

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

Date: Tuesday 8th December 2020, 14.00 – 16.30

Venue: WebEx Conference Call

Chair: Dr David Mabin

Minutes

Item	Notes and Actions
1.	Welcome, introductions and apologies - Personnel update
	DM welcomed the attendees to the network's virtual board meeting via WebEx and noted apologies. He shared the digital meeting etiquette, noting also that the WebEx chat question function is available.
2.	Approval of minutes and action tracker
	<p>The minutes of the Network Board on 15th September 2020 were agreed to be an accurate record.</p> <p>The action log was updated as appended. Notable comments:</p> <p><u>124 – Transition pathway to adult services</u> Closed. A pilot project set up by BRHC with support from the network is underway (on network workplan).</p> <p><u>131 – Gloucester link nurse</u> Closed.</p> <p><u>136 – PPV training - CRG</u> On CRG workplan for 2021 as current focus is mainly on Covid-19.</p> <p><u>137 – Guidance for patient reps</u> Closed. Planning a patient rep event in 2021 (on network workplan).</p> <p><u>138 – Network triage tools – GP referrals</u> Action to remain open until next step is agreed.</p> <p><u>139 – Dental issues</u> Closed. Audit presented at Network Clinical Governance Group 08-12-2020 by Dr Pinion and Dr Huxstep – will remain on the network workplan.</p> <p><u>140 – Development of ICC pathway</u> Meeting with core group being arranged to take this forward.</p> <p>No further actions to report on.</p>
3.	Patient Representative Update
	SV shared that the patient representatives had a virtual catch up in November to re-group prior to Board.

	<p>NM introduced herself and the expertise she brings. NM is involved with Heart Families South West and Heart Heroes, which are running a number of virtual events due to Covid-19 to try to keep people connected in these tough times.</p> <p>NM updated that Heart Heroes together with the Gloucester Facebook support group has recently held a virtual Q&A session regarding the Gloucester service and how it links in with Bristol. 40 families attended, as well as the network clinical director; consultant representatives from both services; the clinical nurse specialists and the psychology team.</p> <p>Families submitted their questions in advance of the session, with a common theme being Professor Tulloh's retirement as there was uncertainty over who was taking over their child's clinical care. Feedback from the event was very positive and families felt that this provided them with much reassurance and confidence that they could contact the CNS team even if their child is not on the surgical pathway. Since this event there has been a notable reduction in family concerns posted on Facebook. NM suggested that perhaps this virtual Q&A event could be rolled out to other areas across network – virtual events do give the opportunity for better attendance.</p> <p>NM also raised that whilst there is lots of information and pathway resources available on the network website many families do not know about this – she suggested that the network and support groups consider together how they can better publicise the network website resources to cardiac families.</p>
4.	Quality improvement: Fontan clinic
	<p>Marta Cunha (MC), ACHD Clinical Nurse Specialist in Bristol, presented an update on the Fontan clinic that the BHI are aiming to implement in 2021. MC informed the Board that currently there are 100 Fontan patients in the South Wales and South West network, and went onto outline the Fontan procedure; its complications; and the ESC guideline recommendations.</p> <p>It was noted that other ACHD level 1 centres across the UK have set up a Fontan clinic with successful outcomes. The final hurdle before commencing the clinic at the Bristol Heart Institute is to get agreement on the tariff. CI offered to explore the tariff issue with other regional commissioner colleagues to see if there is anything they can do to help.</p> <ul style="list-style-type: none"> ○ <u>Action:</u> MC to introduce CI to Sophie Nicholls, Service Manager at the BHI, to discuss the Fontan clinic tariff issue. <p>MC shared that improved patient satisfaction would be one of the benefits of the Fontan clinic, particularly with the anticipated reductions in the number of appointments/travel time for patient. The plan would be to evaluate the clinic after it has been running for a period of time</p> <p>SC shared that the feedback from Taunton patients is that they would prefer to have one journey to Bristol for treatment rather than be seen locally, and that this may mean that some of the complex patients that are currently seen in their local area could ask to come to Bristol instead.</p>
5.	Outlining level 3 nursing competencies
	<p>SV presented the new level 3 nursing competencies that she has been working on jointly with the Lead Nurse at Leeds CHD network. In response to national requests from nurses and cardiologists, a CHD development package of cardiac competencies for network cardiac nurses/link nurses with an interest in cardiology has been created. The competencies provide standard base line learning objectives,</p>

