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

Date: **Wednesday 1st May 2019, 9.30 – 15.30**
Venue: **Taunton Rugby Club, Taunton, TA2 8BU**
Chair: **Dr David Mabin**

Minutes

Item	Notes and Actions
1.	**Welcome, introductions and apologies** - **Personnel update** - **Role and Function of the Board/Terms of Reference**
	DM welcomed the attendees and noted apologies. AT updated the network board on recent personnel changes in the network team. AT congratulated and welcomed CMc who has been appointed substantively as the network manager. He explained that CM has a new role as Deputy Divisional Director for Strategy and Business Planning within the Women's and Childrens Division at Bristol Children's Hospital. AT offered condolences on behalf of the Network to Cathy Harrington's family and friends after the sad news of her passing. Cathy worked as a CNS at Bristol Royal Hospital for Children. CMc highlighted changes made to the Terms of Reference for the CHD Network Board and Sub Groups following discussion at the last network board meeting in November 2018. The revised Terms of Reference were approved by the board. CMc refreshed the group on the role and function of the board and sub groups and the new governance structure (see slides for detail). CMc summarised the governance of the network, explaining that the sub groups report into the board and the board reports into the Joint Cardiac Board at UHBristol and to NHS England (NHSE) and Welsh Health Specialised Services Committee (WHSSC). The remit of the board includes overall responsibility for the network and the network work plan; escalation of concerns; risks; strategic direction; performance assurance; and centres, commissioners and charity etc updates. The evaluation of the new governance structure will be conducted in October 2019, one year post implementation, and will determine the future structure of the network board and subgroups. The board were requested to support involvement across the network in this evaluation. Current challenges with network meetings highlighted included distance and locations of meetings; time and the number of meetings; and increasing attendance and membership of meetings. **Action:** Send out evaluation of board structure to Network members in October. **CMc/MB**
2.	**Approval of minutes and action tracker**
	The minutes of the Network Board meeting on 27th November 2018 were agreed as an accurate reflection of the meeting. The action log was updated as appended. Notable comments: <u>Action number 28 – Access to UHW systems through Cardiobase</u> The cardiac coordinator in Bristol is taking this forward to get access for the cardiac surgery

secretaries and the JCC coordinators for adults and paediatric.
Action – closed.

Action number 65 – Clinical risk assessment of backlogs
Action – closed.
New action – Risk to be added to the Network Risk Register about current follow up backlogs across the Network. **CMc**

Action number 66 – Paediatric protocols
Paediatric protocols were discussed at the last network clinical governance meeting in March 2019.
Action – closed – move to CGG action tracker

Action number 70 – Explore potential for peripheral centres to access central systems
It was highlighted that this is in the NHSE CHD Standards. This piece of work is to be scoped out.

Action number 71 – Discuss whether patient reps would like to share their story on the website
MB uploading BN videos onto website.

Action number 72 – Explore whether Heart Families South West (charity) could help promote the network website
One task in a piece of work about promoting the website. MB is undertaking a quality improvement project on improving the use of the website. The website is on the network work plan as a piece of work.
Action – closed.

Action 74 – Make sure website address is in letter template for Bristol and peripheral clinics.
Same as above.
Action – closed.

Action 75 – Chairperson tenure for Network board and sub groups
Discussed as part of the Terms of reference**.**
Action – closed.

Action 76 – Circulate membership details
Action – closed.

Action 77 – Terms of reference to be updated
Action – closed.

Action 81 – Develop network research strategy which signposts to other existing research strategies in the network
The research programme of activity was presented at the last network board meeting in November 2018. A draft research strategy has been developed which signposts to existing research strategies as well as providing a programme of research activity being conducted across the network. The research strategy will be annually updated. The board was requested to review and sign off the document. It was highlighted that there is research being undertaken which is missing from the document. It was suggested that the strategy could be circulated to ask for any input of current research. It was noted that for the ACHD team meeting in Bristol colleagues send in research papers. It was suggested that a research section could added to the next network newsletter.

