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

Date: Tuesday 23rd June 2020, 11.00 – 13.00
Venue: WebEx Conference Call
Chair: Dr David Mabin

Minutes

Item	Notes and Actions
1.	**Welcome, introductions and apologies** - **Personnel update**
	DM welcomed the attendees to the network's first virtual board meeting via WebEx and noted apologies. He shared the digital meeting etiquette, noting also that the WebEx chat question function is available and that the meeting is being recorded. DM updated the Network Board on recent personnel changes – welcoming Daniel Meiring (DMe), Lead Cardiac Physiologist who has recently joined the Bristol Royal Hospital for Children. DMe introduced himself and shared that over the coming weeks he is keen to learn more about the network and connect with the network physiologists.
2.	**Approval of minutes and action tracker**
	In the interests of time it was requested that any corrections to the previous minutes of the Network Board on 28th November 2019 are picked up via email. The March 2020 Network Board was cancelled due to Covid-19, but key papers were circulated. The action log was updated as appended. Notable comments: **120 – discharge communication work** Catherine Armstrong was leading this project that was set up around 18 months ago. Improvements have been put in place, but there are still some issues that have been highlighted by Truro that need to be worked through together. Therefore this improvement project is being re-established. **121 – stakeholder day** Currently on hold. AT suggested that there may be higher engagement if this event is run virtually. **124 – Plymouth patients – transition to adult services** This has been added to the network risk register. AT felt that this is well established in the level 1 centre with transition clinics but it is geographically challenging to deliver this in the level 3. BRHC have set up a group to develop a transition model for the peripheral centres. **126 – Follow up waits** AT shared that this relates to the long waits in South Wales and the awaiting Phase 2 ACHD funding. To an extent this can be amalgamated with restoration of services post Covid-19. **127 – GP education** This is covered in the network work plan – agreed to close. No further actions to report on.

3.	New ways of working post Covid-19: Does the cloud have a silver lining?

SC presented on the new ways of working that the ACHD level 1 service has adopted since Covid-19 began, sharing her ideas on beneficial changes as well as a Strengths, Weaknesses, Opportunities, Threats analysis. This was well received and generated good discussion around improved ways of working that other centres have also implemented, and what could be adopted by others. Please refer to the presentation slides for further detail.

SC divided her presentation into the inpatient pathways (surgery, in-patients and catheter interventions); outpatients; and meetings /teaching/ research. SC noted that for the ACHD service in the Bristol Heart Institute there has been limited capacity and only urgent surgical cases have been undertaken. The biggest change has been in outpatients where clinics shifted to telephone consults and 'Attend Anywhere' video consults – overall these have provided a more efficient experience and resulted in less frustration. SC is 'seeing' 50% more patients in these virtual clinics.

Patient feedback surveys have shown high satisfaction as virtual consults save travel time, and if do need to attend face to face consults on site these can often be run more efficiently. There has also been a shift to being paper light. However, importantly it is an individualised approach depending on what is clinically appropriate on a case by case basis.

MDT meetings have been run via WebEx which has worked very well. Staff are able to remote in from home and from their offices, which has improved attendance and punctuality. This also enables colleagues from other centres to join the meetings. DM raised about access to the MDT. AT shared that the NHSE has recently announced that Microsoft Teams is going to be rolled out across the NHS.

Teaching is also being undertaken on digital platforms, and research is re-starting in this way too.

In response to questions raised by the group, SC shared that for her virtual clinic consults the capacity is usually 6 patients. Patients are informed that they need to have access to good Wi-Fi to enable video consults, and when this has been suboptimal these have reverted to telephone consults. If patients need to be seen face to face, they are invited to attend a face-to-face consult on site. Going forward with peripheral clinics, SC suggested 50% of these are undertaken virtually.

AT raised that whilst this works well for adult clinics, the paediatric service is very different. For paediatric nursing, LP shared that at the Bristol Royal Hospital for Children the clinical nurse specialist team can do most of their work virtually, which is working well.

