

Network Board

Tuesday 23rd June 2020

11:00 – 13:00

Chair: Dr David Mabin



Webex Meetings

Thank you for joining the meeting!

conference call arrangements

- Please note this call is being recorded with the aim of sharing with participants / attendees unable to make it
- Please can all participants go on mute unless speaking / presenting, this helps to reduce background noise on the call. Thank you.
- If you are **dialling in by phone** (not via WebEx) please advise the Chair and note taker who you are.
- **WebEx chat facility:** During the meeting, please use WebEx chat to raise questions.

Item 1: Welcome, introductions and apologies

Board evaluation form – please do take the time to provide your feedback at the end of the meeting:

https://www.surveymonkey.co.uk/r/NetworkBoard_23-06-20

Introductions: Daniel Meiring, Lead Physiologist (BRHC)

Apologies received from: Andy Arend, Bethan Shiers, Karen Sheehan, Marion Schmidt, Sam Padmanabhan, Sam Probets-Smith

Item 2: Minutes from the last meeting 28-11-2019

- Please refer to minutes (in the papers)

2.2 Action tracker from the last meeting (28-11-2019)

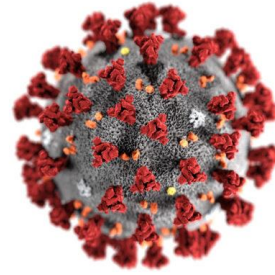
Meeting date	Action number		Person Responsible	Due Date	Status Update - November 18	Closed
27/11/2018	81	Use the standards to summarise research and develop network research strategy that signposts to other existing research strategies in the network.	CMc	Mar-20	Research strategy complete. Commenced refresh of research programme of activity which will be presented to the Board in March 2020. On network work plan.	Close
27/11/2018	91	Develop transfer and repatriation policy for the network.	SV and medical lead	May-19	Adults completed. Paediatric ongoing with WATCH - to go on Children's Hospital work plan. Review to ensure policy complete and then close. On the network workplan.	Close
01/05/2019	109	Update risk 2363 to include adults cancelled operations	SC/CMc	Oct-19	Risk is particular to BRHC and mitigation is around BRHC expansion case. Contact made with Management team at BHI to link with any existing risks re. cancelled ops or agree to enter new risk. Appointed Matron to look at cancellations.	Close
01/05/2019	112	Reword risk 2191 to make it more specific and update actions	AT/CMC	Oct-19	This will be updated following the self assessment visits. Part of 2020/21 workplan.	Close
01/05/2019	119	Contact Catherine Armstrong, Paediatric Cardiologist regarding Careflow	AT	Nov-19	Use of careflow across areas, scope out further use. Part of 2020/21 network work plan around image sharing.	Close
01/05/2019	120	Progress discharge communications work with PECs in level 3 and ensuring robust communication and completing urgent actions following discharge from level 1 centres	CMc	Nov-19	Meeting requested with Level 1 Paed team. Paused due to difficulty addressing system issues. Board to agree whether to progress	
01/05/2019	121	Network board to send ideas for potential sessions/presentations/presenters to the network team for the stakeholder day	Network board	Mar-20	Stakeholder event has been postponed to 2021 due to Covid-19	
28/11/2019	123	RB to send the link to the Amiri patient story youtube film to the Network Board when circulate the minutes.	RB	Jan-20	Link included in the minutes.	Close
28/11/2019	124	Plymouth patients not having a transition pathway to adult services to be added to the Network risk register. PW to support discussions around referral pathways	AT/RB/PW	Mar-20	Discussions underway	
28/11/2019	125	Welsh paediatric meeting in April 2020 –DW to send details to RAB to post on Network website.	DW/RAB	Mar-20	Completed	Close
28/11/2019	126	AT to co-ordinate email of concern on the behalf of the Network Board for PW re: follow up waits would like raised at the meeting with the Welsh Board in January 2020.	AT	Dec-19	Amalgamate with restoration of services post-Covid-19.	
28/11/2019	127	AT and SV to work with GP link to progress the work around education/awareness on the procedure for treating endocarditis in CHD patients	AT/SV	Dec-20	On network work plan - links in with GP education.	
28/11/2019	128	CMc asked all to take the patient rep feedback back to their teams about clinician change and waiting time letters.	All	Mar-20	To be discussed as part of the service delivery group afternoon session.	Close
28/11/2019	129	Performance dashboard proposal -The Network Board were asked to review the Network performance dashboard for approval. Subject to comments and clinical sense check, the Board agreed the proposal and for the development of work to commence.	CMc/Network Board	Dec-19	Agreed by the Board. In progress.	Close



new ways of working post COVID19: does the cloud have a silver lining?

dr stephanie curtis
consultant cardiologist
university hospitals bristol and weston nhs trust

surgery



meetings

**in-
patients**

out-patients

L1

L3

obstetric

outreach

teaching

**catheter
interventions**



research

surgery

limited capacity
urgent cases
PPE
quarantine
swabs



**in-
patients**

no visitors
masks
covid swabs



limited capacity
urgent cases
PPE
quarantine
swabs
using Spire
using LA

**catheter
interventions**



tele-consultations

efficiency/frustration

less tests

paperless..

reduce W/Ls?

time to develop new
clinics...