Action: CMc/RT to meet to discuss research activity in the Network and to update the research

	strategy accordingly. **CMc/RT** <u>Action 86 – Understand whether the HSST programme offers any wider benefits to the network</u> SS updated on the HSST programme, explaining that one colleague in Bristol is currently on the programme which is 5 years long and is the equivalent to a PhD. It was explained that the HSST qualifications could lead to physiologists facilitating a clinical murmur clinic to reduce the waiting list as part of a long term plan. It was highlighted that the HSST programme can be undertaken at any centre not just Level 1 and the centre can get a budget for expenses. It was suggested that HSST qualified physiologists could be a training resource for example for PECs. The network is aware of the training programme going forward. **Action - closed** Further actions are either closed or were discussed as part of the agenda.
3.	**Network Board work plan** - **Update 2018/19** - **Future plan 2019/20**
	CMc updated the board on progress against the Network work plan (see slides for detail). The items on the work plan are assigned to the network board, clinical governance group, or service delivery group. There are eighteen work packages assigned to the network board: two are complete, two are overdue and are on the agenda for discussion, fourteen are underway, and the PREM survey is on hold. The 2019/20 work plan is in development and some items from 2018/19 will be carried forward. CMc requested to amend 1f to 'Strengthen engagement with Level 3 centres across the Network'. CMc requested to close 1g oversight and delivery of outstanding actions from Bristol Independent Review of Cardiac Services. CMc closed 1d which is complete after recruitment to the new Network Support Manager post. The board will sign off 2019/20 work plan. Suggestions for the work plan included undertaking audits applicable to level three general district hospitals (GDHs) across South Wales and the South West and audits applicable to Level 1 and Level 2. It was noted that there are audits going on that the network aren't aware of and the aim is to share the learning from audit across the network. The board was asked to respond to Helen Wallis, network audit lead, regarding audits taking place. CMc explained that work is required on the current performance dashboards, to improve both how the dashboards are used effectively to understand, monitor and improve waiting times across the region. CMc suggested that this could be approached by completing a deep dive into waiting times at one centre, and also work with another centre that has not submitted data to understand more about the issues and difficulties in completing the dashboard. The aim is to get consistency between units and standardisation of the data. Other work packages for 2019/20 include: Finance, clinical audit, evaluation of the new network board structure, Level 3 engagement visits, implementation of peer review recommendations and the NHS Specialise Services Circular 1888 deliverables. CMc asked the board if they were happy with the focus for 2019/20 and the items on the work plan going forward. It was suggested that commissioners may be able to help support better completion of the dashboard. However, it was noted that WHSSC struggle to get responses from the health boards and that they don't commission level 3 centres in Wales. Level 3 centres in England are commissioned by Clinical Commissioning Groups and not specialised commissioning. It was noted that in Truro there is feedback of the network performance dashboard into the business meeting with managers. The network team are finalising the work plan and it will then be sent out to the board for review and