AT asked about the pre-surgical consent discussion clinics. SM responded that he has used Attend Anywhere for his last two clinics. Whilst there were some IT issues for first one and had to revert to telephone consults, the IT has been better since. For a surgical clinic when examining patients is not required this works well and is more efficient. The plan is to continue this going forward.

For the district general hospitals – KH shared that at the Royal Cornwall Hospital, the paediatric CHD service have used Microsoft Teams to review patient information between the level 3 and level 1 clinicians and for simpler tertiary patients this has worked well. The service has mainly been able to continue running face to face clinics. At the Royal Devon and Exeter Hospital, NO shared that a key success has been sharing PACs imaging with other centres and attending JCC remotely is attractive. GB shared that at Musgrove Park Taunton, the paediatric CHD service has mainly been running clinics with alternate face-to-face and telephone consults, which reduces footfall in outpatients.

Psychology service – VG reported that the psychology service at the Bristol Royal Hospital for Children has reverted to using 'Attend Anywhere' for video consults and the feedback is that families would

	like that choice going forward. For transition, some families have requested the option in the future to have joint consults with the CNS or consultant virtually. VG shared that the psychology service are adopting some of the national models to use 'Attend Anywhere' to start to plan and offer group Q&A sessions, prep sessions, and post admission recovery/adjustment sessions. This had a high uptake nationally and the feedback from families has been that the option to have peer support and clinician support together in one general session is really helpful. The service is also looking at offering this with the new Welsh psychologist. Virtual working seems to be very popular with patients and could provide a more equitable service.
4.	**Update from Level 3 centre(s)**

	CMc led an update on the behalf of the level 3 centres. The key updates are outlined in the exception report in the papers. Key discussions to note:
	
	<u>Adults</u>
	• Exeter – Increasing the ACHD clinic input.
	  ○ **Action**: network team to flag to level 1 team.
	• Gloucester – Link nurse engaged but does not have capacity.
	  ○ **Action:** network team to pick this up.
	• Truro – Interviewing soon for a new ACHD consultant.
	• Glangwilli and Princess of Wales – Have flagged up unacceptable long waiting times, and asked the network for support with pushing forward the implementation of the phase 2 ACHD funding. On the behalf of WHSCC, AR shared that the phase 2 ACHD business case was received from Cardiff and Vale UHB in late February 2020. The case was significantly over and above the agreed funding, and therefore Cardiff and Vale UHB have been asked to review the costs. Progress on this has been delayed due to Covid-19. CMc asked if mitigations are in place to manage the clinical risk of long waiting times. DW shared that the business case is still with Cardiff and Vale UHB, and asked if the network self-assessment visits (tracking progress against the CHD standards) could continue in a virtual way rolling out to South Wales. AR shared that in Wales the CHD standards developed by NHSE have not yet been formally accepted by the Health Boards, and a decision is still awaited on this. AR is happy to work in tandem with WHSCC and the Health Boards to reach a conclusion around adopting the CHD standards in Wales.
	  ○ **Action**: Network to write a letter highlighting concerns over long waits and CHD standards directly with WHSCC in the first instance, this should then be flagged up to the health boards - AR, CMc and AT to discuss. AT to escalate via the CRG.
	• Taunton – MD reported that a challenge in Somerset with remote working is poor Wi-Fi connections. He noted that the service is developing a spreadsheet of patients with their diagnosis in a reasonably consistent format and asked if a CHD patient spreadsheet could be developed for the region. KH (Royal Cornwall Hospital) shared that she too has developed a database of patients. GB also noted that for his service he has started putting together an excel spreadsheet of patients with diagnosis, list of waiting to surgery/JCC.
	  ○ **Action**: Patient database - network team to share work completed by KH on a patient database
	
