

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

**Date:** Wednesday 9<sup>th</sup> June 2021, 14.00 – 16.30  
**Venue:** WebEx Conference Call  
**Chair:** Dr Dirk Wilson

### Minutes

Item	Notes and Actions
1.	<b>Welcome, introductions and apologies</b> - Personnel update
	<p>DW welcomed the attendees to the network’s virtual board meeting via WebEx. He shared the digital meeting etiquette, noting also that the WebEx chat question function is available.</p> <p><u>Network Board Chair:</u> Following interviews in April 2021, the network are delighted that DW has been officially appointed to the role.</p> <p><u>Network Manager:</u> Formal thanks were given to CME for her hard work, leadership and enthusiasm during her 2 ½ years in post. DW welcomed John Mills (JM), who has just started as the new Network Manager.</p> <p><u>BHI ACHD Clinical Lead</u> – Dr Radwa Bedair has handed over this role to Dr Gergeley Szantho (GS). With thanks to Dr Bedair for her continued support to the network.</p>
2.	<b>Approval of minutes and action tracker</b>
	<p>The minutes of the Network Board on 9<sup>th</sup> March 2021 were agreed to be an accurate record.</p> <p>The action log was updated as appended. Notable comments:</p> <p><b><u>149 – Nursing competencies</u></b>            To review comments received back from network before formally launching these – update given at the clinical governance group 06/06/2021. Closed.</p> <p><b><u>158 – Peripheral paediatric CHD specialist clinic project update</u></b>            On the agenda – closed.</p> <p><b><u>159 – PEC platform – adding in links to online documents</u></b>            Completed – closed.</p> <p><b><u>160 – Liaise with commissioners about action around centres that are not reporting performance quarterly data to the network board</u></b>            Noted that this is in progress, each centre will be emailed to discuss submission of CHD performance reports.</p> <p><b><u>161 – Waiting list issues identified in Plymouth and Exeter ACHD services and how can provide support.</u></b>            Noted that this is in progress, contact has been made with both centres and meetings are being arranged.</p>

	No further actions to report on.
3.	<b>Review Board Terms of Reference</b>
	<p>The Network Board Terms of Reference is due for its two year review. These have been updated to reflect changes in the reporting structures of networks to NHS England and also the changes to subgroups within the CHD network. The three key changes include;</p> <ol style="list-style-type: none"> <li>1. Inclusion of diagram and text to explain the governance structures of networks within NHS England.</li> <li>2. Inclusion of the roles and responsibilities of Operational Delivery Networks (ODNs) as set out in the Memorandum of Understanding by NHS England for all organisations participating in a network.</li> <li>3. Replacement of subgroup “Service Delivery Group” with Project Groups / Task and Finish groups set up as and when required for specific pieces of work.</li> </ol> <p>The Board approved the updated terms of reference – these are due to be reviewed again in 2023.</p>
4.	<b>Patient Story / Patient Representative Update</b>
	<p><b>Patient Story</b></p> <p>Abbie (34 years, with a nursing background) joined the virtual meeting in person to share her patient story. Abbie shared how living with a congenital heart condition impacts her day-to-day life activities and choices, referring particularly to her employment, pregnancy, family and mental health. From an early age Abbie struggled with an eating disorder which she termed as a self-destructive coping mechanism. She also didn’t feel she had the support she needed to transition from paediatric to adult services, but is pleased that this service has since grown and improved for other patients.</p> <p>Abbie was thankful for the clinical care she has received, particularly over the last 5 years, and also for being able to access the clinical nurse specialists and the support of the specialist psychology team to help her work through issues. This has helped her to accept her condition and focus on what she can do (rather than what she can’t) and ways to manage her symptoms/fatigue better.</p> <p>The clear message she raised was the importance of patients being cared for in a holistic service and talking about mental health support. Moreover, signposting patients to the support available and how to access this. She also shared the value of patient information leaflets to read after appointments as sometimes clinical appointments can feel overwhelming.</p> <p>DW thanked Abbie for sharing her personal experience as this has provided time to reflect on the delivery of care and a reminder that clinicians should consider the whole person. It was acknowledged that this can be challenging in a short appointment that primarily focuses on cardiac condition management, but that patients can be signposted for further support to other members of the multi-disciplinary team – such as the youth worker and psychology.</p> <p><b>Patient representative update</b></p> <p>BN shared that the patient representatives had a pre-meet in advance of the Board and have been having many discussions about how they can assist with mental health support and what can be put in place to help patients. Suggestions have included journaling ‘how are you feeling today’, alongside existing records of physical symptoms.</p>

NM shared that Heart Heroes (charity to support families with heart conditions) have set up local support hubs around the region that run social activities to help connect heart families on a similar journey so they don't feel isolated. They are keen for clinicians to signpost heart families to this support.

