



South Wales and South West  
**Congenital Heart  
Disease Network**

# Network Board – March 2018

## Items Arising

22<sup>nd</sup> March 2018



# Items Arising

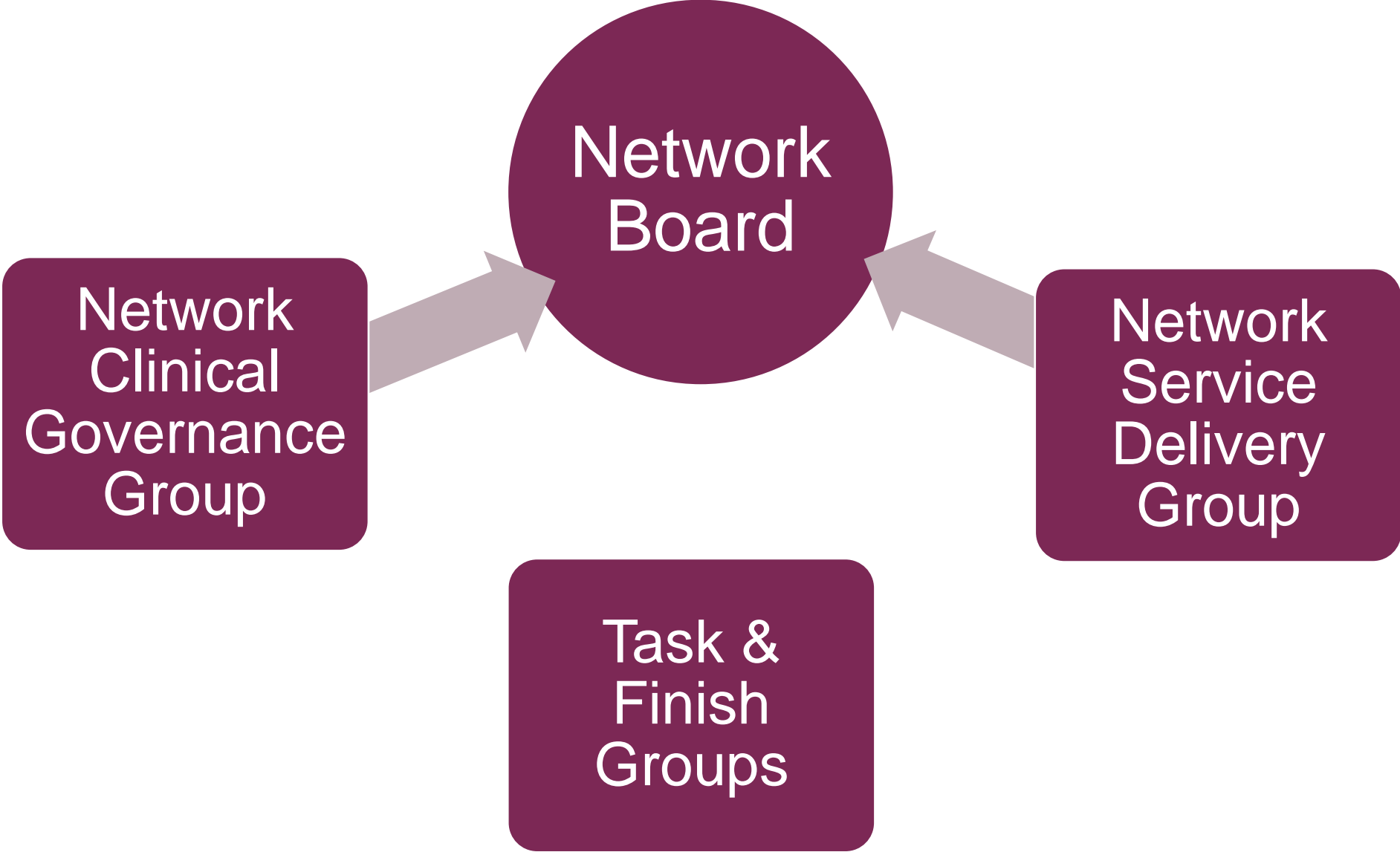
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1. The Network Board Structure
2. The Network's 18/19 Work Plan

