South Wales And South West England Congenital Heart Disease Network

Board Structure and Terms of Reference

1. Overview

The key aim of the Congenital Heart Disease (CHD) Network is to support the provision of high quality care for CHD patients across South Wales and the South West, in line with the requirements of the NHS England CHD standards. The CHD Network is both mandated and funded by NHS England. It is hosted by University Hospitals Bristol and Weston NHS Foundation (UHBW) Trust.

The Network's vision was refreshed in October 2025 through the development of *Beyond Compliance: Network Vision 2025–2035*, setting out an updated strategic direction for the next decade.

The Network's 2025-2035 **vision** is to be a network whereby:

1. High quality standardised care is delivered in all centres, led by the latest clinical developments, including seamless care between paediatric and adult services.
2. There is equity of access to services and equitable outcomes, regardless of geography.
3. There is a strong and sustainable CHD workforce across the Network.
4. There is a strong and collective voice for Network Stakeholders.
5. There is a strong patient and parent partnership with representation from a variety of socio-economic and ethnic groups.
6. A culture exists of fostering research, innovation, and digital integration.

The Network's **key objectives** are:

1. To provide strategic direction for CHD care across South Wales and South West England.
2. To monitor and drive improvements in quality of care.
3. To support the delivery of equitable, timely access for patients.
4. To support improvements in patient and family experience.
5. To support the education, training, and development of the workforce within the Network.
6. To be a central point of information and communication for Network stakeholders.
7. To ensure it can demonstrate the value of the Network and its activities.

2. Responsibilities

The generic objectives of the NHSE funded Networks, as outlined in the NHS England South West Networks Governance Framework (2020) are to:

- Focus on coordinating care pathways between providers to ensure consistent, equitable access to specialist resources and expertise within their clinical service area

- Provide impartial clinical advice and expertise to both providers and commissioners to develop equitable, high standard services for patients and improve access and care outcomes.

Specifically, NHSE funded Networks should:

- Ensure effective and efficient patient flows across the provider system through clinical collaboration for networked provision of services.
- Take a whole system collaborative approach to ensuring the delivery of safe and effective services across the patient pathway, adding value for all its stakeholders.
- Improve cross-organisational multi-professional clinical and patient/carer engagement to support intelligence-led commissioning for improved pathways of care.
- Enable the development of consistent provider clinical guidance and service standards, ensuring improved outcomes and a consistent patient and family experience.
- Focus on clinical effectiveness through facilitation of comparative benchmarking, evaluation, audit and review of services, with implementation of required improvements.
- Fulfil a key role in assuring providers and commissioners of all aspects of quality as well as coordinating provider resources to secure the best outcomes for patients across the designated geographic area.
- Support capacity planning and activity monitoring with collaborative forecasting of need, demand and supply.