	<p>knowledge and skills for all nurses supporting level 3 clinics. It is suggested that these could take around 12 months to complete and would require support from the local manager/matron in collaboration with a level 1 CNS. .</p> <p>The competencies development package has been shared at the national network of CHD networks lead nurse meeting and with the British Adult Congenital Cardiac Nurse Association, and is starting to be piloted in London. The plan would be to launch the development package at the South Wales and South West CHD network level 3 link nurse event on 25th February 2021.</p> <p>SV asked for agreement from the Board to support the competencies and the plan to roll them out across the network. DW welcomed this development and asked if level 2 could be included too; SV agreed. AT asked whether the competencies could be kept the same for all networks for consistency purposes, as a national document rather than have modified regional versions. SV confirmed that she would discuss the feasibility of this with the other network lead nurses</p> <p>The Board approved for the nursing competencies proposal to be sent out to all centres within the SWSW network for comments and virtual sign off within a two week period.</p> <ul style="list-style-type: none"> ○ <u>Action:</u> SV to circulate the nursing competencies proposal to all centres in the SWSW network for comments, and then circulate an updated version to the Board for virtual sign off and to the other regional CHD networks for agreement. Update on progress to be shared at the next Board meeting. SV to discuss feasibility of maintaining one set of competencies for use across all CHD centres nationally, thereby ensuring constancy and standardisation. <p>SV shared that the Level 1 educational faculty have been invited to attend the Level 3 link nurse event on 25th February to discuss how they can support the implementation of the competencies from an education and training perspective.</p>
6.	CHD virtual developments
	<p>Fetal medicine - AT shared that fetal medicine has found it challenging to see some patients due to Covid-19. To help address this, a high definition video conferencing kit has been secured for the fetal medicine unit to link in mainly with Exeter and Truro.</p> <p>BRHC paediatric JCC has now moved to a virtual platform – this is currently run via WebEx but may move to MS teams as soon as practical if this is deemed a better platform. The JCC now has a chairman rota, and has a transparent ready list and priority list to help create a bespoke running order. The challenges so far include engaging those who join using audio only and the requirement for strong chairing to keep things moving.</p> <p>GB shared that he is planning to join the JCC once a month if he can, but if this is not possible asked how peripheral clinicians' cases can get prioritised due to these constraints. AT suggestion was to contact the JCC co-ordinator in advance and flag this to the visiting consultant so they can represent. AT agreed to discuss this with the Level 1 team.</p> <ul style="list-style-type: none"> ○ <u>Action:</u> AT agreed to discuss, with level 1 consultant team, whether visiting clinician could present level 3 patients at the JCC meeting on behalf of the PEC if they are unable to attend the JCC.