- Action: NM/RB to send SF details for the South Wales Heart Heroes hub.

NM shared that the patient support groups have also been supporting the network team with the **'demystifying the network' social media campaign** by reviewing and re-posting on their social media sites - these have received lots of really positive feedback from heart families. The purpose of this network campaign is to raise awareness of the CHD network and signpost to support resources on the network website.

The Board was reminded that *if a project involves a patient, a patient rep should be involved*.

DW thanked the patient reps for their time and contributions.

**5. Peripheral paediatric CHD specialist clinic project**

CME provided an update on the peripheral paediatric CHD specialist clinic project commissioned by NHS England and the Bristol Royal Hospital for Children (BRHC) 'to review and improve how the paediatric CHD specialist clinics are provided across the south west of England.' In the first instance, the plan was to focus on paediatric clinics in South West England but the outputs could potentially be applied to adult services and South Wales services.

A project group was set up with Rosalie Davies as managerial lead, Cat McElvaney as Network Lead, and Dr Jennifer Holman as Clinical Lead, as well as other paediatric representation from across the south west. This included Daniel Meiring for physiologist input. The first step was to understand the current state by circulating a comprehensive survey to the service leads/PECs/level 1 visiting consultants to complete.

The survey results were discussed at a project meeting in late March 2021 to agree changes required and next steps. In essence, this showed that there is great variation in how these peripheral clinics are run across the south west, with different ideas on how the waiting list etc. is managed. The project group agreed to develop a Service Level Agreement (SLA) and project report setting out, for example: how the clinics should run, the visiting clinician time required (including admin time) and the governance arrangements that both the BRHC and district general hospital would sign up to.

The draft SLA and project report (included in the papers) were presented to NHS England and the BRHC on 8<sup>th</sup> June 2021, which was well received and commended. The BRHC are now progressing this and are looking to create a template SLA for all specialties in the BRHC, ready to go to the district general hospitals for sign-off.

The network board members may wish to consider whether this could be rolled out to ACHD services and South Wales. AR would be supportive of this in WHSCC and having an off-line discussion about provision in the outreach clinics.

- Action: RD/RB to forward the SLA to the group, particularly to GS and the adult team

6.	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><b>Adult CHD:</b> Key themes to note for adults included:</p> <ul style="list-style-type: none"> <li>• <b>Key risks/concerns:</b> Taunton have highlighted concerns about PA time for clinics. Merthyr Tydfil raised that Merthyr patients are not happy to travel to Ysbyty Cwm Rhondda for clinics due to the long public transport travel times, and that Cwm Taf Morgannwg Health Board need to decide the shape of their outreach ACHD services. Swansea raised again about the clinical lead vacancy – there is work to mitigate this. Glangwilli hospital raised about the long waiting times, but hopefully these will reduce once the new local consultant starts to support the clinic. Bridgend are also concerned about the long waiting times.</li> <li>• <b>Actions/support required from the network:</b> Merthyr Tydfil raised about best shape of ACHD services for its local population, and Swansea and Bridgend about staff vacancies. In response, DW shared that Cardiff &amp; Vale have been tasked with meeting with the health boards to address the clinic issues. HW is now the specialist lead for Swansea.</li> </ul> <p><b>Paediatric CHD</b> Key themes to note for paediatric level 3 centres in the <u>South West of England</u> included:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Included in the papers.</li> <li>• <b>Risks/concerns to be escalated:</b> Bath raised that they have an increasing wait to first appointment, and a review is being undertaken to address this. Exeter flagged the absence of a MDT ICC service and also that they have a large number of patients waiting over 12 months (a network meeting is being arranged with Exeter to discuss this). Taunton and Torbay have highlighted a RTT backlog. Swindon is concerned about the surgical discharge summaries and was asked to contact the level 1 centre about this.</li> <li>• <b>Actions/support required from network:</b> Exeter have asked for regional guidelines on 1<sup>st</sup> degree relative screening after sudden adult death (first draft of this was presented by Catherine Armstrong at the network clinical governance group) and cardiomyopathy, and to consider ICC network service. The network has held a ‘fact finding’ meeting with stakeholders to discuss ICC, and WHSCC are doing a similar exercise in Wales.</li> </ul> <p>Key themes to note for paediatric level 3 centres in the <u>South Wales</u> included:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Included in the papers.</li> <li>• <b>Risks/concerns to be escalated:</b> Merthyr Tydfil and Llantrisant raised that storage and transfer of paediatric echo images remains a significant risk/concern within the health boards. DW noted that meetings have been held recently to help mitigate this.</li> <li>• <b>Actions/support from the network:</b> As above.</li> </ul>