3. Network Governance

Figure 1: Wider Governance Structure Chart

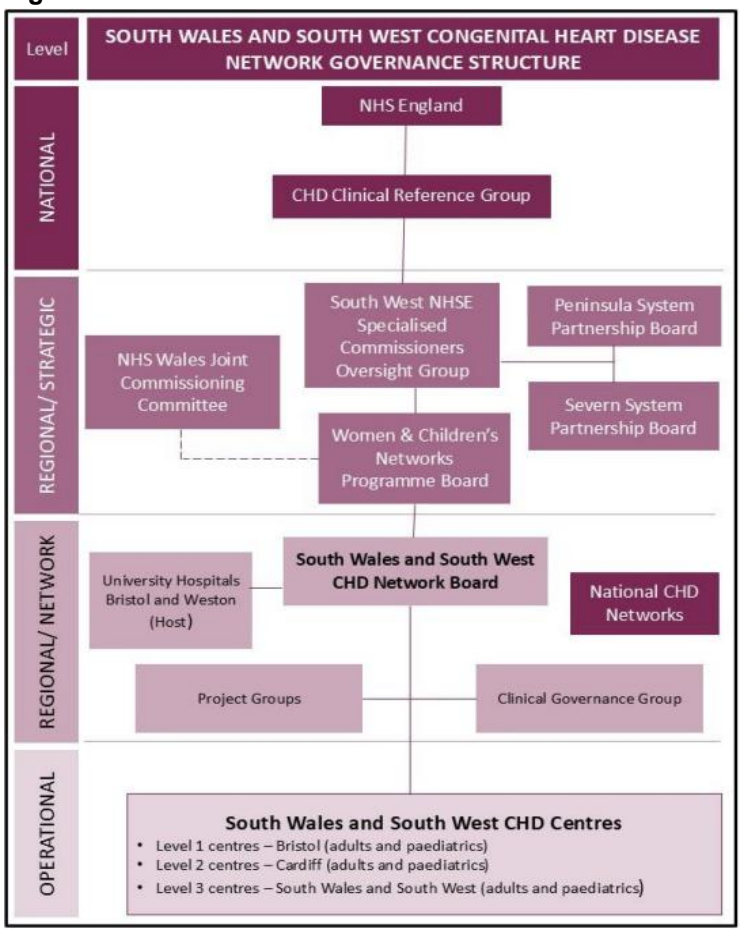
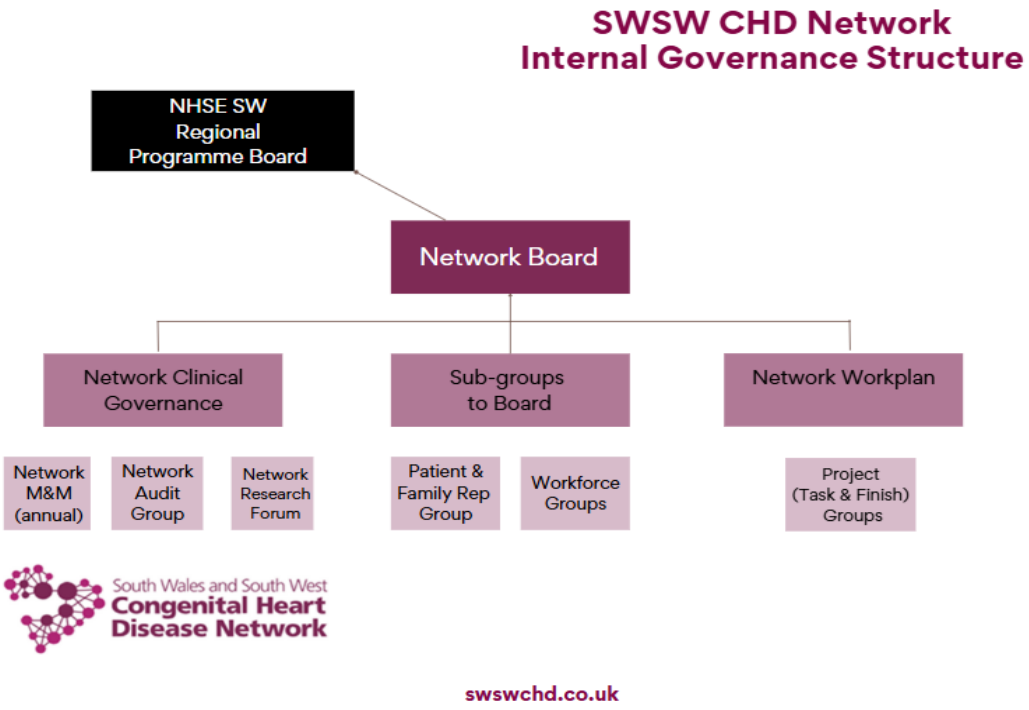


Figure 2: Internal Governance Structure



The Network Board and its sub-groups are responsible for delivering the work of the Network and providing coordinated oversight of its clinical, operational and strategic functions. Each group contributes to the governance framework through defined responsibilities relating to assurance, quality, workforce, patient involvement and delivery of the annual work plan.

