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

Date: **Thursday 16th September 2021, 14.00 – 16.30**
Venue: **MS Teams Conference Call**
Chair: **Dr Dirk Wilson**

Minutes

Item	Notes and Actions
1.	**Welcome, introductions and apologies** - **Personnel update**
	DW welcomed the attendees to the network's virtual board meeting via MS Teams. He shared the digital meeting etiquette, noting also that the MS Teams chat question function is available. Simon Dunn (SD), new Paediatric Service Manager from Torbay and South Devon NHS Foundation Trust was in attendance to observe today's meeting. Cardiff Paediatric CHD Clinical Lead – DW has handed over this role to Dr Alan Pateman (AP).
2.	**Approval of minutes and action tracker**
	The minutes of the Network Board on 9th June 2021 were agreed to be an accurate record. The action log was updated as appended. Notable comments: **161 – Waiting list issues identified in Plymouth and Exeter ACHD services and how can provide support.** Noted that contact has been made with both centres. **162, 163, and 165** – all completed and closed. **164 – Formal letter to be sent to centres that are not reporting performance quarterly data to the network board** Have been discussing with centres individually. Will discuss whether a formal letter is still required. No further actions to report on.
3.	**Patient Story / Patient Representative Update**
	Patient Story Frankie Carlin (FC) shared her patient story, which will also feature in the network autumn newsletter due to be published in October 2021. FC shared that when in hospital for her heart surgery, she felt a loss of control and independence, and total vulnerability, which has taken its toll emotionally over the years. FC went onto share that she tries not to be defined by her heart condition; however, the Covid-19 pandemic has heightened this sense of vulnerability generally. She shared that the new ways of working due to Covid-19 to protect patients/staff with many consults shifting to telephone or online rather than face-to-face, has left patients, like herself, feeling in a way more vulnerable as it feels like

	the 'safety-net has been pulled away', impacting on people's mental health/anxiety – raising the question whether there can be an element of patient choice in the type of consult received, and if patient appointments are deferred if an explanation can be provided. The ask was that centres be careful how hybrid approaches to care are rolled out and to remember to treat patients holistically. DW acknowledged these concerns as an important theme and noted that the Cardiff service will be recruiting a new psychologist soon. In response to the point raised about the mental health impact of cardiac surgery on the patient, NM shared that this also affects the parents of children with CHD. She felt that there is still stigma in society attached to not coping/mental health, and that normalising this and making people aware of the psychology service should help. It was noted that return visits to hospital can be harder for patients/families if they don't deal with any feelings/emotions at the time. **Patient representative update** NM shared that the patient representatives had a pre-meet in advance of the Board. NM provided an update on the Heart Heroes charity, which has set up social support hubs for heart families around the region. The Gloucester hub has launched an 'I can…' project for heart children to attend and take part in practical fun activities (e.g., 'I can cook'. Christmas party socials for heart families have also been planned. It was noted that there have been some comments on social media platforms recently raising concerns about staffing changes in CHD services. NM recommended that if centres can let families know in advance if there is a change in consultant that would make a big difference. 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.
4.	**Update from Level 3 centre(s)**
	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. **Adult CHD:** Key themes to note for adults included: • **Key risks/concerns**: ○ GO shared that it has been a challenging year due to Covid-19 – a theme and key concern overall is the increased waiting list for new and follow up patients (demand vs capacity) and trying to reduce this. ○ Gloucester noted that the DNA rate is higher than desirable and that mechanisms (e.g. text reminders) will be considered/implemented to attempt to reduce this. ○ Royal Glamorgan noted a lack of clarity regarding additional funding for the YCR clinic in the phase 2 business case for ACHD in Wales. ○ Cardiology provision for 16- and 17-year-olds in South Wales – issues noted in terms of ownership of these patients. In general, there is liaison between the paediatric and adult services; however, it can be a challenge to make sure patients are not lost in the system. • **Actions/support required from the network:** ○ Truro - With the increasing clinical workload, there is a need for an ACHD nurse specialist to

support the service. Network asked to support the formation of a business case as required.
- Bridgend – highlighted the importance of having a local consultant to attend the clinic and provide support for ACHD patients in this area.

