

Network Board

Tuesday 15th September 2020

14:00 – 16:00

Chair: Dr David Mabin



Webex Meetings

Welcome and thank you for joining the meeting!

Conference call arrangements

- **WebEx chat facility:** When joining the call, please note your name and job title in the WebEx chat forum. During the meeting, please use this chat forum to also raise questions.
- Please can all participants go on mute unless speaking / presenting, this helps to reduce background noise on the call.
- If as a last resort, you are **dialling in by phone**, please advise the Chair and note taker who you are.
- Please note that this call is being recorded

Thank you

Item 1: Welcome and introductions

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

<https://www.surveymonkey.co.uk/r/networkboard15-09-2020>

Introductions: Gemma Wright , Chief Physiologist-Truro. Melissa Winn, ACHD Service Manager- Truro
Rowan Kerr Liddell, PEC-Torbay.

Personnel update: Jess Hughes, Lead Network Nurse (0.3WTE), starting October

Item 2: Minutes from the last meeting 23-06-2020

- Please refer to minutes (in the papers)

2.2 Action tracker from the last meeting (16-06-2020)

Meeting date	Action number		Person Responsible	Due Date	Status Update
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-20	Improvement project to be re-establishment, liaising with Truro. Meeting held with Truro and Bristol - actions agreed including survey on discharge summary content plus discharge standard operating procedure.
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-21	Stakeholder event has been postponed to 2021 due to Covid-19
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. BRHC have set up a group to develop a transition model for the peripheral centres.
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. See action 132 - formal letter written from network to WHSCC.
23/06/2020	130	Exeter increasing ACHD clinic input - network team to flag to level 1 team.	CMc/AT	Sep-20	Network team flagged to level 1 centre who confirmed that this has already been discussed with Exeter and plans are also being discussed on how to progress.
23/06/2020	131	Gloucester Link Nurse engaged but does not have capacity- network team to look into this.	SV	Sep-20	
23/06/2020	132	Network to write a letter highlighting concerns over long waits and CHD standards directly with WHSCC in the first instance, this should then be flagged up to the health boards - AR, CMc and AT to discuss. AT to escalate via the CRG	AR/CMc/AT	Sep-20	Formal letter written from network to WHSCC regarding significant waits highlighted by centres to the board. Meeting held on 30 th June 2020 - WHSCC agreed to meet health boards to discuss recovery plan. Phase 2 funding confirmation received. WHSCC to update at next board in September.
23/06/2020	133	Patient database - network team to share work completed by KH on a patient database	CMc/SV	Sep-20	Completed - database shared.
23/06/2020	134	KH to share the SOP for the paediatrics and neonates and in/out-patients physiologist led clinics. DM to link in with Truro team to potentially develop SOP for across the network for this if possible.	KH / DM	Jul-20	Completed and SOP has been shared.
23/06/2020	135	DM invited AP to provide a further update on the VLAD at the September Board meeting.	AP	Sep-20	Apologies from AP as he is operating on 15/09. AP to ask SM to provide a surgical update on his behalf.

Item 3 – Patient Rep Updates

September 2020

Item 4.1 - Network Centre updates

September 2020

Level 3 Adults – Glos/Cheltenham / Taunton / Torbay

Key Updates

Gloucester/Cheltenham

- Recruitment of part-time Specialist Nurse to support the ACHD service

Taunton

- Starting to database patients (on excel)
- Transition to Attend Anywhere software
- New waiting list team member as usual staff member on maternity leave.

Torbay

- Telephone clinics being undertaken where possible.

Risks/Concerns to be escalated

Gloucester/Cheltenham

- Lack of a database of ACHD patients.
- Challenges to identify & recruit patients for the transition clinics.

Torbay

- Significant cut in number of patients (3 face to face) per clinic
- Significant challenges with echo waits.
- Still working out best system for joint clinics with visiting consultant and therefore joint clinics currently on hold.

Actions/support required from network

Torbay

- Advice regarding how other centres are performing joint clinics would be useful.

Level 3 Adults- Barnstaple/ Truro

Key Updates

Barnstaple

- Successful use of video conferencing for ACHD clinics

Truro

- ACHD consultant start in post November 2020.