	virtual sign off. **Action:** Send out the 2019/20 work plan to the board for review and sign off. **CMc/MB** **Action:** Contact Helen Wallis, network audit lead, regarding audits taking place locally. **Network board**
4.	Update from L3 centre(s)
	SP gave an update on behalf of the level 3 centres. There has been successful recruitment in Taunton where they have welcomed Dr Mark Dayer, consultant cardiologist and Dr Ganga Bharmappanavara, Paediatrician with Expertise in Cardiology. There has been progress with link nurses including a plan for 0.2 WTE in Torbay and development of business case in Plymouth. Follow up waiting times and level 3 gaps on the dashboard were emphasised. It was noted that there have been improvements with discharge communications **Action:** Confirm details of the new link nurses in Torbay and Plymouth. **SV** It was noted that in Taunton the service is reducing new appointment backlogs, there are regular clinics, but not the follow up waiting lists. Taunton has a new neonatal machine and an echo machine in paediatrics. It was highlighted that the network board need to understand any risks and mitigations and have assurance of these. It was highlighted that there are difficulties in the adult service in Taunton with identifying ACHD patients due to combined clinics and therefore understanding the follow up waits. There is an ACHD clinic with SC who visits from Bristol but ACHD patients are also seen in regular clinics. There are issues with admin systems. It was suggested that a follow up meeting with managers would be helpful. The patient representatives attending the meeting were asked for their views on appointments and waiting times. They explained that most patients would keep track of their appointments; they monitor their own health and are proactive. However, it was also was highlighted that not all patients do this; the hospital still has a duty of care for these patients. **Action:** Work with Mark Dayer to look at ACHD in Taunton and the performance dashboard. **CMc** **Action:** Work with Gloucester adult and paeds where they don't provide data for the performance dashboard. **CMc** It was highlighted that the CHD link nurse role in Taunton is proving very beneficial and work is needed to increase these roles across the network. It was noted that there is enormous pressure on general district hospitals to offer and comply with standard NHS requirements and it is difficult to get anything else extra.
5.	Update from L2 centre
	DW gave the update for level 2. For governance there is one unexpected death being looked at; there have been two recent audits one looking at transition and one looking at single ventricle in paediatrics; there was an annual review with WHSSC in January 2019; and the consultant away day was held in Cardiff in March 2019. Related to service delivery it is now possible to link Cardiobase reports to the Welsh clinical portal and there is a backlog of reports; Chris Gillet starts as a new fetal consultant in June; and there is a new neonatal

	echo machine. In terms of the standards the psychology business case is progressing and has been accepted by Cardiff and Vale Health Board. Once the final job description has been approved recruitment will take place. Related to patient experience the transition clinic included a questionnaire, and a welcome to pelican ward video is being developed. In terms of education the Welsh Paediatric Cardiovascular Network meeting had 43 attendees from across the network and is awaiting formal feedback. Current work is focussed on the preparing for the national CHD peer review in June 2019
6.	Update from L1 Centre
	RT provided an update for the level 1 paediatric service. RT highlighted that there has been lots of changes to staffing including 7 new appointments. Dr Michael Yeong has left, Dr Alison Hayes has retired and Dr Rob Martin is retiring. New members of the paediatric team include Dr Francisco Gonzalez Barlatay, locum paediatric cardiologist; and Dr Inez Gomez, locum for fetal cardiology covering maternity leave. Mari Nieves, trainee from Evelina and GOSH, will be starting in Bristol in June for imaging. The fourth cardiac surgeon position has been approved and is due to go out to advert shortly. Current challenges include staff changes in the service and the outpatient backlog. There are 800 patients overdue which are mostly follow up appointments, with a waiting time of 6/7 months. Ideas include increasing Weston Super-Mare and South Bristol clinics; phone clinics and CP led echo sessions clinics. It was noted that the planned expansion of Bristol Royal Hospital for Children will give extra capacity. Good practices include: Twenty audits in the last year; CHD/Pulmonary hypertension service rated excellent in recent review; Joint MDT monthly meetings with haematology; one of twelve euro centres to get funding for Kawasaki project which is recruiting patients for final 5 year project. Current work is ongoing for peer review on the 11th June. It was noted that the surgery wait lists information on the performance dashboard needed to be checked for accuracy. The current high demand in Bristol for fetal cardiology was highlighted. It was noted that often patients from Gwent go to Bristol not Cardiff, having robust commissioning arrangements and referral criteria were discussed. SC gave the update for the Level 1 adults service (see slides for detail). The ACHD staff members include 4 cardiologists, 3 surgeons, 3.2 nurses, 1 psychology, 4.6 administrative including MDT co-ordinator and fellows. SC explained the number of ACHD surgeries highlighting that the numbers have slightly decreased recently due to more complex cases and bed pressures. SC described surgery numbers by origin, numbers of different procedures, mortality and morbidity. SC summarised future directions in ACHD surgery including: 4 surgeons; developing academic base; expanding aortic valve repair programme; and increasing workload of ICC structural abnormalities. SC explained that cath cases have increased in number and summarised the numbers of the different types. Future directions in ACHD include: FALD pathway, End of life/nurse-tech clinic, PPVI programme, sinus venosus ASD trans-catheter therapy, and lab fusion imaging.
7.	Commissioner updates: - WHSSC - NHS England
	AR provided an update from WHSSC. The integrated commissioning plan has been submitted for the phase II investment in ACHD at UHW. The full business case paper is expected to go to the board in July for sign off for in order to release the money to health boards for phase II. AR explained that Phase II was additional funding after development of CHD Welsh service to work towards achieving the CHD standards such as: consultant posts, CNS, ECHO, imaging, and psychology staffing. The case was built around sustainability of the service. RY provided an update from NHS England. The national CHD peer review is the current key focus. NHS England and NHS Improvement have merged and the structures are changing. Vaughan Lewis has