7.	Update from Level 3 centre(s)
	<p>CME led an update on the behalf of the level 3 centres. The key updates are outlined in the exception report in the papers.</p> <p>Adult CHD: Key themes to note for adults included:</p> <ul style="list-style-type: none"> • Key updates: virtual joint clinics between Bristol and level 3 centres are being held but these can be resource intensive; a specialist nurse has started in Gloucester; new consultant cardiologist has started in Truro; there has been a reduction in DNAs due to telephone clinics in some of the welsh centres. DME shared that an initial Cardiac Physiologist virtual “Meet and Greet” was held last week with physiologists from across the network. The aim of this virtual group is to establish a network of support for the cardiac physiologist and provide opportunities for shared learning and best practice. A survey is being conducted shortly to further understand the current physiology provision across the network and to explore the opportunities for training and education. • Key risks/concerns: clinic capacity issues (Taunton); challenges to arrange joint clinics (Torbay) which has been escalated for network support; difficulties in consultant recruitment (Swansea) is on the risk register as meant unable to maintain ACHD follow up service and this has been escalated for network support too. <p>DW noted that the push at the recent high level welsh meeting to get the CHD standards accepted could help to address some of the problems in the South Wales level 3 centres.</p> <p>Paediatric CHD Key themes to note for paediatric level 3 centres included:</p> <ul style="list-style-type: none"> • Key updates - cardiac physiologist recruited (Swansea); a new specialist and critical care hospital, The Grange, has opened in Gwent, Wales; although CHD clinics will continue in Neville Hall and Royal Gwent. • Risks - follow up backlogs; increased DNAs (Plymouth); specialist nurse requirement (Plymouth).
8.	Update from Level 2 centre
	<p>DW presented an update for the Level 2 centre - the key updates are outlined in the exception report in the papers. Notable comments included:</p> <p>Level 2 adult CHD service:</p> <ul style="list-style-type: none"> • Key updates included: Two ACHD consultant appointments have been made (HW will cover the west region); new CNS Kindre Morgan has started in post; funding approved for psychology; the cardiac physiology recruitment has commenced. • Concerns: Included the vacant consultant post which will hopefully be addressed in the New Year; appointment delays due to Covid-19 have resulted in an increase of patient telephone calls chasing appointments. <p>Level 2 paediatric CHD service:</p> <ul style="list-style-type: none"> • Key updates: Clinics are mainly running virtually, or hybrid face-to-face and virtual; physiologist led echo clinics are being set up; business case for new consultant with a remit to increase outpatient department capacity in the level 3 centres has been approved in principle by WHSCC. • Concerns: Echo backlog and rise in DNA rate – to tackle DNA rate have also been phoning patients.

9.	Update from Level 1 centre
	<p>The key updates are outlined in the exception report in the papers.</p> <p><u>Level 1 adult CHD service</u></p> <ul style="list-style-type: none"> • CME shared the key updates on RBs behalf; key updates included Dr Gergely Szantho starting in the BHI team, and that Hannah Mustard is starting as the ACHD Clinical Psychologist in December to cover Michelle O’Keefe’s planned leave. • Risk around operational capacity during Covid-19. P3 and P4 cases may be delayed (due to bed capacity) but this is being continually monitored. The team are working hard for clinically urgent patients to be seen • Network support requested with feeding into the critical care network discussions regarding the impact of lack of critical care capacity on elective surgical programmes. <p><u>Level 1 paediatric CHD service</u></p> <p>RD shared the key updates to note:</p> <ul style="list-style-type: none"> • Outpatients face to face consults are running at reduced capacity due to social distancing; had a small business case approved to support running paediatric cardiology clinics in other locations. • The service has also recently commenced CP led echo clinics – held 4 so far, which are going well. CP Echo study day planned for next March 2021 – the programme is currently being developed by Owen Burgess, Cardiac Physiologist, and SV. • Transition pilot – invitation letters have been sent to the south west peripheral centres with a deadline of 31st December for expressions of interest. <ul style="list-style-type: none"> ○ <u>Action</u>: RD to update on transition pilot at the next board meeting on 9th March 2021. • Fetal cardiology – a series of webinars were launched in August (the aim is to release one webinar per month). This was intended as a local project to support teams, but has also been picked up by delegates in 13 other countries. The webinars are pre-recorded and provide free access to view at any time via the network’s NHS Future Platform. Virtual in-house teaching study days are also being held. • Cardiac surgery – One surgeon is going on sabbatical for 6 – 12 months from Jan 2021. The cardiac surgery programme will be maintained by the remaining 3 cardiac surgeons. • There is concern regarding the backlog of cardiology patients, particularly outpatients and EP waiting lists – a new EP consultant has started which will hopefully help reduce the waiting list.
10.	Network Board update
	<p>CME attached the supporting papers: quarter 2 update (July to September 2020); work plan 2020/21 update; 2021/22 priorities. Please refer to the papers for further detail.</p> <p><u>Network update - performance reporting</u></p> <p>CME shared the updated performance dashboard proposal (please see item 12) and demonstrated the new performance templates and dashboard to the board. Key changes include an updated reporting template, changes to follow up data being reported, provision of data definitions, and inclusion of a Red/Amber/Green target system. This would also feed into a visual outpatient dashboard graph, organising centres into highest to lowest results – this would enable a quick visual way to notice trends,</p>