out-patients

L1

L3

obstetric
surgical
outreach
specialist

individualised
approach

video consultations

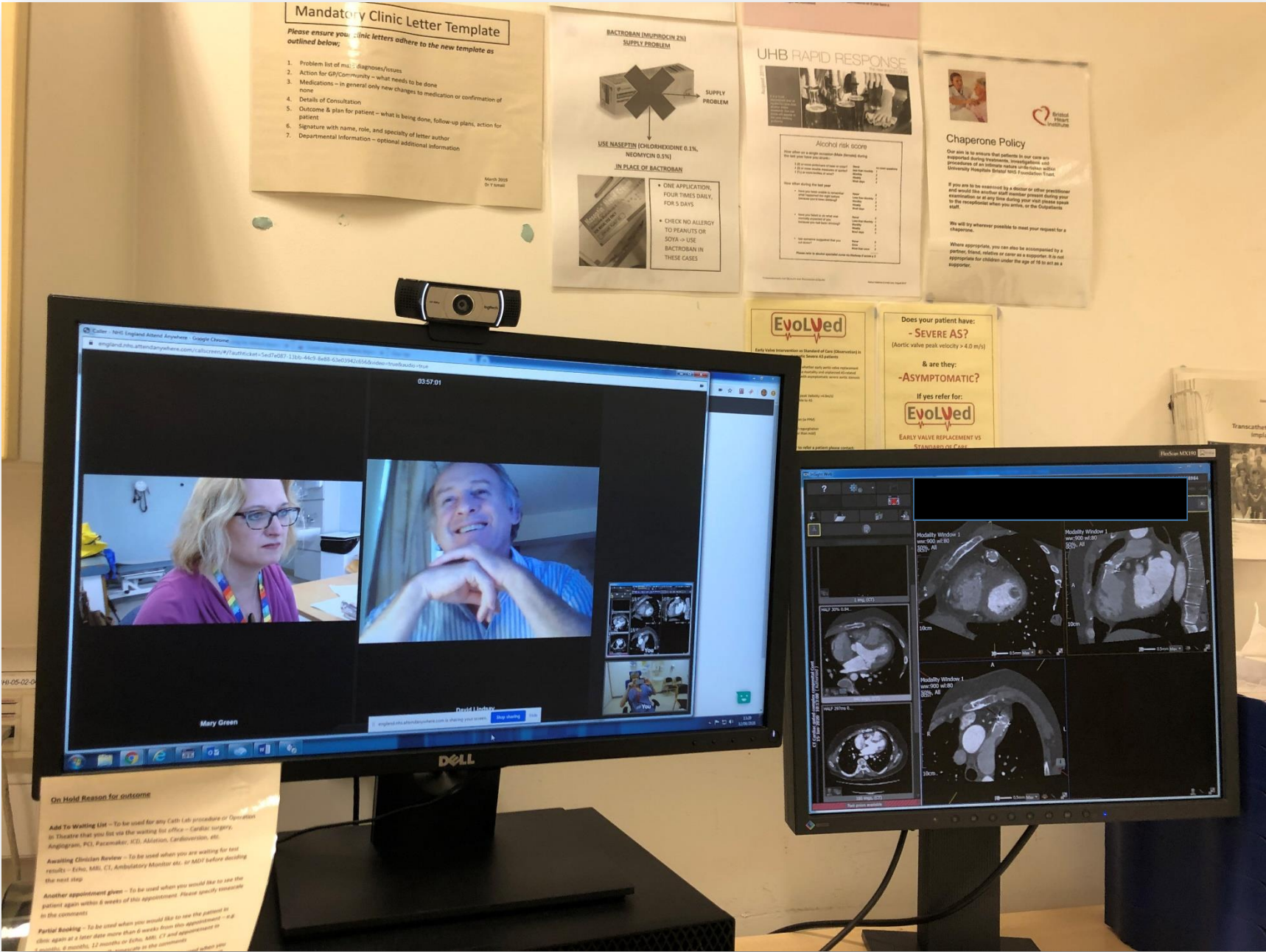


less frequent review

patient satisfaction



can share images to facilitate teaching



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News Opinion Sport Culture Lifestyle

Money ► Property Pensions Savings Borrowing Careers More

Motoring

Going the extra mile at Gloucester services

Gillian Browne, Bob Allen and Bill White on a popular motorway pit stop. And **Ian West** on one that wasn't so loved

Letters

Tue 26 Mar 2019 18.25 GMT

f t e

4



miracle on the M5!



340 miles round trip!