Paediatric CHD

Key themes to note for paediatric level 3 centres included:

- **Key updates**: Included in the papers.
- **Risks/concerns to be escalated:**
  - Waiting list backlogs and capacity are also a key theme. KH shared that Truro have had a good meeting with the level 1 visiting consultant to address this. A key challenge is getting funding for dedicated nursing and physiologist support.

    Action: AT agreed that network could send a letter of support to Truro to support the business case. KH to provide availability so a meeting can be arranged to discuss what is needed.
  - TR shared that Bath ECG provision has since been addressed.
  - Prince Charles and Royal Glamorgan Hospitals have ongoing issues around safe storage and transfer of paediatric ECHO images, which has been raised as a risk and is currently being looked at to address this. Cardiology provision for 16–18-year-old patients remains an issue as patients are not seen by adult cardiologists locally nor at the level 2 – currently under discussion.
- **Actions/support required from network:**
  - Gloucester asked for network support re: a replacement of visiting consultant when Dr Gomes leaves.
  - Swansea asked for support in the appointment of a general paediatrician with an interest in cardiology (PEC)

5. Update from Level 2 centre

HW presented an update for the Level 2 centre - the key updates are outlined in the exception report in the papers. Notable comments included:

Level 2 adult CHD service:

- **Key updates:** included in the papers. Of note:
  - Now have five clinical nurse specialists. A third consultant post with MRI speciality has been approved for funding. HW is the new ACHD clinical lead. Mainly running virtual consults until August 2022 to keep within Covid-19 restriction guidelines, with some face-to-face.
- **Risks/concerns**:
  - Cardiac clinical nurse specialist team are still having to cover some ward duties due to Covid-19.
  - All satellite clinics are running with a mix of virtual and face-to-face consults due to social distancing. Swansea ACHD clinic running virtual consults only due to outpatient space. Princess of Wales and Withybush are running at half capacity as only one consultant is in place due to no local leads.

- **Actions/supports required from network**: None noted.

Level 2 paediatric CHD service:

- **Key updates:**
  - Also have capacity waiting list issues.
  - Additional consultant recruited to support uplift in outreach activity, so now up to 6 consultants – issues with lack of physical space to enable delivery of clinics which is being addressed. 25% increase in outreach sessions across the local health boards is anticipated.
  - Internal process for additional psychology support funded by WHSCC is progressing.
- **Risks/concerns:**
  - 'Worst case scenario' for Health Board RSV escalation plan could lead to restriction of inpatient beds and redeployment of ward and specialist nurses.
- **Actions/support required from the network:**
  - None noted.

6. Update from Level 1 centre

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

Level 1 adult CHD service

GS shared the key updates on:

- **Key updates**:
  - Dr Simon McDonald (Cardiff ACHD Consultant) will be joining the level 1 on-call rota.
- **Risks/concerns to be escalated**:
  - Have fewer clinical nurse specialists than are needed for the service and are required by both the CHD standards and peer review – are trying to move this forward.
  - The ACHD consultant workforce is stretched e.g., backlog of clinics and interventions.

Impromptu discussion held around patient choice regarding virtual consults. SM shared that he runs surgical virtual video call consults via Attend Anywhere with the support of clinical nurse specialist team and this works very well for both the patients and staff. FC highlighted that video consults may be more supportive for some patients than telephone appointments. Network Board supportive of services offering this choice where they are able to. DW agreed to feed this back to Level 2 ACHD service.

Level 1 paediatric CHD service

RD shared the key updates to note:

- **Key updates**:
  - Also have backlogs and are trying to create additional capacity – outpatients have reduced capacity due to social distancing.