	<p>hot spots and areas of best practice. The board were asked to review the updated proposal and the new templates over the following two weeks and to flag up any amendments/concerns comments. The aim will be to implement the new performance reporting and dashboard in the next quarter</p> <ul style="list-style-type: none"> ○ <u>Action:</u> Network Board members, service managers and clinical leads to review the performance reporting proposal and dashboard (email will be sent with this detail from network team) and flag up any concerns/amendments required before implementation of the new system in the next quarter. ○ <u>Action:</u> CME to ask service managers if the projected capacity and total follow up capacity data would be accessible to be included too. <p><u>Network priorities April 2021 to March 2022</u></p> <p>CME presented an update paper following the network workshop held with over 25 participants in November and further follow up sessions. The paper outlines the suggested priorities for the network in 2021/11; Board members were asked for comments by 22nd December. An final network workplan for 2021/22 is to be submitted at the Board meeting on 9th March 2021 which will go to NHSE and WHSCC for approval</p> <ul style="list-style-type: none"> ○ <u>Action:</u> Board members to provide comments on network priorities 21/22 paper to CME by 22nd December. Updated plan to be submitted to the Board in March 2021
11.	<p>National and regional updates</p> <p><u>National update</u></p> <p>AT provided a brief national snap shot – please refer to the presentation slide for further details:</p> <ul style="list-style-type: none"> • Covid-19. National network of CHD networks conference calls continues to run on a regular basis providing an invaluable opportunity for communication and support. This group together with the CRG, NHSE and other professional bodies have worked on developing plans for protecting the CHD service during the Covid-19 pandemic. • Covid-19 advice – discussions around the vaccine. • Digital passports – These are to enable the rapid movement of personnel from one centre to another when required. • Clinical Reference Group – main focus is on the pandemic response and surge planning. Also looking at the development of Integrated Care Systems (ICS) and how this might impact Operational Delivery Networks like CHD. AT noted that concerns have been raised about ACHD workforce and succession planning in Level 3 centres. <p><u>Commissioner updates</u></p> <p>Welsh Health Specialised Services Committee (WHSSC), South Wales</p> <p>AR presented the key updates outlined in the presentation slide. Of key note is that the:</p> <ul style="list-style-type: none"> • The business case for increasing paediatric cardiology outreach services across South Wales has been received by Cardiff and Vale, and a funding release paper will be presented to the WHSCC management group in December. WHSCC has been developing a service specification for the level 2

centre which is based on the NHSE service specifications and standards. This has been shared with DW, AT and CME.

- The CHD network, working in collaboration with AR, submitted a paper and presented to the WHSSC management group board to aid a discussion on the adoption of the CHD standard in Wales. The WHSSC management group agreed to adopt the CHD standards in principles with a first step of conducting a baseline assessment to identify the current gaps in the standards for these centre. The network board agreed that this is a very positive update and were pleased at the progress being made.
 - Action: AR to update on progress with the baseline assessment at the next board.
- AR noted work in progress with Cardiff and Vale to progress the implementation of the phase 2 funding

NHS England, South West

CI presented the key updates:

- Continuing with regional and national recovery work to help understand waiting list backlogs and clinical prioritisation of these. Data collection on waiting lists within the network is very helpful.
- Wave 2 – Service Protection Plans – this sets out the ambition to meet minimum activity levels for paediatric and adult CHD compared to last year. AT raised that the national CRG meeting was held yesterday and it was noted that CHD has been categorised at level 3 and cardiac surgery at level 2 in terms of service protection
- ODN Memorandum Of Understanding – 7 Trusts have now signed up to this and are following up with all Trusts that have not yet signed.
- Specialised Commissioning Operational Plan has been refreshed for this year and is about addressing variation and health inequalities through ODN workplans.
- Women's and Children's Programme Board – first meeting held with South West ODNs on 19th November 2020. Common themes were on managing risks at network and NHSE level; supporting front line staff wellbeing (potential funding available for this); access to CAMHS; and clinical governance arrangements for regional services.
- Assessment against ODN governance and maturity matrix required for all networks by NHS England, by February 2021.
- Commissioning and finance – awaiting clarification on contracting and financial arrangements for 2021/22.

AT asked about Integrated Care Systems (ICS) and how these may interplay with the networks. CI shared that the [Integrating Care next steps consultation document](#) was published last week, with an invite for comments by 8th January 2021. This document confirms the strategic direction of system working and describes a number of key proposals.