Risks/Concerns to be escalated

Barnstaple

- Lack of face to face capacity for seeing patients at NDHT due to 2m social distancing.
- Limited number of patients within Cardio Respiratory Department due to 2m social distancing. Insourcing weekend lists providing additional capacity for Echo's is underway and set to continue until March 2021.
- Plan to continue video clinics where deemed appropriate by clinicians

Truro

- Lack of consultant availability to see new ACHD patients

Actions/support required from network

Level 3 Paeds – Plymouth / Swindon

Key Updates

Plymouth

- Ultrasound scan available on L12 and NICU.
- Due to Covid-19, waiting list will be longer dependent upon forward demand and capacity.
- A few telephone clinics have been undertaken in addition to F2F.

Swindon

- Paediatrician is performing ECGs in clinic. Medical team looking to train nursing team undertake ECGs.

Risks/Concerns to be escalated

Plymouth

- Regular validation of follow up waiting list - running additional clinics.
- Impact of increased DNA rates making clinics less efficient and further placing pressure on future capacity.
- Requirement for a specialist cardiac nurse added to Workforce Plans for 20/21

Swindon

- No risks as currently workload expedited and managed to meet clinical needs.
- Flexibility within the system for paediatricians with a specialist interest to see patients in general clinics or within 1 week on the Paediatric Assessment Unit.
- New patients who are urgent are expedited for the visiting cardiologist.

Actions/support required from network

Plymouth

- Are there any network triage tools for example to apply and focus GP referrals to ensure quality of referral is appropriate?

Level 3 Paeds - Barnstaple

Key Updates

Barnstaple

- Unable to provide face to face appointments for all visiting cardiology clinics appointments (limited to only 8 in July).
- Sri is then video/teleconferencing further cases that invariably need to subsequently utilise local echo appointments at a later date.
- Waiting list is being risk assessed to those that are more urgent (at face value) to be seen in the visiting clinic and then also where necessary doing the echo locally in the PECSIG echo clinic.
- Paed echo's are limited as machines are shared with adult service who have an even greater waiting list.
- Case submitted for a paediatric clinic room in the outpatients that will include an echopacs workstation alongside the video equipment. Funding obtained and would assist the efficiency of providing clinics.

Risks/Concerns to be escalated

Barnstaple

- Growing waiting list.
- Delays in creating a dedicated paed echo room in the paediatric outpatient department. The echo machine is then transported from the adult facility. No dedicated paediatric echo machine.

Actions/support required from network

Level 3 Paeds - Taunton

Key Updates

Taunton

- OP clinics- face to face clinics and joint clinics with visiting cardiologist restored.
- Paediatric Cardiology Transition clinic set up – have done 3 clinics so far.
- Adult Cardiac Physiologists Support - exploring this to help with paediatric cardiology service restoration plan. Selected cases, such as non-complex CHD, have been redirected to adult physiologists to reduce the waiting list.
- Looking at creating Cardiology PA'S in job plan for new Consultant who also has cardiology interest. This will support and benefit the existing cardiology services in long term.
- Setting up Local Cardiology data base (Excel) - in progress

Risks/Concerns to be escalated

Taunton

- Cardiology clinics - running F2F clinics in a 'covid-19 secure' way is impacting the waiting list. Prioritising patients on clinical grounds.
- Reduced clinic capacity in/restricted travel to tertiary centre has resulted in increased requests for local review.
- The potential of PMIS secondary to covid-19, and anxiety about this, will lead to an increase in referrals for echocardiogram from the inpatient team.
- Currently no named cardiac link nurse.
- Psychologist vacancy to support the cardiology service.
- Paediatric COPD ultrasound machine needs replacement - requested via capital bid monies.
- Review of Echo Images: Transferring echo images via IEP/PACS –view using Horizon Mckesson system

Actions/support required from network

Taunton

- Locally looking to increase Cardiology PA'S for job plan to support and benefit the existing cardiology services in long term.
- Imaging Transfer – to continue support in establishing a robust system for image transfer in long term.

Level 3 Paeds – Torbay / Truro

Key Updates

Torbay

- Lost clinics due to Covid-19 and lockdown. All patient needing to be seen face to face (Echo and ECG) but due to social distancing we have limited capacity so numbers per clinic reduced. Looking at patient numbers per clinics and how to increase capacity to get back on track.

