

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

**Date:** Thursday 12<sup>th</sup> October 2023, 14.00 – 16.30

**Venue:** Microsoft Teams Conference Call

**Chair:** Dr Dirk Wilson

### Minutes

Item	Notes and Actions
<b>1.</b>	<b>Welcome, introductions and apologies</b>
	<p>DW welcomed the attendees to the Network’s virtual board, providing a reminder on the digital meeting etiquette.</p> <p>The Board welcomed those joining for their first time: Gareth as a new patient representative, Megan O’Brien as new Assistant General Manager at the Bristol Royal Hospital for Children, and Michelle Jarvis, the impending CHD Network Manager (starts in post on 28<sup>th</sup> November).</p>
<b>2.</b>	<b>Approval of minutes and action tracker</b>
	<p>The minutes of the Network Board on 10<sup>th</sup> August 2023 were agreed to be an accurate record.</p> <p>The action log was updated as appended. Notable comments:</p> <p><b><u>179 – Digital storage – Exeter CHD Paediatrics</u></b> Closed – SLC has discussed at a local level with the PECs and managers. A PACS solution has been identified and this has been resolved.</p> <p><b><u>187, 188, 189 &amp; 190</u></b> – closed.</p> <p>No further actions to report on.</p>
<b>3.</b>	<b>Patient Story</b>
	<p>The Board listened to Holly’s pre-recorded story, as a 33-year-old born in Wales with bicuspid aortic valve / aortic stenosis (corrected using the Ross procedure in 2019) and several secondary conditions including anxiety.</p> <p>Holly shared her memories of her childhood and teenage experience of having CHD, and how thankful she is for her family and the clinicians who have cared for her and helped her overcome some of her anxiety around medical procedures/treatments, attending hospital, and transition/transfer to adult services. This included her consultant cardiologists, psychologist, ACHD clinical nurse specialists in Cardiff, and also the clinic porter who was a familiar friendly face on hospital visits.</p> <p>In terms of feedback to the Board, Holly praised the ACHD teams as an outstanding service and lifeline for so many patients, and her delight to see the team in Cardiff growing. She raised how the surgical consent form risks scared her on the morning of her open-heart surgery in August 2019, and as she had pericarditis several times after surgery, she suggested patients are given more information in regards to complications such as this.</p>

	<p>Holly managed to return to work in February 2020, and in July 2020 completed her cardiac rehab programme. Following this Holly has set herself annual challenges that she could not do before surgery, including climbing table top mountain and the couch to 5k which turned into an 8k run.</p> <p><u>Key points discussed following the presentation:</u></p> <p>The Board were grateful to Holly for sharing her story. DW reflected on the importance of the team approach around the patient, working together to offer support, including family, psychology, the porter, and clinicians.</p> <p>It was acknowledged that being presented with a scary consent form outlining the complication risks on the morning of surgery is challenging. SM noted that it is a tricky balance in the consent process of imparting enough information, so the patient feels informed but not scaring them. Getting consent right is an artform. The consent form is usually signed on the admission date, but this feedback will be taken on board and shared with the team.</p> <p>AM highlighted the recognition of the role of the porter as really helpful feedback as they may not notice the extent of their value, but they have a positive impact on how patients experience their healthcare.</p>
<p><b>4.</b></p>	<p><b>National and regional updates</b></p>
	<p><u>National update</u></p> <p>LH provided a brief national snapshot:</p> <ul style="list-style-type: none"> <li>• <b>National CHD network of Networks</b> – The annual face-to-face meeting is being hosted in Bristol on 15<sup>th</sup> November 2023 (this follows the British Congenital Cardiac Association Conference on 13<sup>th</sup> and 14<sup>th</sup> November also being held in Bristol).</li> <li>• <b>Renewed Clinical Reference Group (CRG) are driving workstreams</b> – a further workforce questionnaire has been sent to the level 1 centres (Bristol). Thanks were given to the BRHC for completing this already.</li> <li>• <b>Winter surge planning letter</b> has been received this week from NHSE to the paediatric critical care clinical leads and hospitals.</li> <li>• <b>New network service specification 2023/24</b> – This has been released and outlines the network vision and aims within this. LH highlighted that the network will be expected to take a greater role in supporting the development of appropriate capacity and take a ‘real time’ role in managing capacity and demand at times of service pressure.</li> </ul> <p><u>Commissioner updates</u></p> <p><b>Welsh Health Specialised Services Committee (WHSSC), South Wales</b></p> <p><b>Key updates:</b></p> <p><b>Adult CHD</b></p> <ul style="list-style-type: none"> <li>○ <b>Implementation of phase 3 investment</b> is progressing with the allocation of resource agreed in April 2023 for Cardiff ACHD service. Recruitment is in progress - radiographer posts have been advertised and the job description for a third ACHD</li> </ul>