	<u>Paediatrics</u>

	• Barnstaple raised that a network appraisal of the relative South West risk would be helpful in assuring patients that it is appropriate for face-to-face resumption. In response, CMc has spoken with PHE who are doing some work on this and the NHSE comms team are planning to use this work to encourage patients to visit hospitals again. • Truro – KH reported that the service is mainly running face-to-face clinics, and has received authorisation to introduce physiologist led clinics ○ **Action**: KH to share the SOP for the paediatrics and neonates and in/out-patients physiologist led clinics. DM to link in with Truro team to potentially develop SOP for across the network for this if possible. • Glangwilli – the service has appointed a new Consultant Paediatrician with Expertise in Cardiology who has echo clinic within her job plan so the waiting list should reduce in time. DW was consulted on the appointments even if not part of formal recruitment process.
5.	**Update from Level 2 centre**
	DW presented an update for the Level 2 centre - the key updates are outlined in the exception report in the papers. <u>Level 2 paediatric CHD service:</u> • The service is continuing any urgent face-to-face consults otherwise are mainly running telephone consults. A recent audit showed that telephone clinics had a 10 to 12% DNA rate. <u>Level 2 adult CHD service:</u> • Greg Szantho has a new appointment in Bristol, and the C&V service are planning for an interim/new consultant. • With the 15th June shielding review, there has been a lot of discussion around shielding and it is unclear on the advice to give to patients.
6.	**Update from Level 1 centre**
	The key updates are outlined in the exception report in the papers. A key risk is the increased waiting lists due to Covid-19. <u>Level 1 adult CHD service</u> SC shared the key items to note: • Outpatient backlog is the worst it has ever been. Sick leave within the team last year and the Fellows being seconded to general cardiology due to the Covid-19 have both had an impact on the waiting list. • The main concern is the long waiting times for elective surgery and intervention. Restoration planning is underway but it is difficult to plan ahead with numerous unknown variables, PPE restrictions, theatre capacity, longer procedure times, self-isolation times for patients, separation of pathways. Support will be needed with restoration plans. <u>Level 1 paediatric CHD service</u> RB shared the key updates to note:

	• RD shared that the service has minimised the number of consultants on site. • Telephone clinics are offered for routine patients, and the waiting list is regularly being reviewed and prioritised. A few virtual clinics have been piloted but have experienced some problems with patients not having the appropriate Wi-Fi. • Running daily rapid access clinics for urgent patients. Started booking in some priority 3 patients (patients that need to be seen within the next 3 months). • Recovery planning – starting to open up more routine patients and from next week are opening up outpatients with limited capacity, with alternate face-to-face and telephone consults. • A business case has recently been approved to recruit an additional clinical nurse specialist (peer review recommendation). This role will help support developing and running the transition model for peripheral clinics • The 14 day isolation period for paediatrics (with Covid-19 tests 72 hours prior to admission) is a concern – CMc shared that this has been escalated regionally and nationally due to challenges with delivering this this for paediatric patients as it is seen as impractical. CMc thanked everyone who responded to support local testing for patients – the outcome is that the Bristol testing hub would contact the local testing hub, and then add the results on the system.
7.	**Network Board update**
	CMc updated the Board on the key work being undertaken within the Network, with supporting papers: quarter 4 update (January to March 2020); work plan. Please refer to the presentation slides for further detail. <u>Nursing update</u> • SV shared that a level 1 and 2 CNS day was successfully held in February 2020, including teaching from SM, VG and SV, followed by a brainstorming session on service developments. The next event is planned in July 2020. • Level 3 and community nurse day was held in January, which was very well evaluated. • Link nurses - A recent survey has indicated that the link nurse role has been negligible due to covid-19 clinical prioritises. Lesion of the month education resources continues to be circulated monthly. <u>Network update</u> CMc shared that network have run fortnightly covid-19 regional CHD conference calls, as well as initially weekly and now fortnightly national CHD network of networks conference calls. In terms of business as usual, NHSE have reviewed the work plan. CMc welcomed any suggestions on any other key pieces of work the network should be doing, in addition to those already raised in the meeting. NHSE are also undertaking a non pay review of the networks with a likely outcome of the non-pay budget being reduced; the biggest spend for the CHD network is venue bookings for the network board – going forward considering running every other quarterly meeting virtually. <u>Network work plan update</u> In reference to a presentation slide, CMc provided a summary noting the status of the network work packages. Three of which are behind target: discharge comms from level 1 BRHC, image sharing, and the phase 2 ACHD investment. <u>Patient representative survey feedback</u> The network team were keen to understand the perception of the role of the patient and family