Truro

- Have started cardiac scientist clinic programme with SOP in progress (awaiting going through Business and Guidelines meeting in September 2020).
- ‘Virtual clinics’ between KH and tertiary consultant have been trialled for the region at RCHT with positive results. This is yet to be regularly initiated but hopefully will prove valuable support to PEC’s.
- Cardiac link nurse business case for 1 day a week in progress.
- Audit on CHD and dental care in Cornwall completed.
- Cardiac database initiated.
- Managed to keep on top of work load with face to face clinics during pandemic.
- Already screening postnatal babies for saturations before discharge – now to start at 2 hours of age.

Risks/Concerns to be escalated

Torbay

- Backlog concerning. Rowan Kerr-Liddell back at Torbay so hoping to manage some of the capacity with both Nagendra and Rowan in place and Guido as visiting.

Truro

- Review of discharge communications has been completed – plans to move forward are in process with the Network.
- Dental care of CHD patients.
- Inherited cardiac condition pathways.
- Support for cardiac link nurse with allocated time.

Actions/support required from network

Torbay

- Patience with our numbers!

Truro

- Initiate discussion and SOP for discharge communications (in progress).
- More leverage for CHD patients to have prioritised dental access in Cornwall.
- Development of ICC pathways with follow up clarification.
- Microsoft Teams access to JCC.

Level 3 Paeds – Gloucester

Key Updates

Gloucester

- F2F now default for MB cardiology clinics (video/telephone if more appropriate)
- Dr Gomes visiting clinic alternating F2F and phone
- Dr Snook starting in October replacing Dr Narayan.
- Remote access to JCC now available!

Risks/Concerns to be escalated

Gloucester

- Our nursing support is limited by lack of dedicated time. This was being explored pre-lockdown and we will continue to do so in the coming months.
- We have no local psychology support time.
- Transfer of studies by PACS is not reliable.

Actions/support required from network

Level 2 (Cardiff) Adults-

Key Updates

- Change all routine follow-ups to virtual clinics to cope with Covid-19 and requirement to social distance in the waiting room (a small number of patients can be seen each week if deemed clinically necessary).
- Urgent echos/CT scans/blood cultures/Covid-19 swabs being organised/overseen by CNS and physiology teams.
- Recruitment of 1 replacement consultant, 1 additional consultant and 1 additional CNS has been agreed “at risk” to the health board, whilst WHSSC funding is awaited.
- Business case Phase 2 being discussed at health board meetings in August.

Risks/Concerns to be escalated

- Closure/lack of re-opening of the satellite clinics has led to additional pressure in UHW to accommodate urgent patients, as it is not known when many of these services might expect to resume face to face consultation.
- Timeline of recruitment of 3rd consultant/CNS and administrative support currently unknown.
- Recruitment of replacement consultant poses a risk of a potentially extended time frame without a consultant in post, and the issue of amount of potential interest in the post and difficulty recruiting.

Actions/support required from network

- Network to consider options to support the level 2 service in light of the existing ACHD consultant gaining a position at the level 1 centre in Bristol.

Level 2 (Cardiff) Paeds- Dr Dirk Wilson

Key Updates

- From March 2020, telephone clinics used to triage patients needing a face-to-face review. A small number of patients have had consultations via Attend Anywhere. There is capacity for up to 30 face to face reviews each week – these are open to patients from all health boards.
- Microsoft Teams has been used successfully for remote consultation.
- Aware of 1 post-op CHD patient who had confirmed Covid-19 – she had a mild illness, despite having important co-morbidities, including ex-prematurity and pulmonary hypertension.
- Been involved in the assessment and treatment of 20+ patients who have been managed via the South Wales PIMS pathway.
- The C&V specialist paediatric cardiac psychology service has commenced (Llinos Griffith).
- C&V UHB is in the process of finalising a business case (provisionally approved by WHSSC) for additional funding for a consultant, nursing, physiology and psychology support – this will help us to meet national CHD standards and reduce long waiting times in LHBs outside of C&V.

Risks/Concerns to be escalated

- Pelican Ward has a looming staffing crisis due to secondment, retirement and maternity leave. This is recognised by C&V and the CH Directorate is seeking to mitigate against this risk.