	○ Opportunity to apply for short term 'Elective Recovery Funding' from NHS England to boost short term capacity – BRHC have put in a request for additional EP session and additional cardiac physiologist support. ○ Elective programme continues but challenging to maintain activity due to extreme operational pressures. ○ Surgical staffing shortages during Quarter 1 due to a period of absence, as well as acute staffing shortages on junior doctor rota. Full complement of duties expected to resume in Quarter 3. ○ Theatre maintenance project has taken place over the summer and have a project group in place to continue monitoring the cath lab. ○ RSV - have received allocated funding to help increase HDU capacity to help manage the anticipated number of patients admitted. ○ DM commented that successfully been given the go ahead to recruit to a short-term ECHO post. Successful Health Education England bid for ECHO training leader, and also bid for funding to work on a pilot project with peripheral centres to provide physiologist support – largely focused on providing additional support/training and working alongside the PECs and any local physiologists in situ – have been in preliminary talks with Exeter who have shown as interest in the pilot. • **Risks/concern**: ○ Number of patients overdue a follow up outpatient appointment remains high. Patients currently allocated to retired consultants are being reviewed, prioritised, and redistributed based on wait times. ○ Wait to first appointment remains high. Outpatient capacity to be reviewed as part of job planning. • **Actions/supports required from network:** None noted.
7.	**Presentation: Respiratory Virus Planning 2021/22**
	Welcomed Becca Robinson, Network Manager for Paediatric Critical Care Operational Delivery Network (adult critical care nurse by background), to present the RSV planning for 2021/22. Due to the Covid-19 lockdowns, respiratory viruses were kept at bay and were very low last year. Public Health England did some modelling earlier in the year with various scenarios that anticipated an earlier outbreak than usual this winter with a 20-50% increase in total number of RSV cases/admissions. Regional surge plans were subsequently drafted based on this. BR presented the SGSS reported RSV cases by region, showing various peaks across England and that this mainly affects under 1 year olds. Infections appear to have peaked with a clear decline in the North West and North East regions, and it seems that overall nationally cases have reached a plateau. However, the future trend is not clear and with schools returning this could cause further peaks. The plan is to maintain normal regional referral pathways; continue with elective surgery and regular regional communication. BR attends the national and regional PIC conference calls. WATCh has been allocated additional funding until March 2022, but also have recruitment challenges. SM shared that there have been some surgical cancellations due to critical care capacity. BR noted that

there is much advanced planning being done to ensure surgery can continue and to minimise cancellations. If it is necessary, could increase the paediatric intensive care (PIC) capacity - Bristol PIC currently have 18 funded beds and can go up to 21 beds with usual surge arrangements, now possible to surge to 26 beds at most but this would affect other services. Cardiff have also looked into this. RD shared that the issue on PIC is the transfer of patients to HDU, and that there are plans to increase HDU capacity - a BRHC complex care team has been established as a pilot to look at streamlining transfers.

The Public Health Wales data suggests that for under 5-year-olds there is a much earlier and higher peak in respiratory virus cases than usual, and the palivizumab programme commenced earlier.

JGM shared that from a CHD perspective, this could have an impact on CHD procedures and patients who would require intensive care beds. Moreover, if PIC or HDU capacity is expanded in other hospitals cross the region this could affect other services too, including adult services if additional support or space is required. JGM encouraged the group to find out how this may affect their local services and consider how this might be managed alongside the pressures to reduce elective backlogs.

AP asked about measures that have taken place to co-ordinate between intensive care units in Wales and South West England. BR responded that discussions have been held at the network level, particularly between the transport teams. The drive is to continue to keep paediatric patients within the region wherever possible.

8. Network Performance

Performance dashboard

JGM went through the performance report for review by the board. To focus 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. The board can then agree any actions or escalations that are required to address any performance issues highlighted. Please refer to the report for details.

JGM shared the importance of centres submitting the quarterly reports and thanked those that have – the submission rate is improving. Discussions with individual centres have been really useful and feedback has been received that it could be helpful to include the data analysts in the requests.

- Action: Centres to let RB know if they have a data analyst they would like to be included in the data requests.

Outpatient waits

Quarter 4 (2020/21) identified Swansea ACHD service as having some of the longest new patient waits but a data return was not submitted for quarter 1 (2021/22) so will check this with them. Overdue follow up seems to be more of an issue for ACHD and a support meeting is being held next week with Plymouth. For paediatrics, Bristol reported the largest number of follow-ups overdue by 3+months, but Cardiff reported the greatest number more than 12months overdue.