The following sections set out the remit of each group:

3.1 Network Board

- Ensuring Trusts within the network are committed to the delivery of high-quality CHD care, including striving to meet the NHS England standards
- Ensuring the Network is strategically engaged with relevant bodies, groups, programmes of care and other networks on a national as well as local level.
- Developing the role of Patient & Public Voice representatives within the Network and supporting the patient engagement agenda.
- Ensuring that the Network delivers adequate support and leadership to Level 3 centres.
- Providing assurance that action plans relevant to the Network are being delivered.
- Ensuring transparent and active management of Network issues as captured on the Network issue log and escalating appropriately where required
- Implementing and monitoring an effective network governance structure.
- Monitoring performance of centres within the network and addressing any areas of concern.
- Identifying and addressing workforce issues within the Network
- Ensuring the Network can demonstrate its value by confirming:
    - activities are planned and delivered in line with the views of stakeholders.
    - effective use of existing resources.
    - delivery of required outputs in a timely fashion.

  - being a collective voice for network stakeholders on local, regional and national matters.
  - creating a culture of collaboration, action and partnership working.
- Ensuring appropriate communications with Network stakeholders.

3.2 Clinical Governance Group

- Developing, approving and implementing high quality clinical guidance for CHD care
- Ensuring incidents are managed effectively and learning is shared.
- Delivery of an annual Network M&M.
- Delivery of the Network quality improvement and audit programme and ensuring learning is shared.
- Delivery of the training and education strategy.

3.3 Project Groups

- Project specific and task and finish groups will be established, as commissioned by the Network Board, to deliver specific areas of work.
- These time-limited groups will provide updates on progress directly to the Network Board.

3.4 Accountability

- The Network Board operates under delegated authority and is accountable for the delivery and performance of the Network.
- Responsibility for the performance management of the network is delegated from NHS England to the Network Board, with oversight provided through established reporting arrangements.
- The Network Board and its sub-groups are responsible for ensuring the effective functioning of the Network, working in collaboration with commissioners across England and Wales.
- The Network Board will oversee any sub-groups that form part of the Network and is responsible for their progress and outputs.
- The Network Board is responsible for ensuring appropriate reporting, escalation and assurance arrangements are in place.

NHS England

The Network reports to NHS England South West via the Women and Children's Networks Programme Board which meets on a quarterly basis. Members of the Network Team report directly into the NHS England Women and Children's Network System Transformation Lead. A representative from NHS England South West sits on the Network Board and provides updates from NHS England on a quarterly basis.

The Network also maintains a formal link with the National CHD Clinical Reference Group (CRG), participating in regular meetings that support consistent interpretation and delivery of national standards. The Network additionally connects regularly with other CHD networks across England and Wales through routine cross-network engagement meetings, which are coordinated and chaired by the National CHD Commissioning Lead at NHS England. This

ensures alignment of regional priorities with national policy direction, facilitates shared learning, and promotes a cohesive national approach to congenital heart disease service development. The Network managers meet regularly to share good practice, as do the Network lead nurses.

NHS Wales

The Network links to the NHS Wales Joint Commissioning Committee (JCC). A representative of JCC sits on the Network Board and provides updates from JCC on a quarterly basis.

University Hospitals Bristol & Weston

The Network is hosted by the Division of Women's and Children's at University Hospitals Bristol and Weston NHS Foundation Trust. It provides a quarterly update to the Senior Leadership at the host Trust. In addition, it is a member of the Joint Cardiac Board, which is a formal management group between adult and children's CHD services in the host Trust. The Joint Cardiac Board may be convened as required to consider key or urgent issues requiring discussion.

4. Membership

A membership refresh was undertaken in April 2026, introducing a more structured Board model with clearly defined roles and strengthened expectations for representation across Levels 1, 2 and 3 services.

This refreshed approach ensures representation across the Network's geography, workforce groups and service levels, while clarifying the role and expectations of Board members. It also supports inclusive and transparent decision-making, encourages consistent engagement and promotes continuity in attendance and contribution.