Microsoft Teams

meetings



Webex Meetings



zoom

StarLeaf 

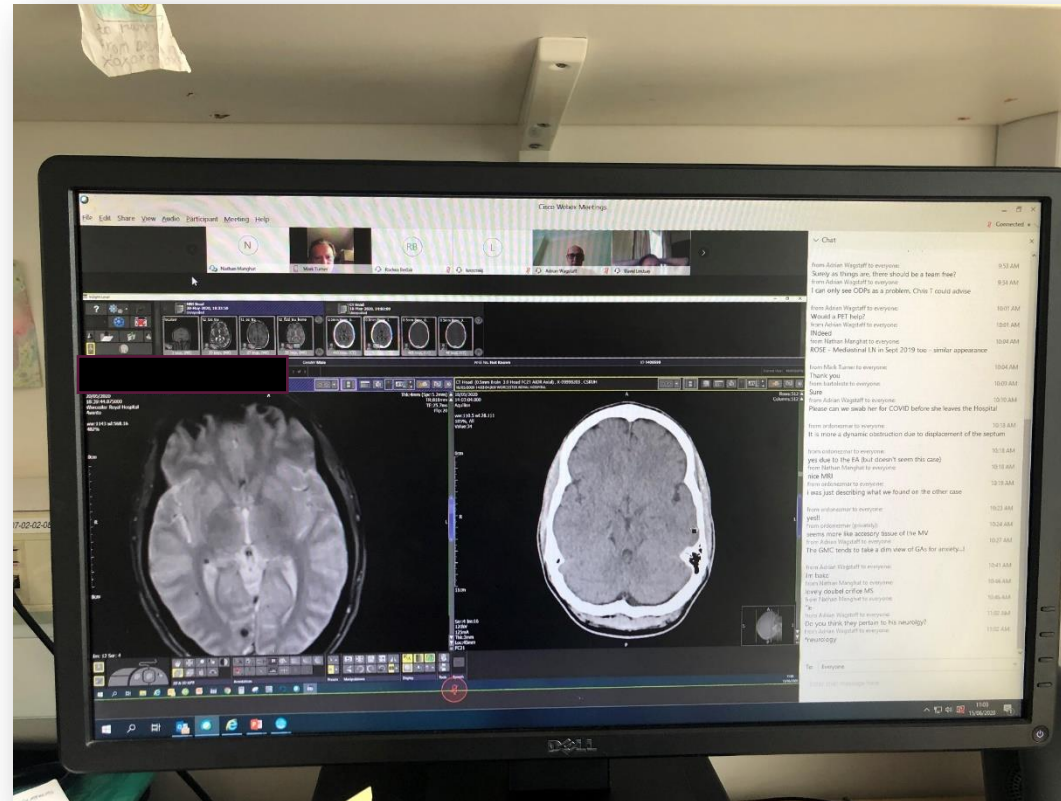
**review need for
meetings?**

pre-prep of images by radiology

optimising
available
technology

work from home

work from office
— better
attendance



can do other
work

can take calls

less disruption
and interruption

**whole region
can be
involved!**

work from home

work from office
– better
attendance

**whole region
can be
involved!**



optimising
available
technology

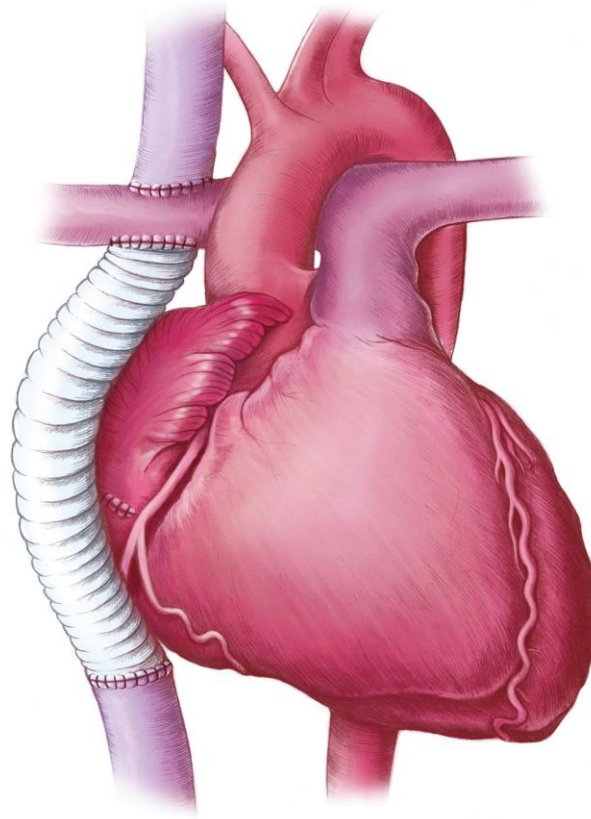
teaching

less disruption
and interruption

officially restarting

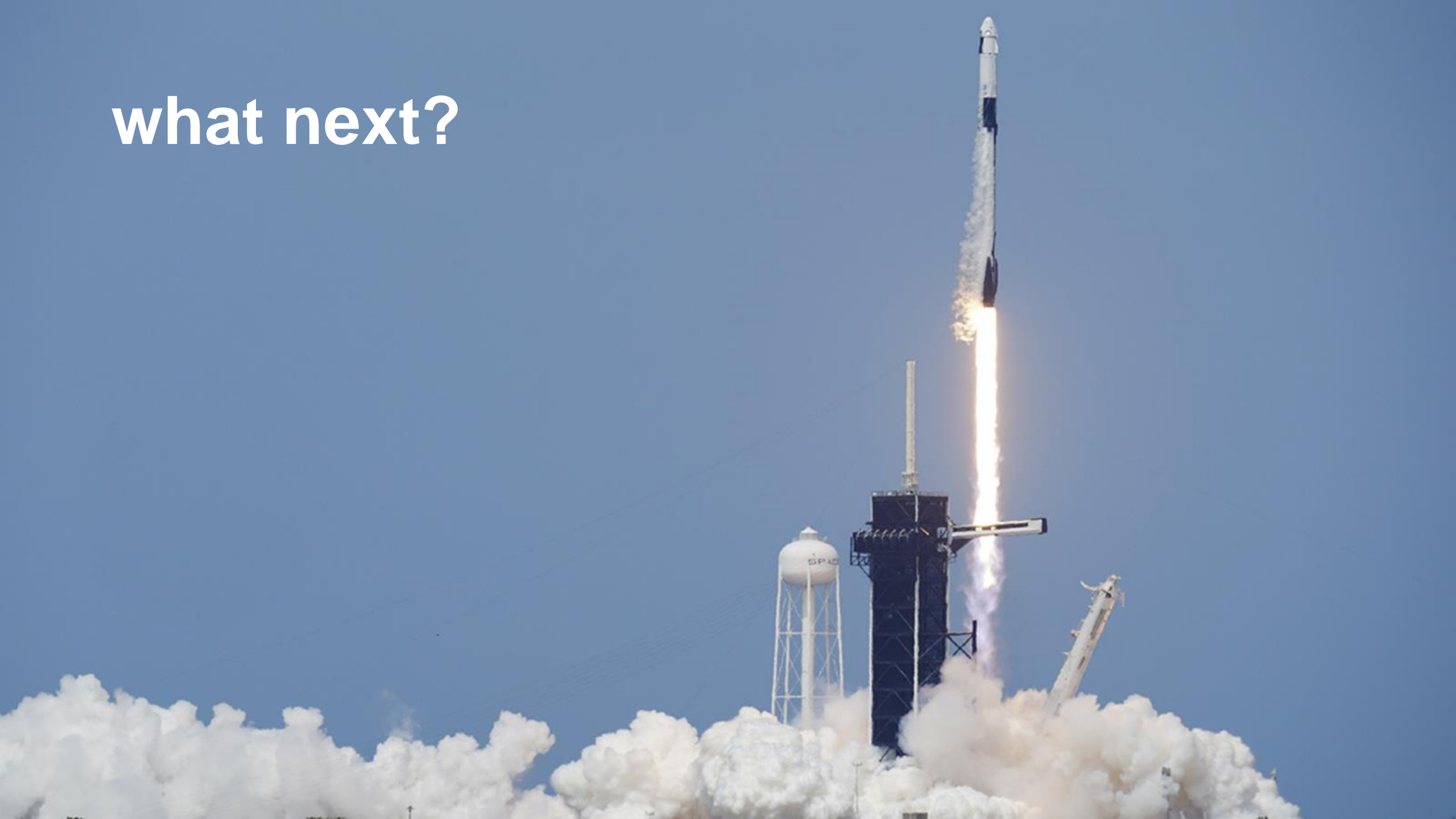
Zoom meetings

links with other centres



research

what next?



S

moved rapidly into 21st century!
improved efficiency/flexibility
improved patient satisfaction with OPD

W

less hands-on medicine!
less interaction within team
no one stop visits/ECG/BP

keep new ways of working work 24/7

O

embrace new systems, e.g. Careflow

patient/family relationships
more work for admin team
temptation to fall into old inefficient patterns
patient anxiety

T



surgery

virtual unless otherwise?

meetings
continue virtual
cross centres

in-patients
careflow?

out-patients

paperless
individualised/video by
default
less tests/frequent review
new clinics

teaching
continue virtual
cross-centres

**catheter
interventions**
more LA

research
cross centres
zoom meetings

the end



New ways of working – Questions for the board

1. Are there any other new ways of working not covered in the presentation that people would like to share? What have the benefits of these been?
2. What do we consider to have worked well?
3. Of these what do we think should be rolled out across the network? (where possible)
4. Could we standardise any of the practice/new ways of working across the network? Would it be beneficial to do so?
5. Should we audit whether these new ways of working have been an improvement or not?
6. What enablers/support is required, by your local trust or network, to be able to implement/standardise/continue with these ways of working

Item 3.2: Beneficial change report- Please refer to report in the papers

Item 4.1 - Network Centre updates

June 2020

Level 3 Adults- Barnstaple & Exeter

Key Updates

Barnstaple

- Virtual ACHD clinics- patient having diagnostic in advance. Continue with this but offer face to face if required.

Exeter

- Pre-Covid-19, discussions to increase Specialist ACHD input (from Bristol) from 8 to 12 clinics per year.