	<p>cardiologist is in development.</p> <ul style="list-style-type: none"> <li>○ <b>Self-assessment reviews</b> - The outcomes of CHD Standards progress update meetings (attended by SWSW CHD Network and Wales Cardiac Network) were reported to WHSSC via the Cardiac Commissioning Team – the Networks have been advised that WHSSC does not commission level 3 services and that challenges relating to delivery are within the Health Boards purview.</li> </ul> <p><b>Paediatric CHD</b></p> <ul style="list-style-type: none"> <li>○ <b>Surgical waits</b> - WHSSC have placed cardiac surgery services in Bristol in escalation level 3 due to the length of time patients are waiting for surgery. The first escalation meeting was held on the 30<sup>th</sup> August and a number of actions are in progress including validating the waiting lists. Discussion is ongoing to understand the waiting times at each part of the pathway.</li> <li>○ <b>Delayed transfers</b> - WHSSC are also in discussions with both Bristol and Cardiff regarding delayed transfers of care. The CHD Network have been carrying out an audit on this in collaboration with both paediatric centres.</li> </ul> <p><b>NHS England, Southwest</b> Presented by CK</p> <p><b>Key updates</b> including:</p> <ul style="list-style-type: none"> <li>○ <b>Operational Delivery Network (ODN) 2024/25 Workplans</b> – Network are considering workplans for next year and are expected to present a plan on a page at the November Women &amp; Childrens Network Programme Board.</li> <li>○ <b>Women’s and Children’s Programme Board</b> – Last meeting 15<sup>th</sup> August where ODN Annual Reports were presented. The next Programme Board is 28<sup>th</sup> November with a focus on next years’ work plans.</li> <li>○ <b>Children and Young People Elective Recovery</b> – continue to be challenges and still a national and regional focus.</li> <li>○ <b>Cardiac waits are ongoing.</b> ODN supporting work to improve the pathway. University Hospital Bristol and Weston (UHBW) reviewing Paediatric Critical Care (PCC) capacity which impacts on cardiac waits (cancellations).</li> <li>○ <b>NHSE/Delegation</b> – continue to work with Integrated Care Board (ICB) to share the work of Networks.</li> </ul>
<p><b>5.</b></p>	<p><b>Network Performance Dashboard</b></p>
	<p><u>Key headlines from Quarter 2 Network Performance Dashboard</u></p> <p>The Network Board has a role in monitoring performance of centres within the Network and addressing areas of concern. The Board is asked to review the performance reports included in the papers and agree any actions required to address issues.</p> <p><u>Response rate</u></p> <p>The response rate from centres is positive with 100% for all paediatric and ACHD centres returns</p>