The Network remains committed to an inclusive, multi-professional approach, with balanced representation across South Wales and South West England, and meaningful involvement from clinical, operational, managerial, commissioning and patient / carer stakeholders.

The Network will continue to strengthen how patient, family and workforce feedback inform its work, recognising these as essential to the design and delivery of high-quality CHD service design and delivery.

4.1 Board Representation

The following groups, are represented on the Network Board:

Level 3 Centre Representatives

- Paediatrician with expertise in cardiology (PEC) representative for South Wales
- Paediatrician with expertise in cardiology (PEC) representative for South West England
- Cardiologist with expertise in ACHD representative for South Wales
- Cardiologist with expertise in ACHD representative for South West England
- Local CHD nurse representative adult or paediatric services
- Level 3 management representative ACHD
- Level 3 management representative paediatric cardiology

Level 2 Centre Representatives

- Level 2 paediatric cardiology consultant representative
- Level 2 ACHD consultant representative
- Level 2 paediatric cardiology CNS representative
- Level 2 ACHD CNS representative
- Psychology representative adult or paediatrics
- Level 2 management representative ACHD or paediatric cardiology

Level 1 Centre Representatives

- Level 1 paediatric cardiology consultant representative
- Level 1 ACHD consultant representative
- Level 1 paediatric cardiology CNS representative
- Level 1 ACHD CNS representative
- Level 1 surgical representative
- Psychology representative adult or paediatrics
- Cardiac Physiologist representative
- Level 1 paediatric cardiology management representative
- Level 1 ACHD management representative
- Level 1 cardiac anaesthetist representative adult or paediatric
- Level 1 wider workforce / AHP representative

Other Representatives

- Patient & Public voice sub-group representative(s)
- Wider workforce / AHP representative (representing region)
- Commissioner representative NHS Wales JCC
- Commissioner representative NHS England South West
- ICB representative
- GP representative

Core Network Team

- Network Chair
- Clinical Director
- Lead Nurse
- Network Manager
- Support Manager

Figure 3: Table of SWSW CHD Network Centres

Level 1 Centre	University Hospitals Bristol and Weston NHS Foundation Trust (Bristol Heart Institute and Bristol Royal Children's Hospital)
Level 2 Centre	Cardiff, Noah's Ark Children's Hospital for Wales Cardiff, University Hospital of Wales

Level 3 Centres:	South West - Barnstaple, North Devon District Hospital - Bath, Royal United Hospital (Paediatrics only) - Exeter, Royal Devon and Exeter Hospital - Gloucester, Gloucestershire Hospitals - Plymouth, Derriford Hospital - Swindon, Great Weston Hospital - Taunton, Musgrove Park Hospital - Torquay, Torbay General District Hospital - Truro, Royal Cornwall Hospital South Wales - Abergavenny, Nevil Hall Hospital - Bridgend, Princess of Wales Hospital - Carmarthen, Glangwilli General Hospital - Haverfordwest, Withybush Hospital - Llantrisant, Royal Glamorgan Hospital - Merthyr Tydfil, Prince Charles Hospital - Newport, Royal Gwent Hospital - Swansea, Morriston / Singleton Hospital

4.2 Frequency of Meetings

Meetings of the Network Board will be quarterly, and the Clinical Governance Group will meet biannually. A Network M&M meeting will be held annually. Project Groups and Task & Finish groups will meet as required to deliver specific areas of work.

4.3 Quorum

The quorum of the group will be:

- Network Chair or Deputy.
- Two members of the Core Network Team (Clinical Director, Network Manager, Lead Nurse).
- A paediatric representative from at least one centre.
- An adult representative from at least one centre.
- Representation from Network colleagues from both South Wales and South West England.
- At least two clinical workforce groups represented

4.4 Responsibility of Board, Chair and Sub-Group Members

The Board and sub-groups will each have their own Chair. The Chair must ensure that the Board and sub-groups decision's on all matters brought before it are taken in an open, balanced, objective and unbiased manner.