Actions/support required from network

Risks/Concerns to be escalated

Barnstaple

- **Cardio Resp** – reduced capacity to comply with social distancing. Impact on waiting list
- The Trust has agreed to support the **reinstatement of insourcing** to support cardiology services to assist with waiting times compliance. Start date for this to be confirmed.

Exeter

- Challenge to align rotas of 2 x consultants (RD&E) and 1 x consultant (Bristol) to deliver joint clinic.
- Consultant rotas have changed frequently during the Covid-19 pandemic in response to the changing situation.
- Intending to run joint clinic via Attend Anywhere. Current software issues with the solution being resolved by the supplier.

Level 3 Adults- Gloucester & Plymouth

Key Updates

Gloucester

- Development of the **cardiology specialist nurse** to attend clinic and develop link role..
- **Training and information pack** developed for cardiology wards GRH/CGH.

Plymouth

- Additional clinical capacity provided by Dr Chicote-Hughes for clinically urgent patients and also the longest-waiters
- **Comprehensive triage of long-waiters** and categorising into telephone appointments or face to face.

Risks/Concerns to be escalated

Gloucester

- ACHD link role – 0.25WTE capacity not available, challenge to establish this role

Actions/support required from network

Level 3 Adults- Taunton, Truro, Glangwilli, Princess of Wales

Key Updates

Taunton

- Telephone clinics are working reasonably well.
- Some face to face consultations and echoes.

Truro

- **ACHD consultant interview** June 2020.

Actions/support required from network

Glangwilli

- Need to push forward implementation of **Phase II funding** to aid appointment of 2 more consultant ACHD specialists.

Princess of Wales

- **Phase II ACHD funding** needs to move forward to allow new ACHD consultant appointments.

Risks/Concerns to be escalated

Taunton

- Confusion around shielding advice for patients.
- Local consultant (MXD) has no PA allocation apart from clinic time.

Truro

- Lack of consultant availability to see new ACHD patients

Glangwilli

- **Unacceptable long waiting times** for new and follow up patients.

Princess of Wales

- **Unacceptable long waiting times** waits for both new and follow up patients continue to be an issue.

Level 3 Paeds- Barnstaple

Key Updates

Barnstaple

- Virtual clinics and frozen routine echo service except for emergencies.
- Restoration plans, awaiting reassurance that is safe to start face to face, with time for cleaning machines etc.
- Echo video equipment received but not yet active. Potential purchase of Echo PACs
- dedicated paediatric echo machine at this stage.

Risks/Concerns to be escalated

Barnstaple

- Challenges of catching up the back log.

Actions/support required from network

Barnstaple

- A Network appraisal of the **relative South West risk** would be most helpful in assuring our patients that it is appropriate for face to face resumption.

Level 3 Paeds- Taunton

Key Updates

Taunton.

- Cardiology clinics started face to face from June with limited bookings for face to face and telephone clinics where appropriate.
- Cardiac Physiologists to support service restoration plan when elective services restart.
- New PAU Consultant with cardiology interest. Providing support for urgent cases
- Database for CHD patients in progress

Risks/Concerns to be escalated

Taunton

- Increase in waiting list but for routine patients, all clinical urgent patients have been seen
- **No Psychologist currently**
- Old Paediatric COPD ultrasound machine – capital bid submitted. Risk for echo's being completed in a timely way if not replaced
- **Transferring echo images via IEP/PACS**
 - Time consuming and technically challenging to transfer images for urgent referrals – obstacles for case discussion.
 - Internal Business case for image transfer system for Adult team – could be used by Paeds.
 - Horizon Mckesson system is available and can be used. Could this be an interim solution – access by cardiology consultant/at JCC?

Actions/support required from network

Taunton

- Imaging transfer

Level 3 Paeds- Torbay & Truro

Key Updates

Torbay

- Challenges with providing face to face scanning and social distancing
- Telephone clinics also in place. Attend Anywhere is not currently being used.
- **Rowan Kerr Liddell returning in July**, will be picking up some cardiac clinics again

Truro

- Hope to introduce **physiologist led clinics** (SOP for paediatrics & neonates and in/outpatients).
- Trial of phone clinics, however less efficient possibly. Will be used for physiologist clinics.
- **ECHO of new murmurs** before discharge /avoid OPA.
- Developing **cardiac database** of follow up patients.

Risks/Concerns to be escalated

Torbay

- Usual visiting consultant injured, clinics being temporarily covered
- Recovery plan needed due to Covid-19 and loss of activity.

Actions/support required from network

Truro

- Virtual clinic set up to deliver clinics for electrophysiology input and inherited cardiac condition screening
- Support required to help clear the backlog due to cancellation of visiting clinics during Covid-19 (April 2020, May 2020 and June 2020) as many patients have been redirected to PEC clinics.
- Working on cardiac nurse business case (1 day a week).

Level 3 Paeds- Glangwilli

Key Updates

Glangwilli

- **Appointment of a new consultant** who has echo clinics within her job plan.
- **Establishment of local PEC clinics** in Withybush Hospital for Pembrokeshire.
- Increasing PEC capacity - total number of clinics and increasing total numbers seen in PEC clinics.
- Waiting time initiative clinics - temporarily suspended due to Covid-19.

Risks/Concerns to be escalated

Glangwilli

- **Limited number of joint cardiac clinics** by the visiting consultant (around 6 per year) compared to other Health Board (around 12 per year).
- No cardiac link nurse.
- Impact of covid-19 outbreak.
- The **dangerous waiting times** have been highlighted to WHSSC and waiting further action.

Actions/support required from network

Glangwilli

- Increase number of clinics by the visiting consultant in line with other health board i.e one a month by engaging with WHSSC.

Level 2 Adults- Cardiff

Key Updates

- Due to Covid-19, all clinics as of 18th March 2020 (including peripheral) were 'telephone/virtual' unless urgent physical outpatient patient slot required.
- As of w/c 1st June we now physically see 3 x 'new' patients and there are 2 x urgent outpatient slots available.
- 'Virtual' transition clinics held with doctor and CNS speaking to patient over telephone.
- All Welsh patients due for surgery/procedure in Bristol are able to have Covid-19 swab 72 hours prior due to central hub Welsh email address & requests being sent to local health boards.

Risks/Concerns to be escalated

- Consultant leaving - planning for interim / new consultant.
- Only 1 CNS covering South Wales ACHD service since 18th March 2020 - need to review work plan especially when clinics fully resume etc.
- Unsure when UHW and peripheral clinics will partially/fully resume.
- WHSCC phase 2 – unsure of any developments.
- 15th June shielding review- unsure of planned outcome/ advice to give patients.
- RIP patient whilst on the JCC waiting list (not previously seen in the ACHD service, referred from general cardiology Aneurin Bevan Health Board).

