

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

Date: Tuesday 9th March 2021, 14.00 – 16.30

Venue: WebEx Conference Call

Chair: Dr Dirk Wilson

Minutes

Item	Notes and Actions
1.	Welcome, introductions and apologies - Personnel update
	<p>DW 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.</p> <p>Formal thanks were given to DM for his time as the network board chair. It was noted that an advert for a new board chair is due to be released soon with interviews scheduled in April.</p>
2.	Approval of minutes and action tracker
	<p>The minutes of the Network Board on 8th December 2020 were agreed to be an accurate record.</p> <p>The action log was updated as appended. Notable comments:</p> <p><u>140 – Development of ICC pathway</u> Initial meeting with core group arranged for 11th March to take this forward.</p> <p><u>149 – Nursing competencies</u> To review comments received back from network– on hold as lead nurse redeployed due to Covid-19.</p> <p><u>151 – Transition pilot</u> Good response from South West paediatric centres. Project on hold due to Covid-19 – brief status update on the agenda.</p> <p><u>152 – Performance reporting</u> New performance proposal circulated for comments after the last Board meeting and implemented. On the agenda. Closed.</p> <p><u>156 – Phone clinic DNA rates</u> All to review. To be discussed under performance agenda item.</p> <p><u>157 – RTT performance</u> RD sent apologies, For BRHC, the RTT performance reported in the last CHD meeting for interventional included EP, there are increased backlogs in EP and less so in cath interventions so this would have impacted the overall RTT performance. Also in the process of requesting additional theatre capacity through the OPP 21/22 process.</p> <p>No further actions to report on.</p>

3. Patient Story / Patient Representative Update

Patient Story

JFH presented baby Rowan’s patient story, shared by his mother Kerry, regarding a delayed diagnosis of a rare heart condition known as Ebstein’s Anomaly (usually picked up on a 20 week scan but in this case this didn’t happen), and their family experience. Rowan is now 9 months old and doing well with good oxygen levels.

JFH went onto share Kerry’s thoughts on what she thinks the Network Board could learn from her son’s story She highlighted that “the hard thing is until you have a child with a heart defect you may never really pay attention to the information that is out there.”

The Board discussed learning points from the patient story. JFH raised about the pulse oximetry study as this has been variably adopted across the UK. DW shared that the South Wales centres have adopted pulse oximetry as part of new born screening, which may help lead to early detection. He also reflected that midwife training is offered in terms of new born assessment and what to look for; however the early recognition of heart symptoms does need to be discussed more with midwifery teams and asked how as a network we could look into supporting midwives with this? It was felt that the Children’s Heart Federation’s ‘Think Heart’ poster to help spot the signs of an underlying heart condition is a brilliant resource.

AT shared that he attended the recent national screening committee on the value vs cost of pulse oximetry when it was noted that about half of units around the UK have adopted pulse oximetry, and half have not (neither of the Bristol neonatal units have, however their antenatal detection rates are high). The South West Neonatal Network is reviewing its use. For equity of access, if this is introduced in Bristol it should be done in collaboration with centres across the network. Of note is that pulse oximetry does not yet have NICE recommendation.

KH and GB shared that pulse oximetry pathway has been adopted in Truro and Taunton, and it is thought that this may pick up respiratory and sepsis conditions as well. NO shared that Exeter is due to adopt this in the Spring.

Patient representative update

RT shared that the patient representatives had a pre-meet in advance of the Board, including a discussion on the patient representative role and how they can have a more active role in the network. They recommended to the Board that if work/projects in the network involve a patient, a patient rep should be involved with clear expectations of their role.

The patient representatives also discussed their specific areas of interest. Further to this, BN is linking in with the network psychologists to be a part of a project with West Wales. RT will be working with VG and Hannah Mustard (ACHD Psychologist in Bristol) on developing resources to help ACHD patients going through surgery.

NM shared that she is involved with the support charities, particularly with Heart Heroes and the cardiac family support hubs across the region. These support hubs are currently running virtual social activities and are looking to hold morning (in-person) coffee mornings from May/June 2021 to help connect cardiac families on a similar journey. NM is also working with the network team and other charity partners, to review the network website and more ways to effectively raise awareness of the CHD network.

DW thanked the patient reps for their time and contributions.