	<p>for level 1 and level 2, and slightly lower for level 3. Thank you to centres who submitted these. There remain a couple of ACHD level 3 centres who have routinely not provided the information required, and we work with centres to explore any barriers.</p> <p><u>Outpatient performance</u></p> <ul style="list-style-type: none"> <li>• <b>Waiting time for new patients</b> - For adult services, LH noted that no data has been received from the BHI on this. The data reports this as notably high in Exeter and Plymouth - have met with the teams to discuss this. For paediatrics, this remains a challenge in Cardiff and the impact on visiting consultant clinics in South Wales has been explored in some of the self-assessment reviews. There are notable increases in local consultant waits in Plymouth but a new PEC has recently started in Plymouth so this should reduce.</li> <li>• <b>Overdue follow up backlogs</b> for adults has decreased significantly in Bristol and Exeter. Truro has flagged concerns about increases for visiting consultants. For paediatrics, BRHC continue to report high numbers, and Cardiff numbers are static. For the level 3 centres, a positive downward trend for visiting consultant clinics has been noted.             <ul style="list-style-type: none"> <li>○ <b>Action:</b> ER to check BRHC overdue follow up backlog reporting as a change in manager may have meant a different approach.</li> </ul> </li> </ul> <p><u>Did Not Attend (DNA)</u></p> <p>LH noted that a low number of centres provided this data. For adults, the local consultant DNA rate increased in Cardiff and the data showed downward trends in Taunton and Cwm Taf Morgannwg. For adult visiting consultant clinics, several centres including Plymouth, Gloucester and Barnstaple noted a 0% DNA rate which indicates a positive impact of initiatives. For paediatrics, there is a good downward trend generally. It is worth noting that some centres have lower patient numbers so the percentage rates may not be comparable.</p> <p><u>Inpatient report – year to date waiting list trends for Level 1 (Bristol)</u></p> <p>For surgical, the paediatric waiting list has reduced from quarter 1 (Q1) 2023/24 to a similar level to this time last year. For adults, this has increased slightly year to date to 27 (Q2), however is showing a downward trend as this was 42 patients a year ago.</p> <p>For interventional, the paediatric waiting list shows a downward trend from 164 (Q1) to 145 (Q2), which compares to 57 in Q2 2022/23. For adults, this increased slightly year to date from 157 (Q1) to 168 (Q2), but this compares to 211 in Q2 2022/23.</p>
<p><b>6.</b></p>	<p><b>Update from Level 3 centre(s)</b></p>
	<p>The key updates are outlined in the exception report in the papers.</p> <p><b>Adult CHD:</b></p> <p>Key themes to note for adults included:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Included in the papers.             <ul style="list-style-type: none"> <li>○ Taunton – Local ACHD cardiologist is leaving. Specialist nurse hours are still not permanently funded, and a business plan and re-banding application are being submitted.</li> <li>○ Plymouth – an increase in clinic capacity from September should improve new patient waiting times. Recently met with the network team to discuss.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ HW flagged that there are significant backlog issues across South Wales level 3 centres particularly in Bridgend.</li> <li>● <b>Key risks/concerns:</b> <ul style="list-style-type: none"> <li>○ Truro has a large waiting list backlog as GO has been away for a year – looking at ways to address this.</li> </ul> </li> </ul> <p><b>Paediatric CHD</b></p> <p>NO led an update for southwest – the key themes to note for paediatric level 3 centres included:</p> <ul style="list-style-type: none"> <li>● <b>Key updates:</b> Included in the papers. <ul style="list-style-type: none"> <li>○ For the southwest, some elective activity has been lost due to the workforce strikes. A common ongoing challenge across the region is the volume of work and managing the waiting lists. There have been a variety of attempts to improve follow up waits. Developing the physiologist training programme has been successful and well received. Plymouth PEC has recently started in post and Gloucester are recruiting for a new PEC (with JH impending retirement). It was raised that BRHC consultant cardiologist workforce changes and the pattern of BRHC locum consultant appointments has led to variation in practice and different clinicians visiting DGHs has been a challenge for both sides. AT shared that it is difficult for level 1 not to take on locums due to the criteria for substantive appointments.</li> <li>○ For South Wales, digital storage is fine but there are long waits for follow ups.</li> </ul> </li> <li>● <b>Risks/concerns to be escalated:</b> None noted this quarter.</li> <li>● <b>Actions/support required from the Network:</b> None noted this quarter.</li> </ul>
<b>7.</b>	<b>Update from Level 2 centre</b>
	<p>HW 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>Level 2 adult CHD service:</b></p> <ul style="list-style-type: none"> <li>● <b>Key updates:</b> Shortlisted for a ACHD clinical fellow ready to interview, and plan to recruit a third consultant (ACHD/imaging). Physiologist-led simple lesion clinics started in September 2023. It has been agreed that two JCC time slots every week can be ringfenced specifically for Cardiff patients, and a local JCC tracker has been implemented to ensure patients are not lost along the pathway between centres. A new generic email system has been implemented to address problems with communication between Bristol and Cardiff services.</li> <li>● <b>Risks/concerns:</b> One of the clinical psychologists is leaving ACHD (moving to paediatrics) which will negatively impact waiting times for ACHD/cardiology psychology support – AM has offered to provide additional cover where feasible. There are long waits for some diagnostics and for JCC discussion for Welsh patients, and new case and follow up waiting times are getting worse. There is also a lack of local consultants with a specialist interest to support peripheral clinics putting more strain on the UHW system to accommodate urgent appointments – this is particularly an issue in Aneurin Bevan; however, two new heart failure consultants have recently been appointed who maybe willing to support some CHD clinics.</li> <li>● <b>Actions/support required from network:</b> None noted.</li> </ul>