Actions/support required from network

Level 1 (Bristol) Adults- Dr Radwa Bedair

Key Updates

- Outpatient clinics are still predominantly by telephone or video and working well. Plan to run face-face clinics once a month for every consultant and to trial a linked appointment system so that diagnostics can be performed immediately before virtual clinics. HOT clinic is new and is designed to see relatively urgent patients identified through the nurse advice line.
- Cath lab lists running in parallel at the BHI and at the Spire Hospital Bristol, so good capacity. Surgery back at full capacity
- Diagnostic backlogs in echo and CMR still an issue
- Virtual MDT running smoothly with no waits for discussion
- Dr Szantho starting as a substantive consultant in October 2020. Dr Ordonez and Dr Mansour, two new fellows.

Risks/Concerns to be escalated

None at present

Actions/support required from network

None at present

Level 1 (Bristol) Paeds - Rosalie Davies

Key Updates

- The majority of elective cardiac surgery and cardiology theatre lists have been restored.
- Isolation period for paediatrics is no longer in place however 72 hour Covid-19 test and recommendation of shielding within this period is advised.
- Currently looking at outpatient provision in the hospital to increase outpatient clinic capacity.
- Fetal cardiology webinar has been advertised - Dr Patricia Caldas has been working on this with the network team.
- EP consultant recruited, Georgia Spentzou – to start end of Sept 2020.
- Additional CNS funding has been approved to increase CNS staffing by 1 WTE.
- Jess Hughes, paediatric CNS, has been successful in network CHD nursing role to commence Oct 2020.
- New cardiac physiology service manager started in role in June 2020, Daniel Meiring.

Risks/Concerns to be escalated

- Risk of increased waiting lists in all areas due to Covid-19.

Actions/support required from network

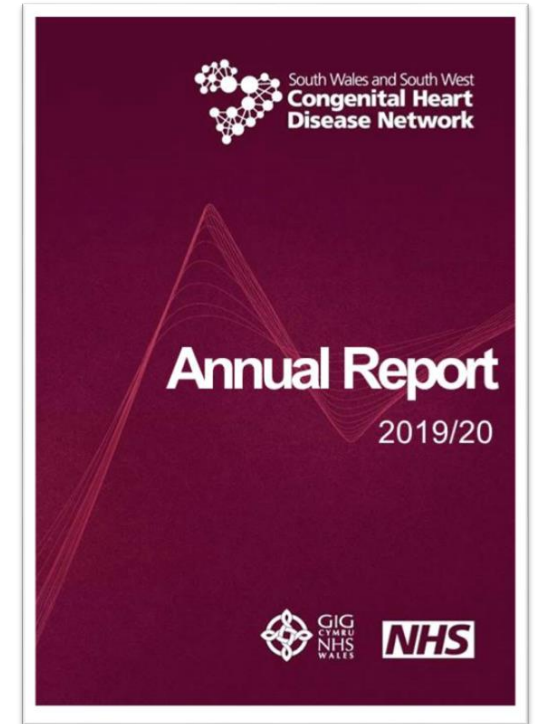
- Continued support with linking in with peripheral centres and looking at different ways of working.
- Continued work on discharge summaries.

Item 7 - Network Board Update

- Item 7.1: Presentation
- Item 7.2: Quarter 1 Update Report (Apr-Jun 2020)
- Item 7.3: Workplan 2020/21 – paper
- Item 7.4: Annual Report 2019/20
- Item 7.5: MOU and letter of introduction

7.1 Network Highlights: June - to date

- Jess Hughes- Network Lead Nurse appointed (0.3 WTE)
- Phase II business case approval
- Annual report 2019/20 published (in papers)
- National CHD monthly waiting list data capture/restoration data
- Continued to host national CHD networks monthly forum
- Discharge Communications- PEC survey completed, Discharge SOP in progress
- “Cardiac Handbook for Wards drafted
- Patient Rep forum held, prep for the board and future plans
- Mortality & Morbidity/Audit session- today!
- Level 2 and 1 CNS meeting, held July 2020, via WebEx
- Network Psychology study day booked – Feb 2021
- Winter planning with PIC network
- Joint Fetal pathway – draft completed
- Pharmacy survey completed, dinoprostone guideline updated
- Community Youth Worker appointed



7.1 Training & Education update

- **NEW!** Training – Fetal Cardiology webinar series
- New Network Future Platform for teaching and education
- ACHD study day (14/10/20)
- Paediatric Study day (tbc)
- ECHO study day (tbc)
- Psychology study day (Feb '21)