<b>7.</b>	<b>Update from Level 2 centre</b>
	<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><b><u>Level 2 adult CHD service:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Key updates included:</b> The Cardiff ACHD clinic would like to increase face-to-face provision but this is limited due to Covid-19 guidelines and social distancing. Currently recruiting 1.5WTE band 6 CNS posts. WHSCC have confirmed funding for an additional consultant with MRI speciality. Patient feedback from virtual clinic questionnaire was very positive – patients would like a mix of face-to-face and virtual consults.</li> <li>• <b>Risks/concerns:</b> Some satellite clinics are not back up and running yet because of Covid-19 restrictions. Awaiting feedback from psychology department of appointment of psychologist as per phase 2 development. Still have an increase in delayed appointments for ACHD in every health board due to Covid-19.</li> <li>• <b>Actions/supports required from network:</b> Increase in adding second all day clinics in Bridgend, Aneurin Bevan, Glangwilli and Withybush – to be confirmed. More ECHO and admin support.</li> </ul> <p><b><u>Level 2 paediatric CHD service:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Returning to face to face clinics. Have additional funding for psychology support.</li> <li>• <b>Risks/concerns:</b> Communication at the time of transfer between centres (patients transferred without consultant discussion) – no local Datix reports, but there has been discussion between the clinical teams.</li> <li>• <b>Actions/support required from the network:</b> None reported.</li> </ul>
<b>8.</b>	<b>Update from Level 1 centre</b>
	<p>The key updates are outlined in the exception report in the papers.</p> <p><b><u>Level 1 adult CHD service</u></b></p> <p>GS shared the key updates on:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Working towards a business case to fund another full time ACHD consultant and also to fund 1.8WTE additional clinical nurse specialists to help meet the CHD standards, cover the large patient population and to support outreach transition clinics. This is together with admin support for the above. The news of this business case is really positive.</li> </ul> <p>GS raised about whether CNS staff visiting peripheral clinics should be remunerated. BL shared that Musgrove Park Taunton has invested the resources and training to enable her nursing expertise to strengthen support in clinics – mainly receive patient contact via email rather than phone.</p> <ul style="list-style-type: none"> <li>• <b>Risks/concerns to be escalated:</b> None noted.</li> </ul> <p><b><u>Level 1 paediatric CHD service</u></b></p> <p>RD shared the key updates to note:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Cardiac surgery has returned to five day theatre access. The cardiac clinics have</li> </ul>