4.	Next steps for CHD in South Wales
	<p>HW provided a presentation update on the CHD services in South Wales, and the changes over recent months particularly with new staff appointments.</p> <p>Lead ACHD Consultant Cardiologist, Greg Szantho, moved to take on his new post in Bristol in October 2020, leaving a vacancy in Cardiff just as the Phase 2a ACHD funding had been approved by the Welsh Health Specialist Services Commissioners (WHSSC). It was formally recognised that during this gap, the ACHD CNS team and ACHD co-ordinator did very well at keeping the service running despite the Covid-19 challenges, with the support of DW, HW and Dr Nav Masani.</p> <p>The phase 2a funding enabled the expansion of the ACHD service with the recruitment of many new posts. This enabled an additional ACHD specialist consultant to be appointed in Cardiff to join Greg Szantho’s replacement - HW formally starts on 1st April 2021 and Dr Simon Macdonald (SM) started in February 2021. HW is based in west Wales (Glangwilli Hospital) so will cover this area, and SM is based in Cardiff so covers the eastern satellite clinics.</p> <p>Dr Simon Macdonald introduced himself noting that he has been a consultant in ACHD for 10 years, including time in the East Midlands and BARTS (London). AT formally congratulated and welcomed SM and HW to their new roles. With both on board, and the significant investment, this offers the opportunity to raise the standards in South Wales considerably over the next few years.</p> <p>ACHD nurses – A new ACHD clinical nurse specialist (Kindre Morgan) has also been appointed. The aim is to have a full contingent of 4.5 WTE ACHD specialist nurses to provide cover across east and west Wales. The CNS’ are currently working out of Cardiff but there is potential for a west Wales base depending on the applicants to the posts. Hoping to set up a virtual weekly ACHD team meeting on a Wednesday morning.</p> <p>ACHD ECHO sonographers – The ECHO lead for ACHD is Sam Thomas (Cardiff). The Cardiff based ECHO support travels to the satellite clinics to support 1 or 2 local ECHO sonographers allowing training during the clinics. Hope to develop ECHO sonographer run clinics for ‘simple lesions’ similar to valve clinics, and recruit to the ECHO posts.</p> <p>Phase 2 b funding will hopefully be received in 2022, to enable a third ACHD consultant with expertise in MRI to be recruited to complement the service.</p> <p>The new consultant and CNS team are due to meet in April when HW starts in post. The proposed goals are to provide an equitable and high quality ACHD service to all patients across South Wales; grow the ACHD service to train the ACHD echo sonographers, nurses and registrars required to ‘future proof’ the service; undertake audit and research; create/develop an ACHD database.</p>
5.	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: Plymouth has completed significant validation to differentiate congenital and heart failure waiting lists, and additional clinics are now being provided on a regular basis (Plymouth are reporting significantly long waits for follow up). A theme for a number of level 3 centres is the limited capacity for joint clinics; this has been partly mitigated by telephone and video

consultations.

- **Key risks/concerns:** Gloucester Clinical Lead is currently on planned sick leave. Exeter are flagging that ACHD operating is under-capacity region-wide, suggesting that systematic expansion rather than on an individual basis may better support implementing increased capacity in the face of rising numbers with higher survival. Princess of Wales, Royal Glamorgan and Singleton Hospitals are echoing what HW presented about the steady increase in waiting times.
- **Actions/support required from the network:** Exeter asked for feedback to nationwide guidance mandating minimum standards, e.g. 2 joint ACHD clinics per month. Royal Glamorgan shared for awareness the frailty of the CTMUHB and other South Wales local services with Greg Szantho leaving. Swansea raised about support for the appointment of a new consultant with an interest in ACHD within Swansea Bay.

DW shared that he was unaware of national guidance on the number of clinics per month, but that there should be adequate provision for the population. SC was unsure why Exeter ACHD service has significant waiting times.

Paediatric CHD

Key themes to note for paediatric level 3 centres in the South West of England included:

- **Key updates:** Bath has a new PEC who started on 1st February 2021. Taunton are continuing to provide face to face clinics by PEC; visiting cardiologist clinic on hold due to Covid-19; Swindon escalated that they have reduced face to face tertiary consultant appointments, however PC confirmed this has returned to normal last week.
- **Risks/concerns to be escalated:** Torbay escalated that have reduced capacity due to requirements to meet social distancing during clinics.
- **Actions/support required from network:** Taunton raised about the review of the paediatric ECHO images from Musgrove Park. GB shared that in the interim there has been an update in the Medcon cardiology system which will help image reviews for JCC.