Membership designation & representation

Designated roles include the commissioning representatives (NHSE and NHS Wales JCC), Level 1 Service Managers and the Core Network Team. All other Network Board roles are appointed through an Expression of Interest (EOI) process, allowing Network stakeholders to nominate themselves or be invited to apply.

Each Level 1 and Level 2 CNS team will nominate a representative or may adopt a shared attendance model to ensure CNS representation at every meeting. Patient and Public Voice representatives may rotate attendance due to availability, with continuity supported through the Patient and Public Voice Subgroup**.**

Membership expectations & commitments

All members are expected to act in the best interests of the Network as a whole, rather than their employing organisation. For Patient and Public Voice representatives, this includes ensuring that their contribution reflects the collective voice of patients and families. The Board must operate as a unified, region-wide body, and its membership should not confer advantage or disadvantage to any single organisation. Patient and Public Voice representatives may step down for a period of time if personal circumstances are affecting their perspective e.g. recent cardiac surgery

Board members are required to attend a minimum of two meetings per year, with quarterly attendance strongly encouraged. The ability to commit to this level of involvement should be considered when putting forward nominations or expressing interest in a role. Core representatives would normally serve a three-year term of office, subject to local staffing arrangements. It is the responsibility of Board members that they are fully prepared and have reviewed the papers for each meeting

All members of the Board and its sub-groups are asked to take an active role in development and delivery of the Network's work plan, which may include contributing to workshops, undertaking specific tasks, or participating in task-and-finish groups. Members are also expected to provide constructive comment, guidance and challenge to support the continual development and improvement of CHD services across the Network.

All professionals working across CHD services in the region are considered part of the wider Network and are welcome to attend Board meetings on an adhoc basis as a participant or contributor regardless of whether they hold a designated representative role.

5. Reporting & Escalation

Core Network Team Reporting

- Report formally to NHS England via quarterly reporting and attendance at the NHS England Women and Children's Network Programme Board. These reports include updates on achievements, progress against plan, risks and priorities for the next quarter.
- Submit an annual work plan and annual report to NHS England and Network stakeholders.
- Report to UHBW, as the host provider, through quarterly reports to the Women and Children's Divisional Board
- Report to specialised commissioning teams across England and Wales.
- Provide timely updates to commissioners on any significant matters under consideration by the Network Board

- Ensure appropriate escalation arrangements are in place to alert commissioners and Trusts to any urgent or critical matters that may compromise patient safety or impact service delivery

Sub-group Reporting

Sub-groups will:

- Report to the Network Board on a bi-annual basis, providing updates on progress against their workplan, planned activity and risk requiring escalation
- Submit any meeting minuets to the Network Board for information, as appropriate.

Level 1, 2 and 3 centres

- Representatives from Level 1, 2 and 3 services will provide updates to the Network Board relation to the services or regions they represent
- Level 1 and Level 2 representatives will report on their individual services. Level 3 representatives may provide a broader regional overview
- Updates may be shared across workforce representatives within a service, as appropriate.
- Representatives will be supported through quarterly Board assurance submissions, providing key activity, performance and narrative information in advance of the meetings.

6. Review

The constitution, membership, and terms of reference of the Network Board and its subgroups will be formally reviewed every two years.

Author:
South Wales & South West CHD Network Team
Latest Full Review: August 2026 (Michelle Jarvis Network Manager)

Summary of Document History:
This Terms of Reference has undergone multiple reviews and updates since the establishment of the CHD Network in 2016. Earlier iterations reflected evolving governance arrangements, commissioning requirements and the development of the Network's operational and clinical structures. This version incorporates the comprehensive membership refresh undertaken during 2025/2026, including updates to Board membership, representation expectations and role commitments.

Next Scheduled Review:
August 2028 (or earlier if required by national policy or service changes)

Approval:
Approved by: *SWSW CHD Network Board*
Approval Date: *19th August 2026*