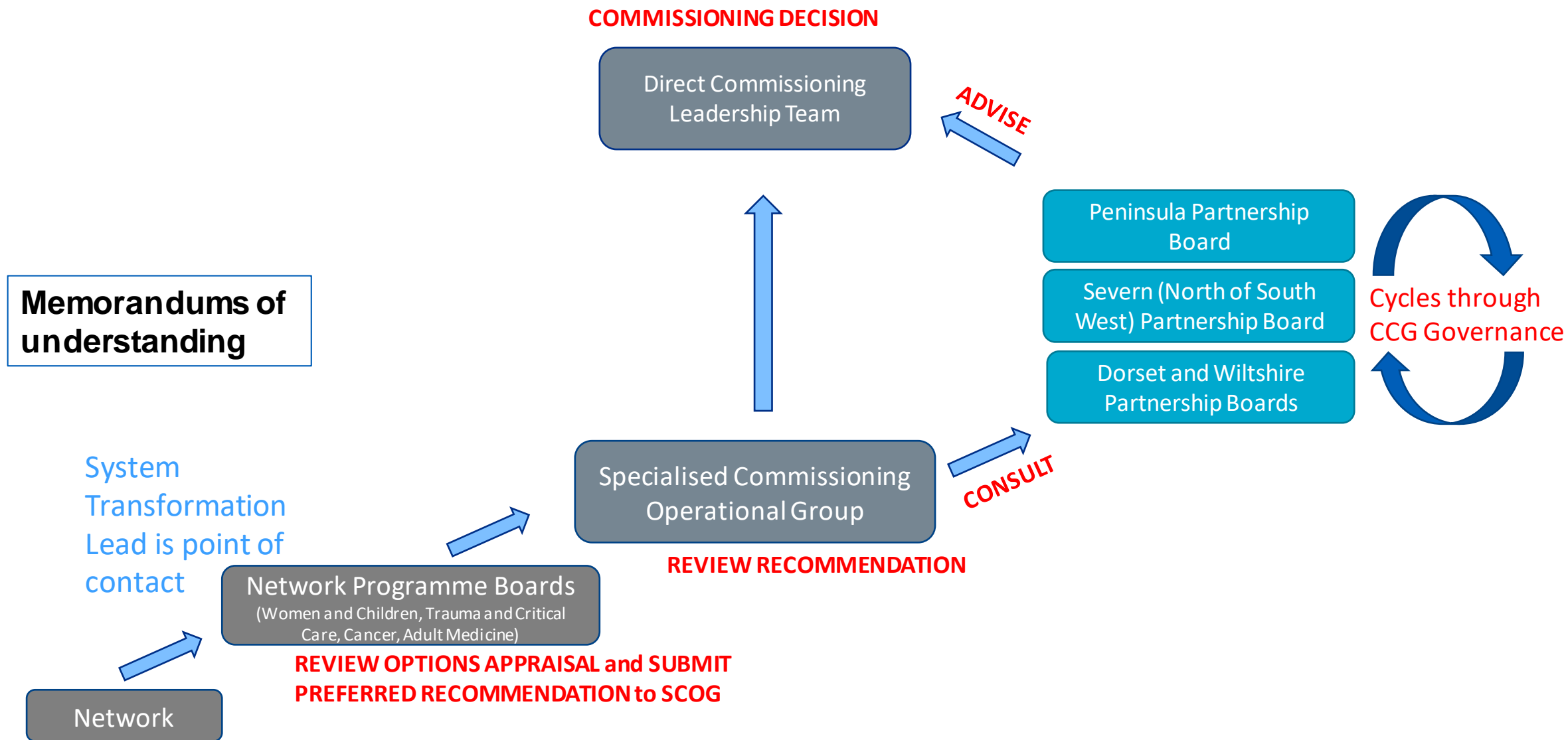


SWSW CHD network update (Sept. 2020)