Actions/support required from network

Level 2 Paeds- Dirk Wilson

Key Updates

- **Staffing**; medical team fully staffed except 1 SpR working 0.6 (LTFT); 1 nurse on maternity leave with 3 of 5 days filled with secondment. 1 team member has had to isolate this quarter due to Covid-19 symptoms. Ongoing nursing shortage on Pelican Ward (related to establishment).
- **Patient flow**: Patients are having telephone consultations. Where there is a need for urgent review of these patients or ex-ward patients, they are seen in one of the 7 urgent clinics running per week in Cardiff. Backlog of elective echo is building. **Physiologist-led echo clinics** are being set up – this may help with some of the backlog.
- **PIMS**: 12-15 patients have been managed jointly with Paeds and Immunology. High eco workload generated. New cases seem to be petering out.

Risks/Concerns to be escalated

- Paediatric echo images are processed via a server that is no longer supported by Microsoft – increased risk of server failure and loss of ability to archive images. Highlighted to directorate and clinical board. Potential solution has a £50k price tag – no progress in resolution just yet.

Actions/support required from network

Level 1 Adults- Stephanie Curtis

Key Updates

Outpatient backlog:

- Sick leave within the team. Fellows seconded to general cardiology for COVID pandemic. Both had an impact on waiting times for OPA.

In this phase of COVID-19:

- All outpatient clinic appointments are virtual (telephone/video) with provision for face-face clinic if clinically
- Diagnostics running with limited capacity with extra capacity in COVID-free sights (SBCH and Spire). ECG monitoring patches purchased (sent by post).
- Limited surgical and interventional capacity, so all patients on the waiting lists triaged by consultants (on average at present 1 surgery per week, two urgent or semi-urgent interventions per week). Low risk routine cases (3 per week) at the Spire.

Risks/Concerns to be escalated

- Risks relate to the **long waiting times for elective surgery and intervention**. Restoration planning underway but difficult to plan ahead with numerous unknown variables, PPE restrictions, theatre capacity, longer procedure times, isolation times for patients, separation of pathways (Green and Red).

Actions/support required from network

- Support will be needed with restoration plans.

Level 1 Paeds- Rosalie Davies

Key Updates

- Daily Rapid access clinics for urgent patients
- Telephone clinics including for peripheral clinics, small no. of virtual clinics - consultants have been asked to review patient lists.
- Urgent Cardiac surgery and cath interventions continues. Regular review and prioritisation of waiting lists

Recovery planning:

- New “clean” pathway for elective patients (different entrance /exit & testing on admission)
- Increase in Cath intervention lists (cardiac surgery already 5 days a week).
- Clinics to restart slowly in June with less patients due to social distancing.
- CP ECHO clinics to be piloted with telephone consultation from cardiology consultant.
- Aiming for consultants to return to peripheral clinics

Please note: All increase in clinics and elective are dependent on supply of PPE

Other updates

- Professor Rob Tulloh has retired from BRHC but continues to provide support for BHI. Patients care will be transferred to Ines Gomes which includes PH patients.
- EP consultant interviews taking place of the 2nd July 2020.
- Approval to recruit an additional 1 x CNS (peer view recommendation) 6.6 WTE closer to the 7WTE standard.

Risks/Concerns to be escalated

- Multi-Inflammatory Syndrome in the UK.
- Risk of increased waiting lists
- Turnaround of testing times in Bristol
- 14 day isolation period for paediatrics – how do we or other centres manage this.

Actions/support required from network

- Support with linking in with peripheral centres and looking at different ways of working.

Item 7 - Network Board Update

- Item 7.1: Nursing & Network update
- Item 7.2: Quarter 4 Update Report
- Item 7.3: Workplan – paper
- Item 7.4: Patient Rep Survey Presentation

Nursing up-date

- **Level 1 and 2** clinical nurse specialist day, 4th February. Bristol 20 delegates, next meeting planned 28th July
Discussing successes and challenges, up-dates, education and networking, 6 monthly
- **Level 3** and community nurses day, January 6th Taunton, 16 delegates, 6-monthly
Understanding roles, up-dates, education and networking.
- **Link nurse role:** Recent survey has indicated that link nurse role has been negligible due to covid-19 clinical priorities
- **Resources** for link nurses on the website, job description, orientation (professionals / link nurses)
- **CHD Level 3 Nurse Competencies:** Draft circulated in May. Launch July.
- **Education:** “Lesion of the month”
- **Study Days:** ACHD day, October 14th (100 places). BRHC day, November 30th (60 places)



Network update

- Review of Workplan by NHS England – QIPP/efficiencies & benefits/KPIs
 - Are there any other key pieces of work we should be doing?
- Covid-19- new work; recovery (ACHD paper), waiting list data submission NHS England
 - Network wide peripheral clinic model guideline?
- Memorandums of understanding – drafted, for sign off by Trusts & Partnership Board in Aug
- Non-pay review by NHS England (up to 45% reduction)
- 2 newly established networks SIC/PIC
- Network reporting into Partnership Board (July)- with STP/CCG/Provider reps
- Funding arrangements like to continue to October (Block contract)
- Spring newsletter
- **NEW!** Training – Paed. Echo day, Fetal cardiology weekly training session (online)



SWSW CHD network update (June 2020)

Status	No.	Work package	
Red- behind target	3	<ul style="list-style-type: none"> Discharge comms. from Level 1 BRHC Image sharing 	<ul style="list-style-type: none"> Phase II ACHD investment
Amber- in progress, delayed	18	<ul style="list-style-type: none"> Self assessment and engagement visits (7 completed) Guidelines- follow up guidelines, transfer & repat Joint fetal pathway and MDTs Activity & funding mapping, SLAs 5 year strategic plan Patient experience feedback mechanism level 1 	<ul style="list-style-type: none"> ACHD complex care clinic Audit programme – 2 x audits for Sept Psychology work programme Transition- standardise approach, peripheral clinics in level 3 centres Lost to follow up monitoring Transforming outpatients Performance monitoring system Research Social media strategy
Green – in progress, on target	9	<ul style="list-style-type: none"> M&M session(Sept 20) CHD level 3 nurse competencies Link nurses Covid-19; CHD recovery 	<ul style="list-style-type: none"> Training programme for patient reps and board Training & Education; development of online fetal cardiology training, network ECHO study day, “lesion of the month” Development of website- covid-19 pages
Complete	2	<ul style="list-style-type: none"> Pregnancy pathway, dental pathways Covid-19 surge plans, peripheral clinic triage guidance (paeds.), waiting list backlog collation, recovery paper (ACHD) 	
Not started	5	<ul style="list-style-type: none"> Annual report ACHD medical workforce Network Governance arrangements for protocol sign off 	<ul style="list-style-type: none"> Guidelines- Fontan's and coartation