# The Current Network Board Structure

Strengths	Weaknesses
Good representative of <b>stakeholders</b>	<b>Infrequent</b> for core team
Good general <b>engagement</b>	Lack of <b>time</b> for detail/can feel rushed
Broad range of <b>topics</b> covered	Limited opportunity for members to <b>contribute</b>
Making <b>progress</b>	Some inconsistency of <b>membership</b>
	Range of issues covered <b>too broad</b>
	Lack of <b>accountability?</b>
Opportunities	Threats
To break functions into smaller groups able to get into <b>detail</b>	Issues may fall through <b>gaps</b>
To have focused <b>task and finish groups</b> for defined short term projects	The groups don't <b>interface</b> properly
To use members' <b>expertise</b> & interests more	May have inconsistent <b>membership</b>
Better <b>rhythm</b> of meetings for Network team	
Greater <b>accountability</b>	

# Proposed Network Board Structure



Equity  
of access

Seamless  
care

Meeting  
national  
standards

Continual  
improvement

Patient  
voice

# Potential Remits?

Network Board	Network Clinical Governance Group	Network Service Delivery Group	Task & Finish Groups
Overall responsibility	Education and training programme	Standards & self-assessments	Specific tasks or projects
Escalation of concerns	Incident management and learning	Performance and capacity	Defined lifespan
Risks	Annual M&M	Workforce issues	For example:
Strategic direction	Audit programme	The website and other technology projects	Paediatric protocols group?
Performance assurance	Clinical pathways, protocols, guidance	Patient engagement and support groups	Discharge communications reference group?
Centres', commissioners, charity etc. updates	Patient leaflets and pathways	Finance/Tariffs etc	

## Discussion in Groups:

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1. What are the pros and cons of changing the structure?
2. Are these the right options?

If yes:

- How would they function?
  - Where would they take place?
  - Would the frequency need to change?
  - What representation would be required?

If no:

- What else might work?



# 2018-19 Work Plan

## Sources:



In small groups, please discuss with colleagues and agree on **up to three ideas** for us to consider for the work plan

(Around 10 minutes)







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# Network Board – March 2018

## Network Team Update

22<sup>nd</sup> March 2018



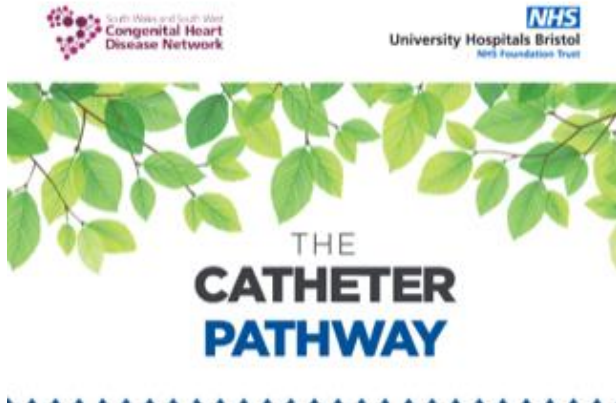
[www.swswchd.co.uk](http://www.swswchd.co.uk)



# Website Launch

Alongside the website we are launching:

- Regional access to **Level 1 Specialist Psychology Lifespan Service** (More this afternoon..)
- Our interactive **Patient Pathway** documents
- Our interactive support **‘Digibooks’**
- Our **Palliative Care Toolkit** for Clinicians



# Please publicise the website to your colleagues and patients

- Consider adding the link as standard to **clinical letters**?
- We will contact your **hospitals' communications** teams
- We will send our 'press release' to large **charities etc**
- We will promote on **social media** and to our **email database contacts**

## What else could we do?



# The Website Moving Forward

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- Please look at the site yourself
- Share any feedback or suggestions
- Please encourage patients to do the same
- The website needs to be a live piece of work
  - Can add documents/links/information/images etc
  - Regular governance checks
  - Further developments – cost implications