DNA rates

Overall, for paediatrics, the highest DNA rate reported was for local consultant in Royal Glamorgan and Prince Charles Hospitals. DW noted that families have been concerned about visiting hospital in Royal Glamorgan due to Covid-19. NM shared that text message reminder alerts a few days before appointments is really helpful as a prompt for patients/families and that BRHC are very good at doing this. Several centres had low DNA rates, including Torbay paediatrics. SD explained that service had

	changed very little during COVID which may have given patients confidence to keep attending. RD shared that the BRHC has recently recruited an administrator to run a pilot project looking at DNA rates – offered to feedback on this at the next meeting. • Action: RD to feedback on the BRHC pilot project on DNA rates at the next meeting. Local centre reports Each individual centre can access their local outpatient performance dashboard via the CHD network website. Inpatient waits for level 1 JGM flagged that for adults there are 40 patients on the surgical waiting list with 35% of patients undated. For paediatrics, there are 29 patients on the waiting list for surgery with 21% of patients undated. Please refer to the report for further details. The longest waiting patients for inpatient interventional procedures has reduced, although AT cautioned that this could be a result of reduced outpatient throughput. **NHSE Specialised Services Quality Dashboards (SSQD)** The Adult Level 1 SSQD Quarter 4 2020/21 dashboard and Paediatrics Level 1 SSQD dashboard for Quarter 4 are included in the papers for information. SM shared that there has been a slight decline in performance for fetal due to several factors including Covid-19 and annual leave; there are plans to mitigate this including additional clinics and to recruit a sonographer. **Surgical performance update** SM reported on the surgical performance presenting the VLAD chart from August 2020 to July 2021. Over the last year, overall, there has been a gradual increase in the VLAD curve which is what would expect over time showing a good performance. The downward projections reflect two deaths that he described. SM went onto talk through the paediatric surgery SSQD, of which there are no concerns. The proportion of elective congenital cardiac surgery procedures cancelled at the last minute for a non-clinical reason is slightly below average, and the 30-day re-intervention rate following primary surgical procedure is close to the national average. The impression is that the cancellation rate is improving, which is positive for patient experience. For ACHD surgery SSQD, the proportion of elective congenital cardiac surgery procedures cancelled was higher than the national average, due to the pandemic. The complication rate was close to the national average.
9.	**Network Board update**
	JGM attached the supporting papers: network annual report for 2020/21; quarter 1 update (April to June 2021); the work plan 2021/22 update; and the updated nurse competencies. Please refer to the papers for further detail.

Headlines for Q1/Q2 (April 2021 to date)

JGM highlighted that the:

- Annual report 2020/21 is ready to be released and will be circulated around the network – thank you to those who sent through comments on the draft version.
- Network spring newsletter was published after Easter and the autumn newsletter is currently being developed, with thanks to those who have submitted articles.
- Professional photo shoots were carried out with patients from around the network in attendance at the BRHC and BHI clinics to enable the network website and publications to be refreshed. Thank you to the patients and staff who consented to be part of this project.
- 'Demystifying the network' social media campaign was launched in May.
- Quality Improvement QR code survey carried out after being presented at the network clinical governance group in June (Wendy McCay)
- Held link Nurse level 3 education forum (JH); second network physiologist meet (DM); PEC education forum (NO), monthly link nurse drop-in sessions (JH); paediatric CHD nurse webinar series (LP).

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 25 work plan areas that are rated green (on track), 8 amber areas (partially progressed but have been delayed by external factors e.g., Covid-19) and 1 currently rated as red (stalled) which AT is addressing.

The network board agree the work programme each year so if there are other items you feel should be focused on please let JGM know.

Self-assessment against the CHD standards

Working with WHSSC to carry out a gap analysis with South Wales Health Boards. Health boards should expect to be contacted individually. Network team would be grateful for engagement with this process.

Nurse competencies

JFH shared that CHD development package for link nurses/nurses with an interest in cardiology were presented at the December 2020 Board and the comments received since have been considered. The updated version is included in the papers - have also extended the support to include medical teams as well as clinical nurse specialists. The plan is to launch these with Board approval – there were no objections.

10.	**National and regional updates**

National update

AT provided a brief national snapshot:

- Vaccinations for 12–15-year-olds – one dose for CHD patients in these age group, but two doses for some sub groups, which could raise questions from patients/families. The network Covid-19 page includes the BCCA statement and RCPCH advice.
- RSV issues – AT has been involved nationally as part of the Clinical Reference Group with the PIC planning.
- Clinical Reference Group (CRG) have written a letter to NHS England re: adult workforce. A focused CRG meeting on this matter is being held next week.