Key themes to note for paediatric level 3 centres in the South Wales included:

- **Key updates:** Glangwilli, Royal Glamorgan and Withybush hospitals all highlighted the lack of face to face appointment by visiting cardiologists due to Covid-19, which is having an impact on the waiting lists.
- **Risks/concerns to be escalated:** Glangwilli hospital are very concerned about the significantly increased waiting times for new and overdue follow up patients, and that there is a serious risk of missed or delayed diagnosis. Royal Glamorgan have escalated that the storage and transfer of paediatric echo images remains a significant risk/concern within the health board. Withybush escalated the significant waiting times for new patients to see both the local PEC and cardiologist.
- **Actions/support from the network:** Glangwilli and Withybush hospitals are asking for urgent additional support from paediatric cardiology to prevent serious consequences of missed or delayed diagnosis. Royal Glamorgan asked for support for acquiring storage and transfer facilities.

	<p>DW raised that the commissioners have noted the concerns about clinical risk due to backlogs, and that a 6th consultant post is currently being advertised, which will be followed by a job planning exercise. The expectation is that in a few months there will be a significant uplift of capacity in the areas currently under provided. In the interim, there are already plans underway to mitigate against this risk, including running joint clinics with the local PEC via MS teams. Additional consultant clinics have been offered if the local services can facilitate local clinic rooms/resources/admin support for this. The Board noted this and received assurance that the issues with waiting times in Wales will be addressed.</p>
6.	<p>Update from Level 2 centre</p>
	<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><u>Level 2 adult CHD service:</u></p> <ul style="list-style-type: none"> • Key updates included: These were mainly covered in HW presentation. • Risks/concerns: Exercise tests are currently significantly restricted, which affects data and decision-making. At UHW clinic capacity has been reduced due to registrars being redeployed due to Covid-19 – this will hopefully improve in the near future. • Actions/supports required from network: There is an M&M case currently being investigated internally and any learning will be shared with the network. DNA rates rose significantly for paediatric and adult due to clinicians being unable to reach patients by telephone for virtual consultations. <p><u>Level 2 paediatric CHD service:</u></p> <ul style="list-style-type: none"> • Key updates: Funding approved for 6th consultant. The performance data for Cardiff paediatrics shows that a validation exercise needs to take place (a quick trawl revealed that most patients ‘waiting for an appointment’ had been discharged or were being seen in adult services). • Actions/support required from the network: Digital storage in Cwm Taf Morgannwg – support needed for a workable solution. AT felt that as a network we need to move towards the seamless transfer of data, and that this is being raised nationally as well. <p>These systems exist and are being used by ACHD service, but are needed in paediatrics too.</p>
7.	<p>Update from Level 1 centre</p>
	<p>The key updates are outlined in the exception report in the papers.</p> <p><u>Level 1 adult CHD service</u></p> <p>SC shared the key updates on:</p> <ul style="list-style-type: none"> • Key updates: Long waits for outpatient appointments persist – some out of hours extra clinics were performed by one of the consultants which improved that consultant’s backlog. Been considering expansion of the consultant and middle-grade doctor workforce. Currently planning to have a 5th consultant post. • Risks/concerns to be escalated: service pressures due to the third Covid-19 wave persist. Surgical and interventional activity is at minimal levels due to bed capacity and staff redeployment. CM

shared that there has been national concern expressed about the capacity of centres to manage P2 and P3 cases. SC assured the board that clinical risk is mitigated by monitoring and prioritising of waiting lists, it was also shared that the MDT now prioritise patients at the point of referral and the surgeons are monitoring this.

Level 1 paediatric CHD service

PC shared the key updates to note:

- **Key updates:** Francisco Gonzalez Barlatay appointed as a substantive consultant in February 2021. Waiting list backlogs continue due to reduced capacity with social distancing. Planning to set up murmur clinics in St Michael’s Hospital twice a week to help reduce new outpatient backlog. Fetal cardiology is prioritising urgent referrals – received approval to run weekend clinics in March to reduce waiting list. Cardiac cath lab was temporarily down over Christmas which caused elective and surgical cancellations – currently functioning as normal.