	<p>resumed – have been running extra waiting list clinics to address the backlog. The EP waiting list is of concern and an investment plan is due to be submitted to the Trust this week to try to increase EP capacity. The CNS team are currently short staffed – looking to recruit to new posts. New Locum cardiac surgeon has been appointed to fill Serban Stoica’s sabbatical.</p> <ul style="list-style-type: none"> <li>• <b>Risk/concern:</b> Had a letter from NHSE about surge planning for increased cases of respiratory syncytial virus (based on the Australian summer) – have been asked to plan for 50% extra paediatric intensive care capacity to compensate for this from August, which will affect patient flow and elective capacity in PICU/HDU.</li> </ul>
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9.	<b>Network Performance</b>
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	<p><b><u>Performance dashboard</u></b></p> <p>CME went through the performance report for review by the board. To focus on equity of access, the purpose of this new visual report is to update the board on performance across the network during the quarter, and to highlight any areas that are performing well or areas that may need support. The board can then agree any actions or escalations that are required to address any performance issues highlighted. Please refer to the report for details.</p> <p>It was agreed that the report is a good visual tool and has more value when more services participate by submitting their data. A formal letter is to be sent to centres who have not submitted data for a while to encourage them to provide the data. The data enables supportive targeted interventions to improve access to care across the network.</p> <ul style="list-style-type: none"> <li>○ <u>Action:</u> AT/JM to send a formal letter to centres that are not reporting performance quarterly data to the network board.</li> </ul> <p><b><u>Outpatient waits</u></b></p> <p>For ACHD, the first outpatient waits are highest for Swansea, Princess of Wales and Glangwilli. In paediatrics, the first outpatient waits are highest in Glangwilli and Withybush. This showed that timely access to care is very varied across the network. DW noted that in both adults and paediatric services in South Wales there has been investment by WHSCC to increase capacity so in time the waiting list times should reduce.</p> <p><b><u>DNA rates</u></b></p> <p>For adults, the highest reported for local consultants were in Taunton and Bristol. It was thought that for centres who report 0% DNA, this could reflect a higher proportion of telephone appointments. In paediatrics, the highest reported for local consultants were in Cardiff and Royal Glamorgan. The DNA range graph shows the variation across the network centres.</p> <p><b><u>Local centre reports</u></b></p> <p>Each individual centre can access their local outpatient performance dashboard via the <a href="#">CHD network website</a>.</p> <p><b><u>Inpatient waits for level 1</u></b></p> <p>A new visual report showing the inpatient performance has been introduced within the quarterly report. CME flagged that for adults there are 39 patients on the surgical waiting list with 69% of patients undated. For paediatrics, there are 22 patients on the waiting list for surgery with 41% of patients undated. Please refer to the report for further details.</p>
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- Action: Data Analyst to add in '0' if no waiting time at all so can distinguish between which centres have not provided data.

### **NHSE Specialised Services Quality Dashboards (SSQD)**

The Adult Level 1 SSQD Quarter 3 2020/21 dashboard and Paediatrics Level 1 for Quarter 3 are included in the papers for information. The adult and paediatric SSQD both look positive.

#### **Surgical performance update**

SM shared that the Bristol adult surgical waiting list was going well in 2020, but this has increased predominantly due to the impact of Covid-19 and reduced access to theatre due to Trust-wide theatre prioritisation. The paediatric service retained good access to surgical care.

For the surgical paediatric SSQD, SM presented that survival outcomes are as predicted. Last minute cancellations in Oct-Dec 2020 are within the predicted range. The expected complication rate was lower (9%) than predicted at 12%. SM explained the complication reasons by case.

For the surgical adults SSQD, SM presented the data showing that cancellations were below what was expected in July to September 2020. The 30 day re-intervention rate following primary surgical procedure was slightly above (3%) the expected rate of 2%. The expected complication rate was lower (6%) rather than predicted at 15%. SM explained the complication reasons by case.

## **10. Network Board update**

CME attached the supporting papers: quarter 4 update (January to March 2021) and the work plan 2021/22 update. Please refer to the papers for further detail.

#### **Headlines for Q4/Q1 (Jan 2021 – to date)**

- Redesigned the outpatient performance dashboard (included in the papers).
- Peripheral paediatric CHD specialist clinic project (Jennifer Holman/Rosalie Davies)
- Network psychology study held in February 2021 (Ness Garratt)
- PEC platform launched with resources and guidance (Katy Huxstep)
- Paediatric CHD nurse webinars launched (BRHC CNS team) – these are also being recorded and are available on the network future platform.
- Paediatric cardiac handbook (Carla Simms)
- Dental survey undertaken on following the dental pathway (Rosie Power)
- Network Spring 2021 newsletter published in April.

#### **Work plan 2021/22**

The work plan was finalised in March for 2021/22. The network board has a role in ensuring this is fit for purpose and to check progress on this. The current status is that there are 8 amber areas, which are all in progress except for image sharing which doesn't have a clear way forward and involves several other networks. 18 areas are on green. Some work, including transition project and advanced care, are on hold due to lead nurse capacity – have raised this with NHSE for resource.

The network board decide the work programme so if there are other items you feel should be focused on please let JM know.