# Level 1 & 2 Centre Visits (Paediatrics)

## Level 1 Centre Paediatrics (Bristol)

- Refreshing **demand and capacity** as backlog persists despite investment
- Need to focus on **written pathways and protocols** for Network
- Offering support to Level 3s to embed **Telemedicine**
- Will work with core team to develop MDT Network **educational strategy**
- Access to Level 1 **Psychology** being rolled-out
- Work required on **dental** section
- Ongoing work on recommendations from the **Independent Review**



## Level 2 Centre Paediatrics (Cardiff)

- **Waiting times reducing** due to additional sessions
- Imminent plans to recruit **5th Consultant**
- Key remaining **gaps** in standards: psychology\* and data manager
- Joint review of ongoing relevant actions from the **Independent Review** (Fetal Service and joint working with Bristol)



# Level 1 & 2 Centre Visits (ACHD)

## Level 1 Centre Adults (Bristol)

- **Telemedicine** – is there appetite from L2/L3 to expand in ACHD?
- New ACHD **Psychology Service** launched (but single person resource)
- **CNS** provision slightly under required numbers
- Plans to access further difficult conversations and end of life care **training**
- **Demand and capacity** work as backlog still exists



## Level 2 Centre Adults (Cardiff)

- Biggest concern **inequity of investment** in Wales – now on Network risk register
- Follow-up waits down, but still overall lack of **capacity** in South Wales
- **CNS and consultant** provision constrained (small core team)
- High quality **transition transfer clinics**
- **Outpatients department relocating** to improved environment
- Key **gaps** in standards
  - Not reaching 50 ASDs/PFOs per interventionist p.a.
  - Data support & Psychology\*
  - Learning disability and community support limited in places



# CHD Patient Survey

- NHS England commissioned CHD PREMs survey
  - Inpatients and outpatients
  - Teenagers and adults, children, parents/carers
- Annual benchmarking of Level 1 Centres
- May be rolled out to Level 2/3 Centres

[Chdpatientsurvey.co.uk](http://Chdpatientsurvey.co.uk)



The screenshot shows a digital survey form titled 'NHS England Patient Survey'. The form is framed by a decorative border with colorful icons. The main heading is 'NHS England' in blue, followed by 'Patient Survey' in purple. Below this, a permission statement reads: 'I give permission for my child to complete this survey as their legal guardian.' There are two blue buttons: 'Yes' and 'No'. The next question is 'Which hospital did your child visit?' with a dropdown menu labeled 'Please select one ...'. Below this is a section titled 'THE WARD' in purple, with the question 'Did the hospital staff play with you or do any activities with you?'. There are three radio button options, each with a corresponding cartoon character: a green alien for 'Yes, they played with me a lot', a yellow alien for 'Yes, played with me a little', and a red alien for 'No, they didn't play with me'.



# Network Risk Register Review

Risk description	Risk ID	Rating	Lead	Actions	Mitigations
Risk that Trust cannot secure funding from commissioners for the CHD Network	1824	3	VF	Continue negotiations with commissioners re future funding. NHS announcement 30/11 positive – awaiting news.	Trust has agreed to fund the Network team for 2017/18.
Risk that Network centres will be unable to identify or fund link nurses, reducing quality of service to patients	2204	8	SV	Options being explored with local teams. Link nurse development programme in place.	Plans to increase access to L1&2 centre nurses for high need patients.
Recruitment risk PEC – Torbay	2304	6	CM	Working on SLA to get external support as advert had no applicants.	Interim cover plans in place.