Commissioner updates

Welsh Health Specialised Services Committee (WHSSC), South Wales

- **Key updates**
  - Cardiff and Vale (C&V) continue to progress the recruitment of the additional personnel funded as part of Phase 2 ACHD business case. The three additional clinical nurse specialists have commenced. Appointment to the psychology posts is imminent. C&V are working with the local health boards regarding the provision of additional clinics.
  - Additional funding will be released later this year to support Cardiac MRI access for adult patients with CHD.
  - WHSSC have consulted on a service specification and standards document for ACHD Level 1 and 2 and this will be published within the next few weeks. This document along with the additional funding for Phase 2 will enable the service to deliver to the CHD standards.
- **Actions/support required from the network** – To support with the Level 3 Centres baseline assessment against the standards over the next few months

NHS England, South West
Presented by CK

- **Key updates** including:
  - System working – opportunity to use children young people system leads to strengthen engagement with the operating delivery networks (ODNs).
  - Peripheral clinic SLA agreement between BRHC and district general hospitals – BRHC are leading on this.
  - Recognised that the CHD network annual report 2020/21 shows fantastic examples of work being done by network – well done to those involved!
  - Risk management with Specialised Commissioning – SOP in final draft with networks for comment.
  - Governance process for reviewing standards – recognised the work already being done by CHD network on the self-assessment strategy (with WHSSC) and plan to adopt a similar approach across other operational delivery networks in the region.

- **Risks/concerns to be escalated to a national level**
  - Alignment of regional waiting list analysis with the operational delivery networks efforts to collate waiting list data to support targeted restoration.
- **Actions/support from the network**:
  - ODN intelligence of risks and issues in relation to restoration.

11.	**Network risks – for information**
	JGM tabled the network risk report. Please refer to the risk report in the papers. 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 new risk added is to capture the risk around the Covid-19 and the subsequent backlogs.

	The Network Board is responsible for managing risks. 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 escalated. JGM noted that NHSE are changing the way that operational delivery networks manage and interact with risks so this process is likely to change, with a risk register held centrally by NHS England.
12.	**Evaluation**
	• Evaluation forms - Board members were invited to complete the meeting feedback form via the MS Forms link circulated.
13.	**Any Other Business**
	• Gloucester specialist provision – BRHC visiting consultant who is currently covering service is leaving, and interviews are being held next week for a locum replacement. As previously discussed, a communication strategy with the patients would be helpful. Both the BRHC and Gloucester teams are keen to provide some reassurance to patients around this. RD is meeting the Gloucester General Manager next week to discuss plans for cover arrangement and comms, and filtering information via social media platforms. • ICC – the network held an initial meeting in the summer - need some joined up thinking about this. WHSSC has also been doing some work around paediatric and adult ICC. • Newsletter feedback – due to time, members invited to include comments in the meeting feedback form. • Next Board Meeting, Tuesday 7th December 2021, 14:00 – 16:30 (virtual) - Board members were asked to inform the network team of any agenda items for the next network board meeting.

Attendees

Name	Inits.	Job Title	Organisation	Present/ Apols
Alan Pateman	AP	Paediatric Clinical Lead	Cardiff	Present
Andy Tometzki	AT	CHD Network Clinical Director / Consultant Paediatric Cardiologist	CHD Network Team	Present
Claire Kennedy	CK	Senior Commissioning Manager	NHS England and NHS improvement – South West	Present
Daniel Meiring	DMe	Lead Physiologist	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		NHS England South West	Present
Frankie Carlin	FC	Patient Representative		Present
Georgina Ooues	GO	Consultant Cardiologist	Royal Cornwall Hospitals	Present
Gergely Szantho	GS	Consultant cardiologist	University Hospitals Bristol and Weston	Present