The transitional peripheral clinic pilot (South West) to pilot CNS support transition clinics received a positive response with a number of expressions of interest – this is currently on hold due to operational pressures/staff redeployment and is due to resume as soon as feasible.

8. Network Board update

CME attached the supporting papers: quarter 3 update (October to December 2020); work plan 2020/21 update; 2021/22 priorities. Please refer to the papers for further detail.

Current work plan status is that there are 12 areas behind target, mainly due to Covid-19, redeployments and ambitious timeframes. Some work is awaiting sign off from other centres. 9 areas have been completed. Currently the areas and time frames are being revised on how these can realistically be delivered. Good to remember to include a patient representative in projects that involve patients.

Headlines for Q3/Q4 (Oct 2020 – to date)

- Launched outpatient performance dashboard
- Launched the peripheral clinic project – scoping and survey
- Network psychology study
- PEC platform
- Paediatric CHD nurse webinars (BRHC team)
- Paediatric cardiac handbook
- Dental survey
- Network Spring 2021 newsletter in progress and due to be published in April.

Peripheral CHD specialist clinic project

CME updated that this project was commissioned by NHS England and the BRHC ‘to review and improve how the paediatric CHD specialist clinics are provided across the south west of England.’ Rosalie Davies (General Manager for BRHC) is managerial lead, Cat McElvaney, Network Lead, and Dr Jennifer Holman, Clinical Lead, for the project. First step was to understand the current state vis circulating a comprehensive survey to the service managers/PECs/level 1 visiting consultants to complete. The results are due to be discussed at the project meeting in late March to agree a change ideas and next steps

- Action: JH to present the peripheral CHD specialist clinic project results at the June network

board meeting.

PEC platform

KH shared that she has been working with the network team to develop a PEC platform on the network NHS Future Platform as a central platform for regional PECs to share resources and information that may find useful, as well as a discussion forum and events calendar. This was very positively received by the Board. It was noted that this is not a document management system so would require manual checking that documents are in date

- Action: PEC platform task group to consider using links to external website’s original documents; SG offered to help with this.

The network future platform is ideal for storing webinars in an access restricted way and is already the home to the fetal cardiology webinars and the paediatric nursing webinars.

Psychology study day

VG shared that the second Psychology network day was held virtually on 2nd February 2021. Currently looking at building a network map of psychology contacts; offering bitesize training and webinars on themes for example preparing for procedures / adjusting to life with a cardiac condition; and regional project groups. Then how utilise psychology maps for wider clinical team to use. RT asked if patient reps could be involved with developing the bite-sized training.

Network priorities April 2021 to March 2022

CME presented the network priorities for 2021/22 which require final sign off by the network team, around quality of care; equitable and timely access; and patient and family experience; education and training; high quality information and communication; and Covid-19 response.

9. National and regional updates

National update

AT provided a brief national snap shot:

- Covid-19. National network of CHD networks conference calls continues to run on a regular basis providing an invaluable opportunity for communication and support, hosted by our network. This group have worked on the restoration of CHD service and capturing the surgical waiting times. There is a concern with the re-opening of schools that there may be a spike in Covid-19 cases.
- New condition PIMS-TS evident in the last year, which seems to be associated with Covid-19. Have started to put together a protocol with the London networks on this.
- National screening committee are looking at pulse oximetry again.
- Clinical Reference Group is having a re-set with a particular focus on ACHD medical workforce planning and integrated care systems.