## 11. National and regional updates

### National update

AT provided a brief national snap shot:

- Covid-19 – in general nationally CHD was a “protected” speciality in paediatrics less so for ACHD. Leicester and the Royal Brompton were closed to CHD services; both have returned to normal service, with a slight delay for Leicester as the paediatric service moved to a new building.
- Beyond Covid-19: the focus is coping with backlogs and transformation of service delivery. Waiting lists monitoring by NHS England via the network of networks regular conference call. The Clinical Reference Group is looking into ACHD workforce planning and AT is setting up a focus group to look at this.
- Transition to integrated care systems – find out more at:  
<http://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

### Commissioner updates

#### **Welsh Health Specialised Services Committee (WHSSC), South Wales**

AR presented the key updates outlined in the presentation slide. Of key note for **ACHD**:

- **Key updates** – progress is being made with the implementation of the phase 2 funding. Both ACHD specialist consultants have started in post. Additional funding will be released later this year to support cardiac MRI access for adult patients with CHD. WHSSC are currently consulting on a service specification for ACHD level 1 and 2 are re-preparing a level 3 service specification to share with the local Health Boards prior to formal consultation.
- **Risks/Concerns** – still concern about the waiting times for a number of centres.
- **Actions/support required from the network** – To support with the level 3 centres gap analysis baseline assessment against the standards.

KM presented the key updated for South Wales **paediatric** services:

- **Key updates** - Funding has been released for the appointment of an additional consultant to provide peripheral clinics. An upcoming meeting is planned with the Cardiff clinical board to establish an implementation board. The sixth consultant has been appointed and is due to start in September, which will increase capacity for outreach services.

DW formally thanked the commissioners for their support to CHD services.

#### **NHS England, South West**

CK presented the:

- **Key updates** including:
  - H1 planning (Apr-Sep) – systems submitted draft plans for review in May, with final plans being submitted in June – includes plans for recovery of services.
  - Paediatric critical care surge planning – concern about potential impact of RSV surge as early as July.
  - Integrated Care Systems workshop held on 30<sup>th</sup> April – NHSE are developing a plan to support the transition to ICS (April 2022) and how networks will work with ICS's in the future.

	<ul style="list-style-type: none"> <li>○ Women’s and Children’s Programme Board – next meeting on 20<sup>th</sup> July.</li> <li>● <b>Risks/concerns to be escalated to a national level</b> - Alignment of regional waiting list analysis with the network efforts to collate waiting list data to support targeted restoration.</li> <li>● <b>Actions/support from the network:</b> Network intelligence of risks and issues in relation to restoration to target commissioner support.</li> </ul>
<b>12.</b>	<b>Network risks – for information</b>
	<p>JM tabled the network risk report. Please refer to the risk report in the papers. The report includes current risks and their risk rating, what controls are in place and recent actions. There are currently 6 open risks on the network risk register (no changes from the last risk report and nothing new to escalate). The Network Board is responsible for managing risks.</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>
<b>13.</b>	<b>Any Other Business</b>
	<ul style="list-style-type: none"> <li>● Request to record future network meetings – plan to do this unless any significant objections are logged. Recording may be shared with other Operational Delivery Network core teams for training purposes.</li> <li>● NM raised that patient groups whilst appreciating the difficulties with Covid-19, have raised concern about the waiting lists and telephone clinics – they have asked if the network can provide a status update on appointments to provide reassurance. AT responded that this will be different for different services and is constantly changing.</li> <li>● Evaluation forms - Board members were asked to complete the meeting evaluation form via the <a href="#">survey monkey link</a> circulated.</li> <li>● Next Board Meeting, Thursday 16<sup>th</sup> September 2021 (virtual) - Board members were asked to inform the network team of any agenda items for the next network board meeting.</li> </ul>

## 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
Becky Lambert	BL	Staff Nurse ACHD	Taunton and Somerset	Present
Becky Nash	BN	Patient Representative		Present
Caryl Evans	CE	Adult CNS	University Hospitals Bristol and Weston	Present
Cat McElvaney	CME	CHD Network Manager	CHD Network Team	Present
Claire Kennedy	CK	Senior Commissioning Manager	NHS England and NHS improvement – South West	Present