# Network Risk Register Review

Risk description	Risk ID	Rating	Lead	Actions	Mitigations
Risk to effective delivery of paed cardiac care in Taunton due to absence of PEC	2214	8	CM	Business case agreed; recruitment to be taken forward.	Interim cover plans in place.
Risk to long term sustainability of CHD care in region due to lack of medical workforce in future/lack of succession plans.	2191	8	AT	Surveyed medical workforce. Discussed at Board. Engagement with National Training bodies and other Networks.	Local centres raising issues with their boards where acute.
Risk of cancelled paediatric cardiac ops due to PICU capacity pressures	2363	9	CM	Board support for PIC expansion case at BRHC. Team practical support in business case.	Decisions to cancel ops not taken lightly. Clinical assessment made. Patients whose ops are cancelled are rebooked/tracked.

# Network Risk Register Review

Risk description	Risk ID	Rating	Lead	Actions	Mitigations
Risk of inferior care being provided to patients in some parts of South Wales due to inequitable investment in services	2495	8	CM	Flag concerns to commissioners	Basic service provision in place



# Network Incidents

Network ID	Issue	Comments & Action
52433 52435 52442	Postnatal diagnoses where antenatal detection possible	<ul style="list-style-type: none"> <li>NICOR 2013-16 report published.</li> <li>Antenatal detection warrants review in areas covered by Network</li> <li>Request Tiny Tickers to do training</li> </ul>
52438	< 18 year old not accepted by adult team for urgent care	<ul style="list-style-type: none"> <li>Raised at WHSSC All Wales Audit day</li> <li>Action plans to be agreed. Formal letter by Network CD to relevant recipients</li> </ul>
52443 52378	PICU capacity resulting in delayed transfer from UHW and RUH	<ul style="list-style-type: none"> <li>PICU capacity review</li> <li>D/W Watch</li> <li>Network Manager supporting BRHC expansion case, which includes PICU increasing to 24 beds</li> </ul>

# Update on Recent Events

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- CNS Level 1 and 2 Day in Bristol January 30th
- Transition clinics commenced January
- CHD Survey Champions Meeting London Jan 26th
- PEC Day in Bristol February 8<sup>th</sup>
- ACHD Training Day March 7th
- Cardiff ACHD Patient Engagement Day March 10th
- WHSSC Audit Day March 13th
- NHS England Network Task and Finish group March 13th



# Forthcoming Events

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- Hosting 'get together' of all known UK and Ireland CHD Networks (plus guest speakers) for best practice and risk sharing discussions May 1st
- Final self assessment visits April-June
- Team Away Day May
- Welsh Paediatric Cardiovascular Network Spring Meeting May 20th
- Paediatric Cardiac Study Day, 25<sup>th</sup> May, Bristol
- NHS England South CHD Networks Meeting, Reading May 26<sup>th</sup>
- Young Persons Open Evening BHI, May
- Gloucester Paediatric Patient Engagement Event, June
- ACHD Study Day October 2<sup>nd</sup>
- ACHD Echo Day, Bristol, 5<sup>th</sup>-6<sup>th</sup> November



# Funding in Level 3 Centres (England)

- Discussion requested by Dr Arend on behalf of PECSIG group
- Please note disclaimer...!
- Different contracting models in different centres
- Influenced by:
  - Payment by Results (how much you are paid – a tariff)  
(This is also influenced by market forces factor depending on location)
  - Identification Rules\* (who pays – CCG or NHS England)
  - Block contracts

\*For CHD, there is no IR - ? because very small sub-specialty

- For outpatient activity, if charging CCG, income can be driven by treatment function of consultant rather than patient's condition
- PBR tariffs vary for single professional versus MDT clinics



# What Might This All Mean?

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- It might mean your specialist work is being charged at non-specialist rates....
- It might mean if you could fund a link nurse through a new tariff agreement if it moves from a single professional to MDT clinic (if you are not already)
- You might be even able to negotiate these sorts of changes into your block contract – it is harder but they should be reviewed annually

## Next steps:

1. Locally, you might want to work with your Manager and Accountant to understand what happens for your clinic and to understand if there is any opportunity?
2. Raised issue with NHSE national team - central guidance or BPT? (They would need info from 1 to inform this work)
3. Is there appetite for a further session on this?