Commissioner updates

Welsh Health Specialised Services Committee (WHSSC), South Wales

AR presented the key updates outlined in the presentation slide. Of key note is that the:

- Prioritised funding for the paediatric cardiology service (as well as ACHD) and this has been

	<p>released to Cardiff and Vale as the provider to support with the implementation of additional paediatric cardiology outreach clinics across South Wales Health Boards and the recruitment process has commenced.</p> <ul style="list-style-type: none"> • ACHD funding phase 2b to enable the recruitment of a consultant with expertise in MRI – AR shared that WHSSC have some funds in 2021/22, however this is less than the requested amount in the submitted business case, and AR will work with the team to agree the priorities for this. • Whilst South Wales have not yet formally accepted the CHD standards, a draft ACHD (level 3) service specification based on NHSE standards has been developed and will be circulated for stakeholder comment, and a paediatric (level 2) service specification is in development. • Level 3 centres have been notified about the intention to undertake a baseline assessment against the standards (gap analysis) - due to commence in April/May. This will help develop a level 3 service specification based on the NHSE standards and a memorandum of understanding for health boards to sign up to. • Waiting times remain a concern, particularly in Swansea who has an ACHD consultant vacancy. A meeting with the Swansea team was held this morning with actions to take forward. The Swansea Bay Heath Board has the Singleton clinic on their risk register and they appreciate that this is a major concern. HW is taking on the Singleton ACHD clinic from April 2021 but investment is required by Singleton Hospital to bring the waiting times down in addition to the WHSSC funding. <p>NHS England, South West EW presented the key updates:</p> <ul style="list-style-type: none"> • Phase 4 planning letter – national directive on NHS priorities for winter and 2021/22 restoration • ODN memorandum of understanding – now have 9 out of 15 (60%) Trusts signed. • Women’s and Children’s Programme Board held on 3rd March, and has started to include CCG representation. CHD network reports into this forum on a quarterly basis • Risk management task and finish group – the CHD network are asked to provide intelligence of risks and issues in relation to restoration to target commissioner support.
<p>12.</p>	<p>Network performance</p>
	<p><u>Network update - performance reporting</u></p> <p>Performance dashboard</p> <p>CME went through the new performance report for review by the board. The purpose of this new report is to update the board on performance across the network during the quarter, and to highlight any areas that are performing well or areas that may need support. The board can then address any actions or escalations that are required to address any performance issues highlighted.</p> <p>A number of centres are not reporting to the board and a decision is required by the board on any actions required to address this. This has been difficult for some centres with Covid-19 pressures.</p> <ul style="list-style-type: none"> ○ <u>Action:</u> CME to liaise with the commissioners about action around centres that are not reporting performance quarterly data to the network board. <p>The new graphs showed the patient waits for local and visiting consultants. The network has an objective on equity of access, and some areas have significantly long waits compared to other areas. DW shared that evidence has been shared on actions underway in South Wales, which may take a while</p>

	<p>for the improvements to come through in the data. There is concern that Exeter ACHD is an outlier of the centres that have returned data – to examine the data and check if there are any network wide solutions to help address this. The Board also had concern about the Plymouth ACHD data – need to check accuracy of data and how network can support.</p> <ul style="list-style-type: none"> ○ <u>Action</u>: CME/AT to review Exeter ACHD data and Plymouth ACHD data, and liaise with Exeter/Plymouth ACHD service about waiting list issues and how can support with this. <p>It was shared that these reports have made a difference to Swansea Health Board as this showed the extent of the waiting list data and they are now taking action.</p> <p>For ACHD, the hotspots are: the first outpatient waits are high for Exeter, Princess of Wales and Glangwilli. In paediatrics, the hotspots are: the first outpatient waits are high in Glangwilli, Withybush and Bristol. There is inconsistency in how the telephone DNA rate is recorded.</p> <p><u>Inpatient waits for level 1</u> – CME flagged that for adults there are 46 patients on the surgical waiting list with 93% of patients undated. For paediatrics, there are 26 patients on the waiting list for surgery with 73% undated. Please refer to the report for further details.</p> <p><u>NHSE Specialised Services Quality Dashboards (SSQD)</u></p> <p>The Adult Level 1 SSQD Quarter 2 2020/21 dashboard and Paediatrics Level 1 for Quarter 2 are included in the papers for information. The adult and paediatric SSQD both look positive.</p> <p><u>Surgical performance update</u> Not provided at the meeting.</p>
<p>13.</p>	<p>Network risks – for information</p>
	<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>
<p>14.</p>	<p>Any Other Business</p>
	<ul style="list-style-type: none"> • Evaluation forms - Board members were asked to complete the meeting evaluation form via the survey monkey. • Next Board Meeting, Wednesday 9th June 2021 (virtual) - Board members were asked to inform the network team of any agenda items for the next network board meeting.