CME outlined that the CHD network report the headlines from the SWSW Board reports into the Women's and Children's Programme Board, which is Chaired by Peter Wilson, NHSE Medical Director for the South West. She went onto explain that the ODN maturity matrix is about how effective the network currently is, and that all board members would be invited to contribute to the assessment of this before its submission to NHS England in February.

12.	Network performance
	<p><u>Performance dashboard</u></p> <p>The performance dashboard was included for review by the Board For ACHD, the hotspots are: the first outpatient waits are high for Swansea and Princess of Wales; follow up backlog, follow up waits and DNA rate are all recorded as high in Bristol. In paediatrics, the hotspots are: the first outpatient waits and follow up waits are high in Bristol; the follow up backlog is recorded high in Royal Glamorgan and Torbay; and the DNA rates are recorded as high in Cardiff.</p> <p>SC flagged that the DNA rates for the phone clinics are slightly different, and if patients are phoned again later in the day they do often attend.</p> <ul style="list-style-type: none"> ○ <u>Action:</u> To look at how DNA rates are recorded for phone clinics. (All) <p>Inpatient waits for level 1 – CME flagged that surgical RTT is at 39% for adults and 21% RTT for interventional. For paediatrics, surgical RTT is 73% and for interventional is 47%. This is of concern as this is low but expected due to the backlogs. AT concerned about how low the paediatric RTT interventional time is as depend on when the clocks start. RD shared that the clock starts when the referral is received in to paediatric cardiology and is stopped when the patient receives the appropriate treatment, if there is a reason for which the treatment can't be progressed i.e. patient choice to wait, or monitor symptoms, then the patient clock will pause until the decision is made to recommence treatment.</p> <ul style="list-style-type: none"> ○ <u>Action:</u> RD to look into cases and talk through RTT performance at the next Board meeting. CME to ask Adult level 1 service to do the same. <p><u>NHSE Specialised Services Quality Dashboards (SSQD)</u></p> <p>The Adult Level 1 SSQD Quarter 1 2020/21 dashboard and Paediatrics Level 1 for Quarter 1 are included in the papers for information. PC described that the paediatric fetal results are very positive and praised the CNS teams for doing an excellent job. The adult SSQD also looks positive.</p> <p><u>Surgical performance update</u></p> <p>SM shared that further to the last meeting, the risk of adjusted survival is at the expected position. There is also positive progress on the VLAD chart. The re-intervention rate is high: out of the 9 patients, 5 were pace makers. Pace maker cases will be closely looked at.</p>
13.	Network risks – for information
	<p>CMc tabled the network risk report. The report includes current risks and their risk rating, what controls are in place and recent actions. There are currently 6 open risks on the network risk register. The Network Board is responsible for managing risks. No new risks to note.</p> <p>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 be escalated.</p>
14.	Any Other Business

	<ul style="list-style-type: none"> • Evaluation forms - Board members were asked to complete the meeting evaluation form via the survey monkey • Chairmanship – AT noted that DM would be standing down in his role as Chair of the Board after two terms (4 years) in the role. AT thanked DM for his hard work and support with the network, which was echoed by the network board members. Will be sending out a request for expressions of interest for a new Chair in the New Year. DM has kindly offered to continue until a suitable replacement is found. • Next Board Meeting, Tuesday 9th March 2021 (likely to be virtual) - Board members were asked to inform the network team of any agenda items for the next network board meeting.
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Attendees