Name	Inits.	Job Title	Organisation	Present/ Apols
Helen Wallis	HW	Consultant Cardiologist	ABMU Health Board	Present
Jessica Hughes	JFH	Network Lead Nurse (joint)	CHD Network Team	Present
John Mills	JGM	CHD Network Manager	CHD Network Team	Present
Karen Sheehan	KSh	Paediatric Cardiac Research Sister	University Hospitals Bristol and Weston	Present
Katrina Spielman	KS	ACHD clinical nurse specialist	Cardiff	Present
Katy Huxstep	KH	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Present
Lisa Patten	LP	Paediatric clinical nurse specialist	University Hospitals Bristol and Weston	Present
Luisa Wilms	LW	Consultant	Taunton and Somerset	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
Pradesh Mappa	PM	Consultant Paediatrician	Great Western Hospital	Present
Rachel Burrows	RaB	CHD Network Support Manager (note-taker)	CHD Network Team	Present
Poonamallee Govindaraj	PG	Consultant Paediatrician	Royal Glamorgan	Present
Rosalie Davies	RD	General Manager of Paediatric Cardiac services, Neurosurgery and PICU	University Hospitals Bristol and Weston	Present
Sam Padmanabhan	SP	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Present
Sandeep Ashketar	SA	Consultant paediatrician	Royal Gwent Hospital, Newport	Present
Sarah Finch	SF	ACHD Clinical Nurse Specialist	University Hospital of Wales	Present
Shafi Mussa	SM	Consultant Surgeon	University Hospitals Bristol and Weston	Present
Sian Jenkins	SJ	Consultant Paediatrician with Expertise in Cardiology	Glangwilli Hospital, Wales	Present
Simon Dunn	SD	Operational Service Manager	Torbay Hospital	Present
Susie Gage	SG	Paediatric cardiology and surgical pharmacist	University Hospitals Bristol and Weston	Present
Tatiana Rjabova	TR	Consultant Paediatrician with Expertise in Cardiology	Royal United Hospital, Bath	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
Andy Arend	AA	Consultant paediatrician	North Devon District Hospital, Barnstaple	Apologies
Becky Lambert	BL	Staff Nurse ACHD	Taunton and Somerset	Apologies
Becky Nash	BN	Patient Representative		Apologies

Name	Inits.	Job Title	Organisation	Present/ Apols
Bethan Shiers	BS	ACHD specialist nurse	University Hospital of Wales	Apologies
Bill McCrea	BMc	Consultant	Great Western Hospital, Swindon	Apologies
David Mabin	DM	Consultant Paediatrician with Expertise in Cardiology	Royal Devon and Exeter	Apologies
Ganga Bharmappanavara	GB	Consultant Paediatrician with Expertise in Cardiology	Taunton and Somerset	Apologies
Helen Liversedge	HL	Consultant Fetal	Royal Devon and Exeter	Apologies
Jennifer Holman	JH	Consultant Paediatrician	Gloucester Hospital	Apologies
Kimberley Meringolo	KM	Commissioner	Welsh Health Specialised Services Committee	Apologies
Kindre Morgan	KM	ACHD clinical nurse specialist	University Hospital of Wales	Apologies
Manish Gandhi	MG	Consultant cardiologist	Royal Devon and Exeter	Apologies
Marion Schmidt	MS	Consultant Paediatrician	Royal Gwent Hospital, Newport	Apologies
Mark Dayer	MD	Consultant Cardiologist	Taunton and Somerset	Apologies
Marta Cunha	MC	ACHD clinical nurse specialist	University Hospitals Bristol and Weston	Apologies
Max Nathan	MN	Consultant Paediatrician with Expertise in Cardiology	Bridgend, Princess of Wales	Apologies
Orhan Uzan	OU	Consultant Cardiologist	University Hospital of Wales	Apologies
PremKumar Pitchaikani	PP	Consultant	Hywel Dda	Apologies
Rachel Tidcombe	RTi	Patient Representative		Apologies
Rowan Kerr-Liddell	RKL	Consultant Paediatrician with Expertise in Cardiology	Torbay Hospital	Apologies
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team	Apologies
Simon Macdonald	SM	Consultant Cardiologist	University Hospital of Wales	Apologies
Soha Elbehery	SE	PEC / Consultant Paediatrician	Nevill Hall Hospital	Apologies
Stephanie Curtis	SC	Consultant cardiologist	University Hospitals Bristol and Weston	Apologies
Vanessa Garratt	VG	CHD Network Clinical Psychologist	CHD Network Team	Apologies

Also in attendance:

- Becca Robinson, Network Manager for Paediatric Critical Care Operational Delivery Network