Status	No.	Work package	
Red-behind target	3	<ul style="list-style-type: none"> • Transfer & Repat policy • Image sharing 	<ul style="list-style-type: none"> • Performance monitoring dashboard development
Amber- in progress, delayed	18	<ul style="list-style-type: none"> • CHD restoration • 5 year strategic plan • MOU (to be signed)/ODN governance • CHD standards in Wales • Self assessment visits • Map of funding for CHD services Level 3 • Paediatric Disease related guidelines • Joint fetal pathway • Discharge comms 	<ul style="list-style-type: none"> • Audit • Incident management • Psychology strategy • Transition • Lost to follow up • Transforming outpatients • Patient Rep Training • Patient feedback Level 1 • Training & Education strategy
Green – in progress, on target	8	<ul style="list-style-type: none"> • Pharmacy guidelines • Nursing strategy • Youth worker role • Risk mgt • M&M 	<ul style="list-style-type: none"> • Governance Structure for network • Team planning sessions • Annual report
Complete	2	<ul style="list-style-type: none"> • WHSSC business case 	<ul style="list-style-type: none"> • Dental Guidelines

Focus – Sept to Dec

- **Priorities 2021/22** stakeholder session Oct & Nov– need volunteers
- Nursing; competencies
- Plan for transition in peripheral clinics
- Pathways/SOPs; Joint Fetal pathway, Discharge SOP, Paediatric Fontans, Coartcation of the artery
- Phase II business case– implementation support
- CHD network data- dashboard enhancements, population statistics
- Mapping of CHD funding/peripheral clinics- launched with NHS England
- Relaunch self-assessment and engagement visits
- Winter planning with PIC



Memorandum of Understanding (MoU)

Purpose of this document

- Ensure that all system partners are aware of the **range of ODNs that exist**, their membership, geographic coverage and scope;
- Ensure that all system partners are aware of the **management and governance arrangements** in place for the ODNs;
- Record the **commitment of system partners**, at exec level, to support the **aims and objectives** of the ODNs in effectively managing cross-provider services and working collaboratively to improve service delivery;
- Record the commitment of NHSE&I South West as the commissioner of the ODNs to **involve system partners in the governance, oversight and direction of the ODNs** in a meaningful way

The purpose of this document is not to form a binding contractual agreement regarding delivery of the ODNs. These contractual obligations already exist between NHSE&I South West and South West Provider Trusts and are summarised in section 7

Item 8: National Updates – Dr Andy Tometzki

- CHD Standards & Peer Review
- Peer review of all level 1 and level 2 centres. Each centre has their own report and, COVID permitting centres will be working on those things where potential for improvement was identified.
 - The national report has not yet been published, but may yet be at an appropriate time.
 - Expected to highlight a number of issues common to many or all centres.
 - Surgical activity has been falling for some years now, posing a difficulty for the surgical activity standards.
- COVID - centre stage for six months now – Regional surge plans caused specific issues for CHD services in some UK centres.
 - The national network of networks has been an invaluable group for communication and support.
 - Continues to be important in monitoring service restoration.
- Currently the CRG and network of networks are both working with NHSE in developing plans for protecting the service in the event of any further outbreaks or more generalised waves of COVID.
- CRG, NHSE and BCCA have worked closely together to develop COVID related advice for patients.
- Identification of PIMS

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

Key Updates

- The **full funding (£790K) for Phase 2 ACHD has been agreed** and funding released to the provider. A briefing paper will be shared with the Board providing further information.
- WHSSC are expecting the full business case from Cardiff and Vale UHB for further investment 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. It is anticipated that the case will be presented to the WHSSC Management Group in October for funding release.

Risks/Concerns to be escalated

- Implementation of the phase 2 funding is likely to be challenging due to recruitment to specialist posts. WHSSC will be working with Cardiff and Vale HB as the level 2 provider and the regional level 3 centres to progress implementation

Actions/support required from network

Item 8: Regional Update: South West – Charlotte Ives, System Transformation Lead

Key Updates

- **Phase 3** – national correspondence issued 31st July, focussing on restoration and addressing health inequalities. Extension of current contract and payment arrangements to end of September 2020.
- **Recovery** - STPs submitting system recovery plans to NHSE/I in Sept. Providers and Commissioners will need to work as a system going forwards to ensure any decisions made, link in with the overarching position such as elective recovery.
- **New ODN Memorandum of Understanding** – The MoU has been issued to Trust Executives and ODN Clinical Directors. System Partnership Boards will be the system forum bringing partners together across sub-regions.

Risks/Concerns to be escalated to a national level

Actions/support required from network

- **ODN Memorandum of Understanding** – for acknowledgement and signing.