	changed post and is no longer Clinical Director for Specialised Commissioning NHS South. Michael Marsh is the new Medical Director for the South West and his role covers more than just specialised commissioning.
8.	Network performance: • Network performance dashboard • NHS England quality dashboards • Patient Reported Experience Measure (PREMs) survey
	Performance dashboard It was explained that the centres which are green on the dashboard have submitted data for this quarter. It was emphasised that if trusts are not submitting it is important to find out why through working with specific trusts. It was noted that the improving the use and effectiveness of the performance dashboard is on the work plan for 2019/20. **Action:** Add last updated date for each centre to performance dashboard. **MB** Further detail on the dashboards was discussed during the centre updates. **NHSE Specialised Services Quality Dashboards (SSQD)** It was explained that the QSIS system did not pull data as it usually does against national average and therefore this information had been provided to the board as tables in a word document. For adults: last minute cancellations had been flagged as above the national average. This is a well-known issue with multiple reasons for it and a huge amount of work continues to be done to address it. It is logged on the trust risk register and has been noted as a known risk in the peer review documents prepared by the ACHD team. For paediatrics no measures were highlighted as negatives however this may have been due to a QSIS system error as two of the measures reported were under the national average which usually flags as a negative. Previously there have been two negatives for paediatrics: CH05 proportion of patients with suspected CHD seen within 3 calendar days of sonographic identification; and CH06 proportion of patients diagnosed contacted by fetal cardiac nurse specialist on day of diagnosis. It was noted that the proportion seen by the nurse specialist was lower than the national average but has improved. The CNS support to clinics has improved, there are 3 CNS, there is Monday to Friday CNS cover, and the team is vulnerable to sickness and leave. It was highlighted that there has been an improvement in fetal screening and there is an extra sonographer. CMc explained that the PREM survey is currently on hold nationally. There is the option to look at using text messages to increase the amount of responses but this would not be progressed until clarity on the PREMs had been received.
9.	Network risks
	CMc summarised the network risk report. The report includes current risks and their risk rating, what controls are in place and recent actions. There are currently six open risks on the network risk register. The network board is responsible for managing risks. The board was 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 escalated. Risk 2363: Risk of cancelled cardiac operations due to PICU capacity pressures.

	There is a formal process in governance review meeting. It is made sure there is no risk to patients, patients are not lost, and there aren't delays for urgent patients. For adults there are a number of different circumstances for cancelled operations and as described previously there is work underway to address this **Action:** Update network risk register to include adults cancelled operations. **SC/CMc** 2916: Risk of delivery of CHD Standard relating to image sharing between organisations. The standard is difficult to meet. Keep risk on risk register. Not compliant for peer review. There are challenges for both paediatric and adult services with echo sharing and PACs systems. For adult services it was noted that there has been lots of improvement with image sharing. **Action:** Check adults and paediatrics risks relating to adult and paediatric following network board discussions and update actions. **CMc** Risk 2495: Risk of inferior care being provided to patients in some parts of South Wales due to inequitable investment in services. The phase II business case should mitigate the risk but this is only adult services. There are issues with paediatric services in West Wales. **Action:** Reword risk. **AR/CMc** Risk 2191: Risk of long-term viability to network Congenital Heart Disease Services due to lack of medical workforce succession plans. CMc explained that she met with the UHBristol governance lead and it was highlighted that risks need to be specific, with key mitigations and actions being taken to address the risk. It was noted that risk 2191 was a broad risk that currently had no specific mitigations or actions associated with it. It was explained that this risk is more specific to adult services, and included problems with training and retention for ACHD. There are difficulties retaining trainees in the UK. It was noted that the new clinics in Taunton with MD have not been replaced like for like with previous clinics however all of the ACHD patients are being seen. **Action:** Reword risk to make it more specific and update actions. **AT/CMc** Risk 2748: Risk of not meeting the congenital heart disease (CHD) standard for care around interventional cardiologist case numbers. This risk will remain on the risk register. It has robust mitigations that have been agreed both with UH Bristol and NHS England as part of the commissioning and contracting process. This includes producing an annual report for the service that details no. of procedures undertaken and governance arrangements for the service. Risk 2204: Risk that network centres will be unable to identify or fund link nurses, reducing quality of service to patients. This is still a risk. Each centre must have dedicated link nurse or allocated time. The board were asked whether any other risks should be added to the risk register from a network perspective. It was agreed that a new risk around outpatient follow up times, and backlog across the network should be added. **Action:** Add new risk around outpatient follow up times **CMc**
10.	Updates - Service delivery group