Name	Initis.	Job Title	Organisation	Present/ Apols
Daniel Meiring	DME	Lead Physiologist	University Hospitals Bristol and Weston	Present
Dirk Wilson	DW	Consultant Paediatric Cardiologist	University Hospital of Wales	Present
Ganga Bharmappanavara	GB	Consultant Paediatrician with Expertise in Cardiology	Taunton and Somerset	Present
Georgina Ooues	GO	Consultant Cardiologist	Royal Cornwall Hospitals	Present
Gergely Szantho	GS	Consultant cardiologist	University Hospitals Bristol and Weston	Present
Helen Wallis	HW	Consultant Cardiologist	ABMU Health Board	Present
Jessica Hughes	JFH	Network Lead Nurse (joint)	CHD Network Team	Present
John Mills	JM	CHD Network Manager	CHD Network Team	Present
Karen Sheehan	KS	Paediatric Cardiac Research Sister	University Hospitals Bristol and Weston	Present
Kimberley Meringolo	KM	Commissioner	Welsh Health Specialised Services Committee	Present
Lisa Beasley	LB	Network Manager – Fetal (observing)	South West Fetal Network Team	Present
Max Nathan	MN	Consultant Paediatrician with Expertise in Cardiology	Bridgend, Princess of Wales	Present
Nicola Morris	NM	Patient Representative		Present
PremKumar Pitchaikani	PP	Consultant	Hywel Dda	Present
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 and Weston	Present
Sandeep Ashketar	SA	Consultant paediatrician	Royal Gwent Hospital, Newport	Present
Sarah Finch	SF	ACHD specialist nurse	University Hospital of Wales	Present
Shafi Mussa	SM	Consultant Surgeon	University Hospitals Bristol and Weston	Present
Soha Elbehery	SE	PEC / Consultant Paediatrician	Nevill Hall Hospital	Present
Susie Gage	SG	Paediatric cardiology and surgical pharmacist	University Hospitals Bristol and Weston	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 District Hospital, Barnstaple	Apologies
Bethan Shiers	BS	ACHD specialist nurse	University Hospital of Wales	Apologies
Bill McCrea	BMc	Consultant	Great Western Hospital, Swindon	Apologies
David Mabin	DM	Consultant Paediatrician with Expertise in Cardiology	Royal Devon and Exeter	Apologies
Frankie Carlin	FC	Patient Representative		Apologies

Name	Inits.	Job Title	Organisation	Present/ Apols
Georgia Matthews	GM	Quality Lead	Welsh Health Specialised Services Committee	Apologies
Gina Skipworth	GS	Operational Service Manager	Torbay Hospital	Apologies
Helen Liversedge	HL	Consultant Fetal	Royal Devon and Exeter	Apologies
Jennifer Holman	JH	Consultant Paediatrician	Gloucester Hospital	Apologies
Katy Huxstep	KH	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Apologies
Kindre Morgan	KM	ACHD CNS	University Hospital of Wales	Apologies
Lisa Patten	LP	Paediatric CNS	University Hospitals Bristol and Weston	Apologies
Luisa Wilms	LW	Consultant	Taunton and Somerset	Apologies
Manish Gandhi	MG	Consultant cardiologist	Royal Devon and Exeter	Apologies
Marion Schmidt	MS	Consultant Paediatrician	Royal Gwent Hospital, Newport	Apologies
Mark Dayer	MD	Consultant Cardiologist	Taunton and Somerset	Apologies
Marta Cunha	MC	ACHD CNS	University Hospitals Bristol and Weston	Apologies
Nigel Osborne	NO	Consultant Paediatrician with Expertise in Cardiology	Royal Devon and Exeter	Apologies
Orhan Uzan	OU	Consultant Cardiologist	University Hospital of Wales	Apologies
Patricia Caldas	PC	Consultant paediatric cardiologist and Clinical Lead	University Hospitals Bristol and Weston	Apologies
Rachel Tidcombe	RTi	Patient Representative		Apologies
Rowan Kerr-Liddell	RKL	Consultant Paediatrician with Expertise in Cardiology	Torbay Hospital	Apologies
Sam Padmanabhan	SP	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Apologies
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team	Apologies
Sian Jenkins	SJ	Consultant Paediatrician with Expertise in Cardiology	Glangwilli Hospital, Wales	Apologies
Simon Macdonald	SM	Consultant Cardiologist	University Hospital of Wales	Apologies
Stephanie Curtis	SC	Consultant cardiologist	University Hospitals Bristol and Weston	Apologies
Zoe Trotman	ZT	Senior Nurse, paediatric cardiology	University Hospitals Bristol and Weston	Apologies