SWSW CHD network update (June 2020)

Status	No.	Work package	
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Item 7.4



Feedback from the Patient Rep Survey

Sheena Vernon

June 2020



Background

Classification: Official

Level 1 – Specialist ACHD Surgical Centres. Section A – The Network Approach

Standard	Adult	Implementation timeline
A21(L1)	Each Congenital Heart Network will hold regular meetings of the wider clinical team for issues such as agreement of protocols, review of audit data and monitoring of performance. Meetings will be held at least every six months. Network patient representatives will be invited to participate in these meetings.	Immediate
F3(L1)	<p>All clinical teams within the Congenital Heart Network will operate within a robust and documented clinical governance framework that includes:</p> <ul style="list-style-type: none">a. regular continuous network clinical audit and quality improvement;b. regular meetings of the wider network clinical team (in which network patient representatives will be invited to participate) held at least every six months to discuss patient care pathways, guidelines and protocols, review of audit data and monitoring of performance;c. regular meetings of the wider network clinical team, held at least every six months, whose role extends to reflecting on mortality, morbidity and adverse incidents and resultant action plans from all units.	Within 1 year

Improvement

Specialized Services Circular (SSC)1888

- Regular network meetings of the wider clinical team (including [network patient representatives](#)) at least every 3 months, for issues such as discussion of new and updated pathways and protocols, review of audit data and monitoring of performance across the Network.

Improvement		
Annual network annual audit and governance report	•	•
Regular continuous clinical audit and quality improvement activity.	•	•
Regular network meetings, at least every 3 months, to review dashboard metrics, outcomes including risk adjusted mortality, morbidity, adverse events and resultant action plans: – to be established by end of December 2018	•	•
Regular network meetings of the wider clinical team (including network patient representatives) at least every 3 months, for issues such as discussion of new and updated pathways and protocols, review of audit data and monitoring of performance across the network.	•	•
Establish structure for performance monitoring across the network through agreed governance arrangements		•
Use of patient/carer feedback to monitor and improve service (acting on PREMS reports)		•

Patient representative feedback

SITUATION

- The Network Team were keen to understand the perception of the role of the Patient and Family Representatives contribution to the Board March 2020
- Responses from Board members x19
- Responses from the patient representatives x 4
- The aim was to identify what further work needed to be done around the role
- Survey monkey was circulated to the Board (inc. patient reps)
- The results were collated by the Trust patient experience team
- The conclusion, overall, this work has started well

Network Board feedback

BACKGROUND

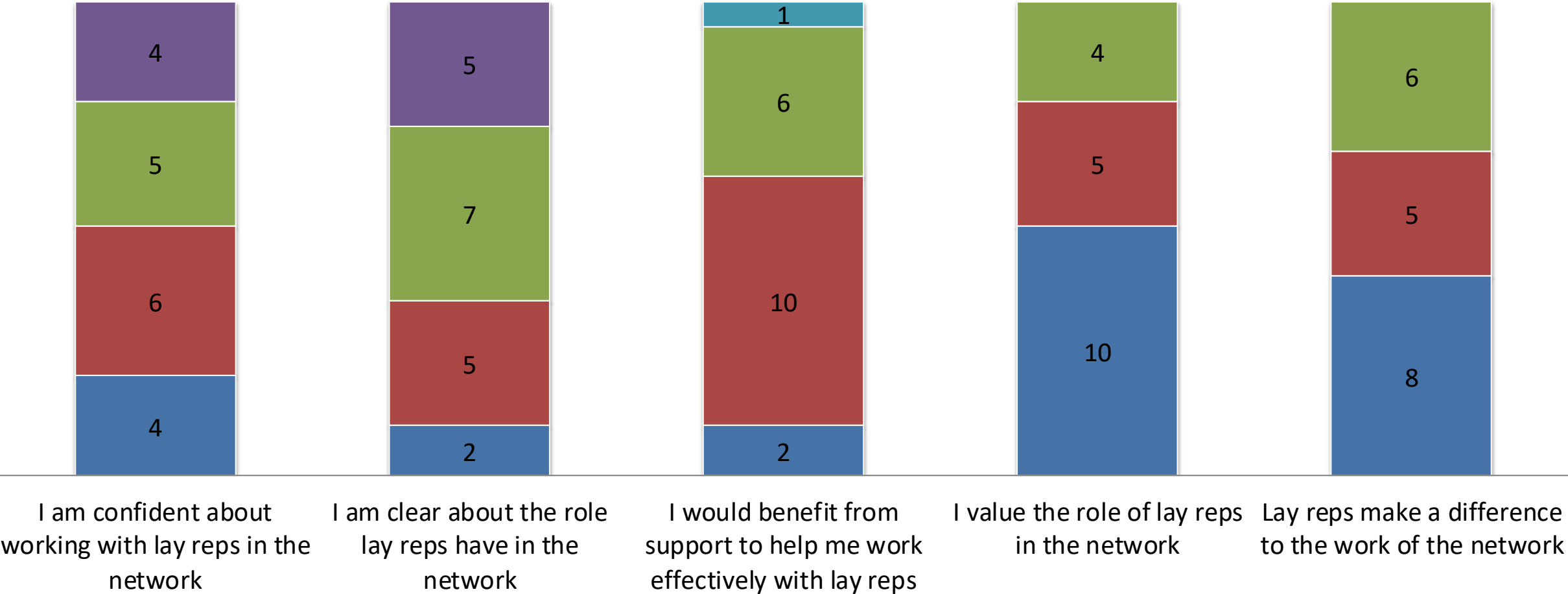
- In 2016 The Network Board was set up and patient representatives were recruited
- Total number of reps 15, 9 will actively comment, 7 completed contracts
- Currently 4 active patient representatives who regularly attend the Board and Stakeholder days.
- Other representatives will comment virtually on documents
- Annual workshops and training events have been held for patient reps by the Network.