	- Clinical governance group - Peer review - National network of CHD Networks
	Clinical governance group AT updated the board on the clinical governance group meeting which was in March 2019. AT noted a serious incident which occurred within the network region explaining that learning from incidents can be shared across the network. The agenda of the clinical governance group meeting covered: Imaging; Lost to follow up; dental work including access, referrals and finalisation of the dental guidelines; audits and centralisation of audit within the network introduced by Helen Wallis network audit lead; outpatient process; network incidents summarising the number of incidents, deaths in network centres, and drug issues such as prostaglandin in neonates; and an interesting talk on research. **Service delivery group** CMc updated the group on the service delivery group meeting which was in January 2019. The meeting was well attended and was evaluated positively. The agenda covered: Roles of the group, the work plan; the nursing strategy which was signed off by the group; progress of the discharge communications project; feedback on the patient rep work; psychology update including levels of support available and specialist referral criteria; charities and support group update; and draft finance guidance. **Peer review** CMc updated the network board on the forthcoming national CHD peer review that will be conducted by the NHS England Quality Surveillance Team. As part of this review, the network, level 1 and level 2 centres are assessed against the CHD quality indicators. These quality indicators are based on the CHD standards. The peer review is taking place from 10th – 12th June 2019. Invitations to the network review meeting have been sent out. Following the visit the network and centres will be given feedback including immediate risks, serious concerns and areas for improvement. It was noted that lots of preparatory work was underway including producing documentation and evidence folders. It was noted that the peer review offered a good opportunity to showcase the good work and achievements across the network. The network and centres will report back to the Service Delivery Group in June and the Network Board in November. **Action**: Send out peer review reports to board members when released. **MB** **Action:** Put peer review on Service Delivery Group for July and Network Board agenda for November. **MB** **National networks meeting** The national CHD networks meeting, with attendance from CHD Network teams across the country, is due to be held on the 21st May 2019 in London. The meeting is an opportunity to raise anything the network is struggling to address, such as lost to follow up, and share experiences with other networks, and to jointly work out how to progress challenging pieces of work. Standardising finance has been suggested as a topic for discussion as well as intervention numbers and monitoring. CMc asked the board to let the team know of any issues they are struggling with and would like discussions or answers nationally to take to the meeting. The board was also asked to let the team know of any best practice in other areas. **Action**: Raise issues around standardising finance and intervention numbers at the National CHD networks meeting. **CMc/AT/SV** **Patient representatives** The patient representatives were asked to give feedback and any comments to the board.