	representatives' contribution to the Network Board and so conducted a survey in March 2020. The aim was to identify what further work needed to be done around the role. SV presented the key messages from the 19 board member responses and 4 patient representative responses. Overall the results indicated the work with lay representatives has started well and there is a common commitment to fully realise their benefits, provide training and support, and enhance joint working and involvement of patient representatives in projects within the network. Recommendations included further training and development for the patient representatives but also the board. The two patient representatives on the conference call were happy with this and had no comments to add.
8.	**National and regional updates**
	<u>National update</u> AT provided a brief national update noting: • Surge plans – to enable services to know what to do if reach capacity. • Southampton - mutual aid may be required with Bristol to support Southampton surgical activity due to potential surgical staffing issues. Due to Covid-19, the Southampton service are currently down to one cardiac surgeon (usually have 2.5 surgeons). • PIM has been an issue – nationally there has been a significant drive to define the different entities and there will be some further documentation released to assist the clinicians in the region. • The South Wales and South West CHD network team together with Michael Wilson has been running weekly/fortnightly national CHD network of networks meetings, which have been very useful over the last 3 months to share Covid-19 related developments and learning. There has been much discussion about testing, the 14 day self-isolation measures and restoration etc. • AT was appointed as chair of the NHSE Clinical Reference Group (CRG) in April 2020, and as a consequence is looking to curtail his clinical work. • Restoration – there is much focus on restoring activity, beneficial change and how to deliver services in the future. <u>Commissioner updates</u> • WHSCC, South Wales – As the adult updates were shared earlier in the meeting, AR provided a brief update for the paediatric services. Following the agreement for paediatric funding as part of the 2020/2023 commissioning plan, WHSCC have been in discussions with the health board who has committed to submit the business case to WHSCC in July 2020 so funding can be released in August 2020. The funding is to support several key posts to increase the number of clinics and reduce the risk of long waiting patients. • NHS England, South West – CMc presented the key updates outlined in the presentation slide. The testing constraints have been escalated to Public Health England. Memorandums of Understanding, that describe the roles and relationships within the network arrangement, are due to be published shortly. The expectation is that these will be signed by the CEO's and Medical Directors of the organisations involved.
9.	**Network performance** • **Network performance dashboard and proposal** • **NHS England quality dashboards**

	• **VLAD chart**
	Performance dashboard CMc presented the performance dashboard. As expected, follow up waits have worsened across the region due to the consequences of covid-19. DNA rates, particularly for adult services in Taunton and Bristol, require a review. Services are working hard to mitigate this and are triaging waiting lists to make sure urgent patients are seen. **NHSE Specialised Services Quality Dashboards (SSQD)** SC reviewed the Adult Level 1 SSQD Quarter 3 2019/20 dashboard reporting that there is nothing of concern to note. PC provided a brief update for Paediatrics Level 1 for Quarter 3 noting that the fetal service has done well in terms of appointments within 3 calendar days of the referral and the contact by the fetal cardiac nurse specialists considering staffing challenges. With regards to the surgery complication rate and re-intervention rate, SM shared that these are within the normal range. AP noted that there is a slightly higher number of pacemakers than would have been expected and the team have discussed this. VLAD AP shared that the VLAD plot is a statistical graph that plots risk adjusted outcomes against predicted outcomes. The governance and audit meetings require the VLAD plots to be reviewed regularly. There was concern last year as for the first time the VLAD plot dipped below the unity line suggesting the service was not performing as well as it should do. A number of meetings have been held to discuss this in detail and what has become apparent is that there have been a large number of high-risk cases. There has been substantial work on this and processes have been identified that may assist in improving the outcomes; these include the engagement of the complete team in JCCs (reviewing job plans so can include anaesthetists and intensivists). • **Action:** DM invited AP to provide a further update on the VLAD at the September Board meeting.
10.	**Network risks – for information**
	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. 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 escalated.
11.	**Any Other Business**
	• Evaluation forms - Board members were asked to complete the meeting evaluation form via the survey monkey • Next Board Meeting, Tuesday 15th September 2020 - Board members were asked to inform the network team of any agenda items for the next network board meeting which is being held virtually. The network board will be held in the morning, with the service delivery group (SDG) running alongside the clinical governance group (CGG) in the afternoon. The network team