Name	Initis.	Job Title	Organisation	Present/ Apols
Andrea Richards	AR	Senior Commissioner	Welsh Health Specialised Services Committee	Present
Andy Tometzki	AT	CHD Network Clinical Director / Consultant Paediatric Cardiologist	CHD Network Team	Present
Becky Lambert	BL	Staff Nurse ACHD	Taunton and Somerset	Present
Bethan Shiers	BS	ACHD specialist nurse	University Hospital of Wales	Present
Caryl Evans	CE	Adult CNS	University Hospitals Bristol	Present
Cat McElvaney	CME	CHD Network Manager	CHD Network Team	Present
Charlotte Ives	CI	System Transformation Lead – Specialised W&C Services	NHS England and NHS improvement – South West	Present
Daniel Meiring	DME	Lead Physiologist	University Hospitals Bristol	Present
David Mabin	DM	Consultant Paediatrician with Expertise in Cardiology and Network Board Chair	Royal Devon and Exeter	Present
Dirk Wilson	DW	Consultant Paediatric Cardiologist	University Hospital of Wales	Present
Ganga Bharmappanavara	GB	Consultant	Taunton and Somerset	Present
Georgia Matthews	GM	Quality Lead	Welsh Health Specialised Services Committee	Present
Jessica Hughes	JHu	Network Lead Nurse (joint)	CHD Network Team	Present
Joanna Nicholls	JN			Present
Katy Huxstep	KH	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Present
Kindre Morgan	KM	ACHD CNS	Cardiff	Present
Lisa Patten	LP	Paediatric CNS	University Hospitals Bristol	Present
Lucy Holland	LH	Senior Ward Nurse (<i>deputy for ZT</i>)	University Hospitals Bristol	Present
Mark Dayer	MD	Consultant Cardiologist	Taunton and Somerset	Present
Marta Cunha	MC	ACHD CNS	University Hospitals Bristol	Present
Nicola Morris	NM	Patient Representative		Present
Nigel Osborne	NO	Paediatrician with Expertise in Cardiology	Royal Devon and Exeter	Present
Patricia Caldas	PC	Consultant paediatric cardiologist and Clinical Lead	University Hospitals Bristol	Present

Name	Initis.	Job Title	Organisation	Present/ Apols
Rachel Burrows	RAB	CHD Network Support Manager (note-taker)	CHD Network Team	Present
Rosalie Davies	RD	General Manager of Paediatric Cardiac services, Neurosurgery and PICU	University Hospitals Bristol	Present
Rowan Kerr-Liddell	RKL	Paediatrician with Expertise in Cardiology	Torbay Hospital	Present
Sam Padmanabhan	SP	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals, Truro	Present
Sarah Finch	SF	ACHD specialist nurse	University Hospital of Wales, Cardiff	Present
Shafi Mussa	SM	Consultant Surgeon	University Hospitals Bristol	Present
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team	Present
Soha Elbehery	SE	PEC / Consultant Paediatrician	Nevill Hall Hospital	Present
Stephanie Curtis	SC	Consultant cardiologist	University Hospitals Bristol	Present
Susie Gage	SG	Paediatric cardiology and surgical pharmacist	University Hospitals Bristol	Present
Vanessa Garratt	VG	CHD Network Clinical Psychologist	CHD Network Team	Present
Andre Clinchant	AC	Lead Nurse	Taunton and Somerset	Apologies
Andy Arend	AA	Consultant paediatrician	North Devon, Barnstaple	Apologies
Becky Nash	BN	Patient Representative		Apologies
Bill McCrea	BMc	Consultant	Great Western Hospital, Swindon	Apologies
Frankie Carlin	FC	Patient Representative		Apologies
Helen Liversedge	HL	Consultant Fetal	Royal Devon and Exeter	Apologies
Helen Wallis	HW	Consultant Cardiologist	ABMU Health Board	Apologies
Jennifer Holman	JH	Consultant Paediatrician	Gloucester Hospital	Apologies
Karen Sheehan	KS	Paediatric Cardiac Research Sister	University Hospitals Bristol	Apologies
Manish Gandhi	MG	Consultant cardiologist	Royal Devon and Exeter	Apologies
Marion Schmidt	MS	Consultant Paediatrician	Royal Gwent Hospital, Newport	Apologies
Melissa Winn	MW	Service Manager	Royal Cornwall Hospitals	Apologies
Orhan Uzan	OU	Consultant Cardiologist	University Hospital of Wales	Apologies
Rachel Tidcombe	RTi	Patient Representative		Apologies
Radwa Bedair	RB	Consultant cardiologist	University Hospitals Bristol	Apologies
Sandeep Ashketar	SA	Consultant paediatrician	Royal Gwent Hospital, Newport	Apologies
Zoe Trotman	ZT	Lead nurse, paediatric cardiology	University Hospitals Bristol	Apologies