	It was highlighted that their role is to challenge, sense check, highlight good or bad practice and feedback to the board. The patient representatives act as a barometer of what is happening within services and centres. Comments included: that it is disappointing that the PREM survey is on hold; and they do receive texts following appointments to ask if they would recommend the hospital. Using relevant social media to get feedback was suggested as an approach for updates. The patient reps were asked about the website and how to increase its use and effectiveness. Suggestions included improving the accessibility of the website on phones rather than computers, and use of Facebook to promote. It was agreed that there would be a specific standard slot on the agenda for an update from patient reps. It was noted that at the patient rep day in November 2018 the patient rep look at role was looked at and a job description has been produced. A question was asked about gathering patient feedback. It was noted that it's likely that each centre would have patient feedback mechanisms in place, for eg. Friends and family test and inpatient surveys. The standards for the network are not specific around patient engagement and feedback but they are more specific for the centres and this will be discussed as part of the peer review. It was highlighted by the patient reps that it is important to think about timing for requesting patient feedback especially from a surgical point of view as patients don't want to engage post-surgery when all their energy is going into recovery. **Action:** Add patient reps 10 minutes session as a standing item to board agenda. **MB** **Action:** Consider offering a pre- board meeting for patient reps. **SV**
11.	AOB
	The next network board meeting will be 28th November 2019 – venue tbc. The next meeting is the Service Development Group on 11th July 2019 at Junction 24 in Taunton, followed by Clinical Governance M&M meeting on 8th October 2019 in Bristol

Comments and actions from afternoon focus sessions

Item	Notes and Actions
1.	**Raising the profile of the network**
	GB presented from a level 3 paediatric perspective on raising the profile of the network within local centres (see slides for detail). GB highlighted utilising existing resources and ensuring services are provided in an integrated way. GB discussed the clinician work plan suggesting: recognised time in job plans to virtually attend Bristol JCC/MDTs; planned time for CHD outside clinic time; regional study days and updates regularly. The PEC day in Bristol on July 2nd was noted and 10-15 minute case presentations from level 3 highlighting difficulties/issues were suggested. GB described service support and highlighted areas around: solutions for sharing urgent investigations; clarity about access to urgent ECHOs; back up plans in absence of PECs; transition clinic; fetal medicine recommendations. Whatsapp was discussed and it was noted it is not secure by the terms of the GMC. Careflow was highlighted and its use to share ECGs. IT issues, Bristol careflow login, PACs, absence and not 24/7 cover were discussed in relation to image sharing. **Action:** Contact Catherine Armstrong, Paediatric Cardiologist regarding careflow. **GB/SP** It was highlighted that when discharging to peripheral areas it is important that there is someone to receive the discharges in the peripheral centres and someone to pick up the urgent work. It was suggested that discharges should be sent to the PEC and also to admin to acknowledge receipt to ensure urgent actions are completed. It was noted that the hospitals and clinicians are listed on the

	network website and that this may help the level 1 centres when trying to communicate with level 2 and 3 centres. An example was highlighted where a centre has three PEC colleagues so a generic inbox could be used which would be helpful to ensure urgent actions are picked up particularly when staff are away. Transition was discussed and an update on transition clinics in Taunton was shared with the board. The first transition clinic in Taunton has been set up starting with young adults and as the clinics progress and the backlog has reduced younger patients will then also be seen in transition clinics. Fetal services were discussed included using RAG rating for possible abnormalities and what the expectation is for when and where the baby should be seen including when babies can be delivered locally and reviewed by a PEC postnatally. It was suggested that instructions need to be clearer and be in the letter from fetal cardiology giving a timeline as to when the cardiologist should be called. GB described the patient and family supporting team explaining: nurse hours dedicated to supporting cardiology clinics; link nurse role supporting level 3 services; and paediatric cardiac psychology support. It was highlighted that there is some psychology progress as Kat Peckitt, Clinical Psychologist in Taunton has some cardiac time allocated. VG highlighted that the first psychology network meeting is taking place in May. The network offer and local support was highlighted as something to look at. It was noted that in Cornwall there is no psychology service and struggle to get support. L1 offer as much support as can for cardiac issues and signpost for other issues. **Action:** Progress discharge communications work with PECs in level 3 and ensuring robust communication and completing urgent actions following discharge from level 1 centres. **CMc**
2.	**Planning for 2019/20** - **Future network board meetings** - **Evaluation of board structure** - **Medical education/PEC day** - **Stakeholder day** - **Memorandum of understanding**
	The board were updated on planning for 2019/20 including future board meetings, evaluation of new network governance structure, medical education/PEC day, network stakeholder day, memorandum of understanding (MOU) (see slides for detail). CMc explained the future of network meetings. There are standing agenda items and the network board can suggest additional items for the agenda. The board will be evaluated in October 2019 using a survey monkey questionnaire. CMc requested volunteers to help design the evaluation. AT updated on the PEC study day which is scheduled for the 2nd July in the Education centre in Bristol and has 60 spaces on offer. There have already been some suggestions for presentations and a draft agenda is being put together. Suggestions from the board included audit, level 3, and short talks on interesting cases from PECs. The number of study days per year was questioned and whether they should be bi-annual rather than the current annual arrangement. It was noted that there are also the Welsh PEC events which members of the network can attend. The PECSIG Summer meeting is on June 21st in Sheffield. The Royal College of Paediatrics and Child Health conference 13th-15th May in Birmingham. It was agreed that the network stakeholder day would be held every 2 years with the next one provisionally scheduled for July 2020. The purpose of this event is to bring all network stakeholders together, to learn from different areas and showcase what is happening across the network. The