Attendees

Name	Inits.	Job Title	Organisation	Present/ Apols
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
Anthony Pearce	AP	Senior Commissioning Manager	NHS England and NHS improvement – South West	Present
Becky Lambert	BL	Staff Nurse ACHD	Taunton and Somerset	Present
Cat McElvaney	CME	CHD Network Manager	CHD Network Team	Present
Daniel Meiring	DME	Lead Physiologist	University Hospitals Bristol	Present
Dirk Wilson	DW	Consultant Paediatric Cardiologist	University Hospital of Wales	Present
Emma Whitton	EW	Senior Commissioning Manager	NHS England and NHS improvement – South West	Present
Ganga Bharmappanavara	GB	Consultant	Taunton and Somerset	Present
Georgia Matthews	GM	Quality Lead	Welsh Health Specialised Services Committee	Present
Georgina Ooues	GO	Consultant Cardiologist	Royal Cornwall Hospitals	Present
Gina Skipworth	GS	Operational Service Manager	Torbay Hospital	Present
Helen Wallis	HW	Consultant Cardiologist	ABMU Health Board	Present
Jennifer Holman	JH	Consultant Paediatrician	Gloucester Hospital	Present
Jessica Hughes	JFH	Network Lead Nurse (joint)	CHD Network Team	Present
Katy Huxstep	KH	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Present
Kindre Morgan	KM	ACHD CNS	University Hospital of Wales	Present
Lisa Patten	LP	Paediatric CNS	University Hospitals Bristol	Present
Luisa Wilms	LW	Consultant	Taunton and Somerset	Present
Mark Dayer	MD	Consultant Cardiologist	Taunton and Somerset	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
Rachel Burrows	RAB	CHD Network Support Manager (note-taker)	CHD Network Team	Present
Rachel Tidcombe	RTi	Patient Representative		Present
Sandeep Ashketar	SA	Consultant paediatrician	Royal Gwent Hospital, Newport	Present
Sarah Finch	SF	ACHD specialist nurse	University Hospital of Wales	Present
Sian Jenkins	SJ	Paediatrician with Expertise in Cardiology	Glangwilli Hospital, Wales	Present
Simon Macdonald	SM	Consultant Cardiologist	University Hospital of Wales	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

Name	Inits.	Job Title	Organisation	Present/ Apols
Zoe Trotman	ZT	Senior Nurse, paediatric cardiology	University Hospitals Bristol	Present
Andre Clinchant	AC	Lead Nurse	Taunton and Somerset	Apologies
Andy Arend	AA	Consultant paediatrician	North Devon District Hospital, Barnstaple	Apologies
Becky Nash	BN	Patient Representative		Apologies
Bethan Shiers	BS	ACHD specialist nurse	University Hospital of Wales	Apologies
Bill McCrea	BMc	Consultant	Great Western Hospital, Swindon	Apologies
Caryl Evans	CE	Adult CNS	University Hospitals Bristol	Apologies
Charlotte Ives	CI	System Transformation Lead – Specialised W&C Services	NHS England and NHS improvement – South West	Apologies
David Mabin	DM	Consultant Paediatrician with Expertise in Cardiology	Royal Devon and Exeter	Apologies
Frankie Carlin	FC	Patient Representative		Apologies
Helen Liversedge	HL	Consultant Fetal	Royal Devon and Exeter	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
Marta Cunha	MC	ACHD CNS	University Hospitals Bristol	Apologies
Melissa Winn	MW	Service Manager	Royal Cornwall Hospitals	Apologies
Orhan Uzan	OU	Consultant Cardiologist	University Hospital of Wales	Apologies
Radwa Bedair	RB	Consultant cardiologist	University Hospitals Bristol	Apologies
Rosalie Davies	RD	General Manager of Paediatric Cardiac services, Neurosurgery and PICU	University Hospitals Bristol	Apologies
Rowan Kerr-Liddell	RKL	Paediatrician with Expertise in Cardiology	Torbay Hospital	Apologies
Sam Padmanabhan	SP	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Apologies
Shafi Mussa	SM	Consultant Surgeon	University Hospitals Bristol	Apologies
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team	Apologies
Soha Elbehery	SE	PEC / Consultant Paediatrician	Nevill Hall Hospital	Apologies