boundary changes in a way that could provide sustainable volumes (i.e. 500 surgical cases) for the SWSW Network. Regular updates on the consultation are available by subscribing to the Commissioning Director Will Huxter's blog (https://www.england.nhs.uk/publications/blogs/will-huxter/) **Interventional Procedures:** The interpretation of interventional procedures by NHSE means that neither UHB nor UHW are able to meet the requirements for minimum number of qualifying

	procedures per interventionist, thus meaning the units do not comply with this standard. NHS E have excluded EP and pacing procedures, as well as only counting the procedure for one operator on complex dual-operator procedures. The Clinical Reference Group and BCCA are challenging the interpretation nationally as it is felt that the interpretation does not reflect what would be considered sufficient practice to maintain operator competency. **NHSE Implementation Symposia:** JD, SV and AT have been representing the SWSW network at the national implementation meetings. It was recognised that there is a challenge in achieving the standards in L3 units, not least because of a lack of protected funding / distinctive tariff. Services, such as diabetes that have a clearly defined best practice tariff associated with standards tend to achieve much more focus and investment from Trusts. At present there is no sense that NHSE are considering changing the payment structure for CHD services, but the network team will continue to pressure for better recognition of CHD services in tariffs and contracts. Wales do not have a tariff-based system, but the standards do give a clearer mechanism for investment cases through the annual planning processes. In reality, business cases, such as for specialist nursing may need to be regional rather than in one Trust / Health Board. **Work plan:** The overview work plan was presented showing when they key programmes would be delivered. There were some suggestions which have been captured in the updated work plan. **Gloucester and Cheltenham:** Paediatric clinics have moved to all take place in Gloucester which works better for the service and seems to be fine with patients. Adults may do likewise although there are some room issues which need to be resolved.
6.	**Exception Reports from Units**
	There was discussion about how the Board should receive updates / communication from all centres in the network. It was agreed this would fall into two broad areas – key risks and incidents, and general service updates. The former will be established through a formal risk / incident reporting structure – to be proposed at the next Board meeting. The latter was agreed to be through a brief written update by provided to JD in advance of each Board meeting by each of the centres in the network. This would include key progress / best practice to share, and a key challenge that required network input / consideration. **ACTION: JD to send network update template to each centre lead 1 month before board meeting** NHSE and WHSSC to have a slot on the agenda as a standing item
7.	**Any Other Business**
	Consideration to be given to reducing frequency to three times per year after initial year.

Date, time and location of next meeting
The next meeting is Wednesday 15th March 2017, 10:00 – 16:00 in Taunton. Venue details to follow.

Attendees

Name	Inits.	Job Title
Amiri, Hussein	AM	Patient Representative
Ashtekar, Sandeep	SA	Consultant Paediatrician, Aneurin Bevan UHB
Baulch, Mary	MB	Matron/Children's Lead, Royal Cornwall Hospital NHS Trust, Truro
Clinchant, Andre	AC	Lead Nurse and Paediatric Oncology Outreach Nurse, Children's Community Nursing Service, Taunton and Somerset NHS Foundation Trust
Coslett, Christopher	CC	Specialised Services Planning Manager Cwm Taf LHB - Welsh Health Specialised Services Committee
Curtis, Stephanie	SC	ACHD lead, UHB
Dunn, James	JD	Manager – CHD Network
Edwards, Francis	FE	Paediatric Palliative Care, UHB
Holman, Jennifer	JH	PEC, Gloucestershire Hospitals NHS Foundation Trust, Gloucester
Kerr-Liddell, Rowan	RKL	PEC, Torbay and South Devon NHS Foundation Trust
Lambert, Rebecca	RL	Staff Nurse (ACHD) Clinic, Taunton & Somerset NHS Foundation Trust
Maddicks, Hilary	HM	PEC, RUH, Bath
Shiers, Bethan	BS	ACHD CNS, University Hospital of Wales
Tometzki, Andrew	AT	Clinical lead – CHD Network
Vernon, Sheena	SV	Nurse lead – CHD Network
Wallis, Helen	HW	Consultant cardiologist, ACHD and Specialist pregnancy care, ABM ULHB
Wilson, Dirk	DW	Consultant Paediatric Consultant, University Hospital of Wales
Walsh, Rod	RW	Senior Service Specialist, NHS England

Apologies

Name	Inits.	Job Title
Bedair Radwa	RB	Consultant Cardiologist, UHB
Benefield, Rachel	RMB	Administrator – CHD Network
Kelly, Nicola	NK	Service Manager - Paediatrics, Royal Gwent Hospital
Lewis, Vaughan	VL	Clinical Director Specialised Commissioning NHS South
Mabin, David	DM	Consultant Cardiologist, Royal Devon & Exeter NHS Foundation Trust
Mashford, Kevin	KM	Patient Representative
Morris, Nicola	NM	Heart Families South West
Osborne, Nigel	NO	PEC, Royal Devon and Exeter Foundation Trust
Packer, Liza	LP	Adult Representative
Parker, Sally	SP	Heart Families South West
Stuart, Graham	GS	Consultant Cardiologist, UHB