Item 9: Performance dashboard

September 2020

9.1 Network Performance Dashboard – Outpatients, August 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	10	n/a	49	n/a	669	18%
Truro	Adult	England	8	14	0	40	93	2%
Taunton, Musgrove Park	Adult	England	12	12	12	12	40	11%
Royal Devon & Exeter	Adult	England	26	104	59	120	120	10%
Gloucester/Cheltenham	Adult	England	29	29	17	17	44	6%
Swindon	Adult	England	n/a	12	n/a	0	0	9%
Barnstaple	Adult	England	13	13	52	52	60	3%
Torbay	Adult	England	4	16	22	16	70	11%
Plymouth	Adult	England	17	0	120	n/a	542	10%
Cardiff	Adult	Wales	22	n/a	40	n/a	118	6%
Nevill Hall, Aneurin Bevan UHB	Adult	Wales			24	20	51	7%
Royal Gwent, Newport, Aneurin Bevan UHB	Adult	Wales						
Royal Glamorgan, Cwm Taf Morgannwg UHB	Adult	Wales	4	4	0	0	0	5%
Prince Charles, Cwm Taf Morgannwg UHB	Adult	Wales						
Princess of Wales, Cwm Taf Morgannwg UHB	Adult	Wales	36	36	52	52	147	12%
Singleton Hospital, Swansea Bay UHB	Adult	Wales	71	n/a	40	n/a	110	7%
Hywel Dda UHB	Adult	Wales	25	25	52	52	87	12%
Glangwilli General, Hywel Dda UHB	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	Performance worsened in quarter
21	Performance improved in quarter
21	No change in quarter

Hot spots

1st Outpatient waits are a concern at Gloucester

Follow-up backlogs are a concern at Bristol and Cardiff

Follow-up waits are high in Bristol

DNA rate is high in Bristol

7 of 18 Centres (all Levels) completed an exception report this quarter; a slightly lower response rate than May 2020.

9.1 Network Performance Dashboard – Outpatients, August 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	43	n/a	60	n/a	602	2%
Truro (Royal Cornwall NHST)	Paediatric	England	3	3	4	8	15	7%
Taunton, Musgrove Park	Paediatric	England	30	7	35	52	258	6%
Royal Devon & Exeter	Paediatric	England	8	6	22	21	245	5%
Gloucester/Cheltenham	Paediatric	England	38	25	58	29	377	18%
Swindon	Paediatric	England	8	8	4	4	45	5%
Barnstaple (North Devon NHST)	Paediatric	England	0	4	0	23	32	3%
Bath	Paediatric	England	12	12	11	12	55	10%
Torbay (South Devon NHST)	Paediatric	England	53	18	12	26	170	4%
Plymouth	Paediatric	England	3.5	0	22	8	42	9%
Cardiff	Paediatric	Wales	11.8	n/a	4.3	n/a	424	14%
Nevill Hall, Aneurin Bevan UHB	Paediatric	Wales	26	22	35	39	202	13%
Royal Gwent, Newport, Aneurin Bevan UHB	Paediatric	Wales						
Royal Glamorgan, Cwm Taf Morgannwg UHB	Paediatric	Wales	9.3	19.38	29.58	26.32	43	7%
Prince Charles, Cwm Taf Morgannwg UHB	Paediatric	Wales						
Princess of Wales, Bridgend, Cwm Taf Morgannwg UHB	Paediatric	Wales	6.39	13.33	6.2	24.77	70	16%
Singleton Hospital, Swansea Bay UHB	Paediatric	Wales	9	n/a	14	n/a	59	7%
Glangwili General, Hywel Dda UHB	Paediatric	Wales	66	45	0	37	33.5	0%
Withybush General, Hywel Dda UHB	Paediatric	Wales		26		10	80	5%
Morriston Swansea	Paediatric	Wales	5	11	0	1	15	7.50%

Key	
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	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 Torbay

Follow-up backlogs: are high in Bristol.

Follow-up waits: are high in Bristol.

DNA rates: are high in Gloucester/Cheltenham.

13 of 20 Centres (all Levels) completed an exception report this quarter; a higher response rate than June 2020.