Headline results

Network Board members (19 responses)	Patient and family representative (4 responses)
I would benefit from support to help me work effectively with lay reps (53%- agree)	I would benefit from support in my role (60%- agree)
I am clear about the role lay representatives have in the network (26%- disagree)	I would be willing to attend training events linked to my role as a lay representative (80%- agree)
I value the role of lay representatives in the network (53%- strongly agree)	I am clear about my role as a lay presentative (40% strongly agree)
Lay representatives make a difference to the work of the Network (42%- strongly agree)	I feel a valued member of the network (60%- agree)
	I make a difference to the work of the Network (60%- agree)

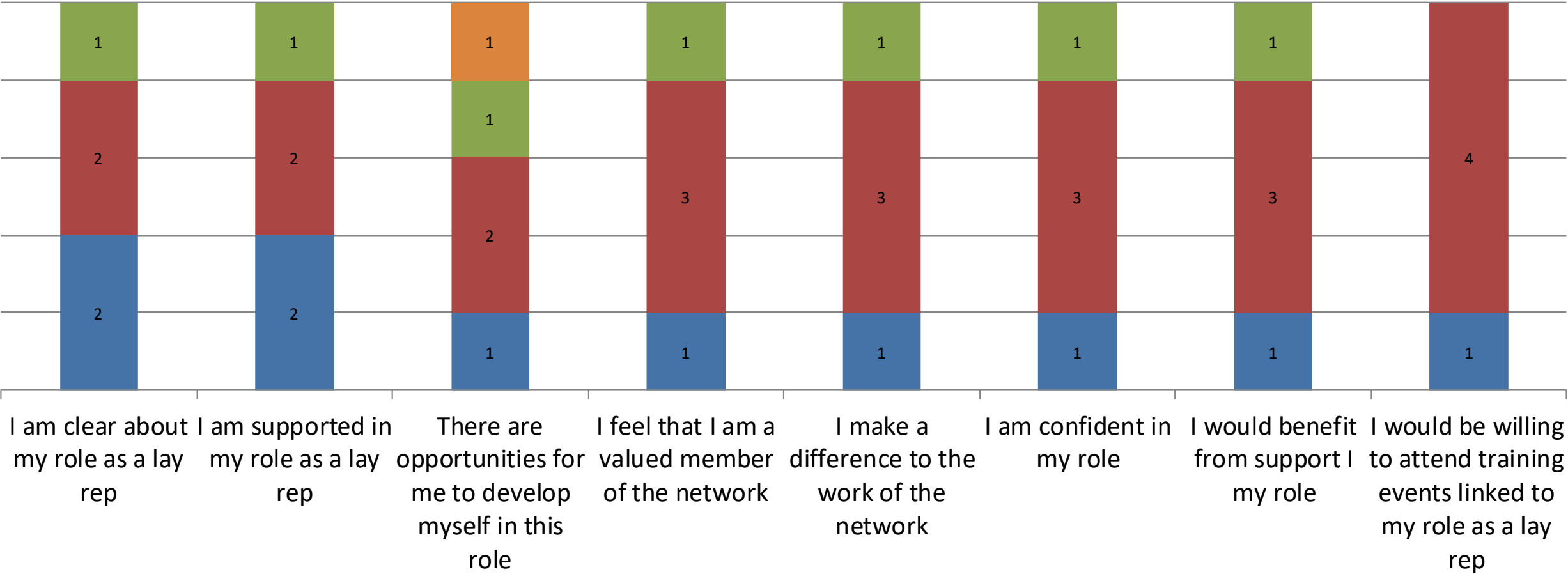
Role of Lay Representatives in the CHD Network - Network Staff Response Summary to Opinion Questions

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Don't know



Role of Lay Representatives in the CHD Network: Lay Representatives Response Summary to Opinion Questions

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Don't know



Results & recommendations

- ✓ Results indicate that lay representation in network has started well
- ✓ Common commitment to realise fully benefits of lay representation

But even better if....

1. More clarity around role of lay representatives- focus on benefits and limitations of the role (Board)
2. Training on effective working with lay representatives and network (Board)
3. Support for patient reps in doing their role
4. Enhance joint working and involvement of patient reps in projects within the network

Item 8: National Updates – Andy Tometzki

Latest updates to follow soon

Item 8: Regional Update South Wales – WHSSC – Andrea Richards

Key Updates

- The WHSS Team received the Phase 2 ACHD Business case from C&VUHB in late February. The case was significantly over and above the agreed funding, therefore C&VUHB have been asked to review the costs. Progress on this has been delayed due to Covid-19.
- Funding was agreed in the 2020/2023 Planning prioritisation to increase capacity for paediatric cardiology outreach clinics. This proposal included funding for several key posts to increase the number of clinics and reduce the risk of long waiting patients. At the current time due to the Covid-19 situation, the future of any new funding arrangements is not known.

Risks/Concerns to be escalated

- Late submission of phase 2 case and the increased cost to result in inability to recruit to the key posts this year. WHSSC and C&VUHB to agree solution for this year.
- Long waits for 1st appointment in the local level 3 centres which can impact on the tertiary element. WHSSC have raised issue with the Commissioners of Level 3 services.

Actions/support required from network

- Network to consider raising long waits directly with the HB's.

Item 8: Regional Update: South West – Katherine Paddock, Senior Commissioner

Key Updates

- **Business Cases** –currently no further service delivery approvals for 20-21.
- **Winter Pressures / Further COVID impacts** - modelling underway.
- **Waiting List Data Requests - Recovery work.** The national specialised commissioning cell is supporting this process regionally.
- **New ODN SLAs** will be issued with the 20-21 confirmed budget to Host Trusts before the end of June - MOU will be issued shortly after.

Risks/Concerns to be escalated to a national level

- **Testing constraints escalated to Public Health England.**
- **NHSE/I** - National notification letter still awaited (re extended financial/ contractual arrangements).

Actions/support required from network

- **Sharing learning** – Restoration and Recovery Lessons Learnt.

Item 9: Performance dashboard

June 2020

Network Performance Dashboard – Outpatients, May 2020 – Adult services (Unvalidated data)

	Adults / Paeds	England / Wales	Wait (weeks) for new patients (local consultant)	Wait (weeks) for new patients (visiting specialist)	Delay (weeks) for local consultant FU. [No. weeks past planned FU date that pts are actually seen]	Delay (weeks) for visiting specialist FU. [No. weeks past planned FU date that pts are actually seen]	No. FUs overdue	DNA Rate (%)
University Hospitals Bristol	Adult	England	12	n/a	33	n/a	622	13%
Truro	Adult	England	23	23	0	33	91	6%
Taunton	Adult	England	10 to 12	16	40	24 to 32	83	19%
Royal Devon & Exeter	Adult	England	26	104	59	120	120	10%
Gloucester/Cheltenham	Adult	England	28	31	14	15	42	15%
Swindon	Adult	England	n/a	12	n/a	0	0	9%
Barnstaple	Adult	England	37	37	37	37	182	TBC
Torbay	Adult	England	7	16	4	16	5	11%
Plymouth	Adult	England	17	0	120	n/a	542	10%
Cardiff	Adult	Wales	32	n/a	22	n/a	115	9%
Nevill Hall, Aneurin Bevan UHB	Adult	Wales			24	20	51	7%
Royal Gwent, Newport	Adult	Wales						
Royal Glamorgan, Cwm Taf	Adult	Wales	4	4	0	0	0	5%
Prince Charles, Cwm Taf	Adult	Wales						
Princess of Wales, Cwm Taf	Adult	Wales	36	36	52	52	147	12%
Singleton Hospital, Swansea	Adult	Wales	71	n/a	40	n/a	110	7%
Hywel Dda UHB	Adult	Wales	25	25	52	52	87	12%
Glangwili General, Hywel Dda	Adults	Wales	16	16	36	36	52	15%