	board were asked what would be useful for the stakeholder day and to start thinking about potential speakers. CMc explained that MOUs are a formal description of the configuration of the network. She explained that a draft MOU will be sent to the board for comments and electronic sign off. **Action:** Network Board to send ideas for potential sessions/presentations/presenters to the network team for the stakeholder day **ongoing- Network board** **Action:** MOU to be drafted and agreed by Network Board **CMc**

Attendees

Name	Inits.	Job Title	Organisation
Cat McElvaney	CMc	CHD Network Manager	CHD Network Team
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team
Morwenna Bugg	MB	CHD Network Support Manager	CHD Network Team
Andy Tometzki	AT	CHD Network Clinical Director / Consultant Paediatric Cardiologist	CHD Network Team
Vanessa Garratt	VG	CHD Network Clinical Psychologist	CHD Network Team
Stephanie Curtis	SC	Consultant cardiologist	University Hospitals Bristol NHS Foundation Trust
Rebecca Lambert	RL	Staff Nurse ACHD	Taunton and Somerset NHS Foundation Trust
David Mabin	DM	Consultant Paediatrician with Expertise in Cardiology and Network Board Chair	Royal Devon and Exeter NHS Foundation Trust
Sam Padmanabhan	SP	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals NHS Trust
Becky Nash	BN	Patient Representative	
Andrea Richards	AR	Specialised Services Planning Manager	Cwm Taf LHB Welsh Health Specialised Services Committee
Rachel Tidcombe	RTi	Patient Representative	
Rob Tulloh	RT	Consultant paediatric cardiologist	University Hospitals Bristol NHS Foundation Trust
Dirk Wilson (via VC)	DW	Consultant Paediatric Cardiologist	University Hospital of Wales
Rosie Yarnall	RY	Service Specialist	Specialised Commissioning NHS England South West Hub
Mark Dayer	MD	Consultant Cardiologist	Taunton and Somerset NHS Foundation Trust
Sarah Fox	SF	Patient Representative	
Ganga Bharmappanavara	GB	Paediatrician with Expertise in Cardiology	Taunton and Somerset NHS Foundation Trust
Stella Smith		Paediatric Cardiac Physiologist	University Hospitals Bristol NHS Foundation Trust
Kat Peckitt	KP	Clinical Psychologist	Taunton and Somerset NHS Foundation Trust
Lisa Patten	LP	Paediatric CNS	University Hospitals Bristol NHS Foundation Trust

Apologies

Name	Inits.	Job title	Organisation
Frankie Carlin	FC	Patient Representative	
Sarah Finch	SF	ACHD specialist nurse	University Hospital of Wales
Bethan Shiers	BS	ACHD specialist nurse	University Hospital of Wales
Soha Elbehery	SE	PEC / Consultant Paediatrician	Nevill Hall Hospital, Aneurin Bevan University Health Board

Manish Gandhi	MG	Consultant cardiologist	Royal Devon and Exeter NHS Foundation Trust
Nicola Morris	NM	Patient Representative	