Equity
of access

Seamless
care

Meeting
national
standards

Continual
improvement

Patient
voice

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	Aug 2020
Total inpatient waiting list size									
Surgical	34	38	49	tbc	41	39	42	47	44
Interventional	73	47	38	tbc	45	80	248	232	237
Total	107	85	87	tbc	86	119	290	279	281
Number of patients dated									
Surgical	15	10	17	tbc	12	11	16	6	11
Interventional	31	19	19	tbc	26	19	34	7	13
Total	46	29	36	tbc	38	30	50	13	24
Number of undated patients									
Surgical	19	28	32	tbc	29	28	26	41	33
Interventional	42	28	19	tbc	19	61	222	225	224
Total	61	56	51	tbc	48	81	248	266	257
RTT wait (weeks) of longest waiting patient*									
Surgical	27	28	36	30	34	44	41	41	47
Interventional	37	40	26	42	27	35	33	51	60
RTT performance (%)									
Surgical		73%	69%	82%	59%	56%	38%	32%	26%
Interventional		77%	71%	77%	82%	81%	84%	29%	21%
Combined	73%								

Paediatric								
Dec 2018	Mar 2018	June 2018	Nov 2018	Mar 2019	Sept 2019	Jan 2020	May 2020	Aug 2020
66	74	69	76	53	18	22	51	32
132	155	159	134	143	127	127	147	137
198	229	228	210	196	145	149	198	169
10	6	11	14	13	13	8	5	13
44	67	38	37	143	40	31	11	26
54	73	49	51	156	53	39	16	39
56	68	58	62	40	5	14	46	19
88	88	121	97	97	87	96	136	111
144	156	179	159	137	92	110	182	130
32	29	33	29	44	7	15	28	45
38	46	38	48	46	40	48	38	54
81%	89%	84%	76%	67%	100%	100%	90%	52%
74%	84%	70%	66%	73%	84%	71%	68%	40%

Equity
of access

Seamless
care

Meeting
national
standards

Continual
improvement

Patient
voice

Performance Dashboard returns

Adults

- 18 centres in total
- 6 centres < 50% return rate

Paediatrics

- 20 centres in total
- 7 centres < 50% return rate

Network Board= assurance function regarding waiting times for CHD.

Any action required?

Item 9.2: Update on Restoration of Activity

- **CHD waiting list data-** surgery & interventions –monthly to NHS England
- **Restoration survey-** Level 2 & 3 network centres
 - 8 responses – 4 Adults and 4 Paediatrics
- Providers submission to STPs re. % activity restored

Key questions

- Any further comments from the board/centres on restoration?
- Is there anything more we need to be doing as a Board/for assurance?

Item 9.2: Update on Restoration of Outpatient Activity

Question	Local outpatient clinics	Peripheral clinics
% activity restored	<ul style="list-style-type: none"> 60%-100%. Adults smaller % face to face 	<ul style="list-style-type: none"> Adults; mixed picture, low % or no face to face Paeds; not reported, some areas 60%/79%
Future plans to increase %	<ul style="list-style-type: none"> Increase in face to face 	<ul style="list-style-type: none"> Need to increase nos. in clinics rather than no. of clinics WLLs to be considered to increase activity Restart some F2F in Sept
Challenges to increase %	<ul style="list-style-type: none"> Waiting room capacity Limited to 3 face to face in clinic due to waiting room 	<ul style="list-style-type: none"> Clinic room availability, reduced appts due to social distancing consultant cover, ECHO capacity Outreach clinics to screen F2F patients as per local health board policy
New ways of working	<ul style="list-style-type: none"> Virtual/telephone clinics but limited value as large cohort need echo All new patients face to face, follow ups are telephone appt to ascertain clinical need 	<ul style="list-style-type: none"> ECHOs being arranged locally where necessary Patient telephone triaged No as patients need to be seen
Waiting list mgt & clinical risk	<ul style="list-style-type: none"> phone triage of all follow up patients on date of intended clinic Monitoring waiting times All new referrals are being triaged in usual way Regular review/micromanaging/time consuming triage 	<ul style="list-style-type: none"> Regular review of clinic lists to triage appts Level 3 referrals triaged by PEC doctors Limited FtF echo clinics continue to run Regular review/micromanaging/time consuming triage

Item 9.3: NHS England SSQD dashboards

Please refer to the reports in the papers

Item 9.3: Surgical performance update

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/networkboard15-09-2020>

Thank you



Thank you

Future board meetings:

- Tuesday 8th December 2020, 09:30– 16:00 (Virtual)

Morning: Clinical Governance Group / Service Delivery Group

Afternoon: Network Board

- Tuesday 9th March 2021, 09:30– 16:00