Key	
	Data not provided / not updated
	Red status- hot spot/concern
	Amber status - medium concern
	Green status- no concerns
	Updated in quarter but too late for board
21	Perfomanced worsened in quarter
21	Performance improved in quarter
21	No change in quarter

Hot spots

1st Outpatient waits are a concern at Barnstaple , Cardiff and Princess of Wales

Follow-up backlogs are a concern at Plymouth

Follow-up waits are high in Bristol and Plymouth

DNA rate is high in Taunton and Bristol

8 of 18 Centres (all Levels) completed an exception report this quarter; a slightly lower response rate than January 2020 (by1).
Due to Covid-19 and capacity, Swindon, Royal Glamorgan and Prince Charles hospitals were unable to submit data at this time.

Network Performance Dashboard – Outpatients, May 2020 – Children’s services (Unvalidated data)

	Adults / Paeds	England / Wales	Wait (weeks) for new patients (local consultant)	Wait (weeks) for new patients (visiting specialist)	Delay (weeks) for local consultant FU. [No. weeks past planned FU date that pts are actually seen]	Delay (weeks) for visiting specialist FU. [No. weeks past planned FU date that pts are actually seen]	No. FUs overdue	DNA Rate (%)
University Hospitals Bristol	Paediatric	England	5.3	n/a	237	n/a	556	3%
Truro (Royal Cornwall NHST)	Paediatric	England	7	12	8	12	29	7%
Taunton (Mugrove Park)	Paediatric	England	24	7	24	32	104	10%
Royal Devon & Exeter	Paediatric	England	9	7.7	18.4	16	170	8%
Gloucester/Cheltenham	Paediatric	England	17	0	15.5	6.5	190	8%
Swindon	Paediatric	England	8.5	7	2	0	1	5%
Barnstaple (North Devon NHST)	Paediatric	England	0	4	0	4	18	5%
Bath	Paediatric	England	14.4	14.4	0	3	25	17%
Torbay (South Devon NHST)	Paediatric	England	8	26	8	26	130	4%
Plymouth	Paediatric	England	4.5	0	6	31	n/a	6%
Cardiff	Paediatric	Wales	6	n/a	8	n/a	405	8%
Nevill Hall, Abergavenny	Paediatric	Wales	26	22	35	39	202	13%
Royal Gwent, Newport	Paediatric	Wales						
Royal Glamorgan, Cwm Taf	Paediatric	Wales	9.3	7	25.68	32.46	68	21%
Prince Charles, Cwm Taf	Paediatric	Wales						
Princess of Wales, Bridgend	Paediatric	Wales	6.39	13.33	6.2	24.77	70	16%
Singleton Hospital, Swansea	Paediatric	Wales	9	n/a	14	n/a	59	7%
Glangwili General, Hywel Dda	Paediatric	Wales	66	45	0	37	33.5	0%
Withybush General, Hywel Dda	Paediatric	Wales		26		10	80	5%
Morriston Swansea	Paediatric	Wales	5	11	0	1	15	7.50%

Key	
	Data not provided / not updated
	Red status- hot spot/concern
	Amber status - medium concern
	Green status- no concerns
	Updated in quarter but too late for board
21	Perfomanced worsened in quarter
21	Performance improved in quarter
21	No change in quarter

Hot spots

1st Outpatient waits: are high in Glangwili General.

Follow-up backlogs: are high in Bristol and Cardiff

Follow-up waits: are high in Glangwili General and Royal Glamorgan

DNA rates: are high in Royal Glamorgan.

10 of 20 Centres (all Levels) completed an exception report this quarter; a lower response rate than January 2020.

Inpatient Dashboard – Level 1 Centre, University Hospitals Bristol (BHI and BRHC)

Adult/Paediatric	Adult							
Month:	Dec 2018	Mar 2018	June 2018	Nov 2018	Mar 2019	Sept 2019	Jan 2020	May 2020
Total inpatient waiting list size								
Surgical	34	38	49	tbc	41	39	42	47
Interventional	73	47	38	tbc	45	80	248	232
Total	107	85	87	tbc	86	119	290	279
Number of patients dated								
Surgical	15	10	17	tbc	12	11	16	6
Interventional	31	19	19	tbc	26	19	34	7
Total	46	29	36	tbc	38	30	50	13
Number of undated patients								
Surgical	19	28	32	tbc	29	28	26	41
Interventional	42	28	19	tbc	19	61	222	225
Total	61	56	51	tbc	48	81	248	266
RTT wait (weeks) of longest waiting patient*								
Surgical	27	28	36	30	34	44	41	41
Interventional	37	40	26	42	27	35	33	51
RTT performance (%)								
Surgical		73%	69%	82%	59%	56%	38%	32%
Interventional		77%	71%	77%	82%	81%	84%	29%
Combined	73%							

Paediatric							
Dec 2018	Mar 2018	June 2018	Nov 2018	Mar 2019	Sept 2019	Jan 2020	May 2020
66	74	69	76	53	18	22	51
132	155	159	134	143	127	127	147
198	229	228	210	196	145	149	198
10	6	11	14	13	13	8	5
44	67	38	37	143	40	31	11
54	73	49	51	156	53	39	16
56	68	58	62	40	5	14	46
88	88	121	97	97	87	96	136
144	156	179	159	137	92	110	182
32	29	33	29	44	7	15	28
38	46	38	48	46	40	48	38
81%	89%	84%	76%	67%	100%	100%	90.6
74%	84%	70%	66%	73%	84%	71.6%	68.1

Item 9.2: SSQD dashboards and VLAD chart

Please refer to reports in the papers

Item 10.1: Risk Register Report

For information -

Please refer to report in the papers

Item 11: Any Other Business

Meeting evaluation

We would appreciate your feedback
please take a moment to complete this quick survey:

https://www.surveymonkey.co.uk/r/NetworkBoard_23-06-20

Thank you



Thank you

Next meeting:

Tuesday 15th September, 09:30 – 17:00

Morning: Network Board meeting

Afternoon: Clinical Governance Group (M&M and Audit)
Service Delivery Group