	welcome M&M and audit cases to be presented at this.

Attendees

Name	Inits.	Job Title	Organisation	Present/Apols
Andre Clinchant	AC	Lead Nurse	Taunton and Somerset	Present
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
Caryl Evans	CE	Adult CNS	University Hospitals Bristol	Present
Cat McElvaney	CMc	CHD Network Manager	CHD Network Team	Present
Daniel Meiring	DM	Lead Physiologist	University Hospitals Bristol	Present
David Mabin	DM	Consultant Paediatrician with Expertise in Cardiology and Network Board Chair	Royal Devon and Exeter	Present
Dirk Wilson	DW	Consultant Paediatric Cardiologist	University Hospital of Wales	Present
Ganga Bharmappanavara	GB	Consultant	Taunton and Somerset	Present
Katy Huxstep	KH	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals	Present
Lisa Patten	LP	Paediatric CNS	University Hospitals Bristol	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	CHD Network Team	Present
Rachel Tidcombe	RTi	Patient Representative		Present
Rosalie Davies	RD	General Manager of Paediatric Cardiac services, Neurosurgery and PICU	University Hospitals Bristol	Present
Shafi Mussa	SM	Consultant Surgeon	University Hospitals Bristol	Present
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team	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
Andy Arend	AA	Consultant paediatrician	North Devon, Barnstaple	Apologies
Becky Lambert	BL	Staff Nurse ACHD	Taunton and Somerset	Apologies
Becky Nash	BN	Patient Representative		Apologies
Bethan Shiers	BS	ACHD specialist nurse	University Hospital of Wales	Apologies

Name	Inits.	Job Title	Organisation	Present/Apols
Bill McCrea	BMc	Consultant	Great Western Hospital, Swindon	Apologies
Frankie Carlin	FC	Patient Representative		Apologies
Helen Liversedge	HL	Consultant Fetal	Royal Devon and Exeter	Apologies
Helen Wallis	HW	Consultant Cardiologist	ABMU Health Board	Apologies
Karen Sheehan	KS	Paediatric Cardiac Research Sister	University Hospitals Bristol	Apologies
Katherine Paddock	KP	Senior Commissioner	NHS England and NHS improvement – South West	Apologies
Manish Gandhi	MG	Consultant cardiologist	Royal Devon and Exeter	Apologies
Marion Schmidt	MS	Consultant Paediatrician	Royal Gwent Hospital, Newport	Apologies
Radwa Bedair	RB	Consultant cardiologist	University Hospitals Bristol	Apologies
Sam Padmanabhan	SP	Consultant Paediatrician with Expertise in Cardiology	Royal Cornwall Hospitals, Truro	Apologies
Sandeep Ashketar	SA	Consultant paediatrician	Royal Gwent Hospital, Newport	Apologies
Sarah Finch	SF	ACHD specialist nurse	University Hospital of Wales, Cardiff	Apologies
Soha Elbehery	SE	PEC / Consultant Paediatrician	Nevill Hall Hospital	Apologies
Zoe Trotman	ZT	Lead nurse, paediatric cardiology	University Hospitals Bristol	Apologies