	<p><b>Level 2 paediatric CHD service:</b> DW presented an update for the Level 2 centre:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> Consultant Cardiologist Jennifer Shortland has started in Bristol (September), offering 1PA in Cardiff for monthly pacing clinics (paid for by a Welsh session). WLI clinics ceased due to financial pressures.</li> <li>• <b>Risks/concerns:</b> Clinical staffing pressures remain, mitigated with short term locum covering on-call service weeks. The service is seeking to work through the peripheral clinics that did not get covered due to staff sickness and there are active plans for this. There are discussions between Bristol, Cardiff and WHSCC regarding the surgical waits and finding solutions for this.</li> <li>• <b>Actions/support required from the Network:</b> None noted.</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>Level 1 adult CHD service</b></p> <p>SC presented the key updates for the level 1 ACHD centre:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> The outpatient follow up backlog has reduced significantly due to appointment of fifth ACHD consultant and middle grade cover. Victoria North was appointed as a substantive ACHD consultant in October.</li> <li>• <b>Risks/concerns to be escalated:</b> The intervention waiting list is still long and a meeting is planned to discuss mitigations. A new admin system has further increased the admin burden and hence less secretarial support, leading to delays and overstretched staff. The CNS support is limited as understaffed, which was also highlighted by the peer review. The need for a well-banded JCC co-ordinator in ACHD is becoming imperative as highlighted by a current serious case review.</li> <li>• <b>Actions/support required from the Network:</b> Support with the concerns raised.</li> </ul> <p><b>Level 1 paediatric CHD service</b></p> <p>ER shared the key updates to note:</p> <ul style="list-style-type: none"> <li>• <b>Key updates:</b> included in the papers. New substantive consultant Jennifer Shortland started in September 2023, and Maria Velasco Forte has been successfully appointed as a replacement substantive imaging consultant starting in March 2024. A case is going forward for funding to appoint another substantive consultant within the next 3 months – awaiting final decision. ICC nurse led clinic pilot currently ongoing with three new nurses supporting clinics.</li> <li>• <b>Risks/concern:</b> Ongoing impact of industrial action by both the BMA and society of radiographers on cath lab, theatres, PICU and surgery. Had a meeting with WHSCC re: cardiac surgery and are working through an action plan to review the pathways.</li> <li>• <b>Actions/supports required from Network:</b> None noted.</li> </ul> <p><b>Surgical update</b></p> <p>SM presented the paediatric surgical waiting list, which is the main current concern/risk. This has improved over the summer, however, need controls in place for the winter. There are 55 patients</p>

	<p>on the waiting list (as at 12-10-2023) with a further 37 patients accepted for surgical intervention, so there are 97 in total. This actually represents about 125 patients (about 30% of paediatric operations are urgent or emergency patients) and about 18-20 weeks' worth of surgery if the cardiac surgeons can work at full capacity.</p> <p>Capacity is affected by ward beds, PICU beds/staffing, theatre staffing and industrial action. There are also competing interests with ECMO (impact on PICU capacity), cardiac interventions needing PICU and other surgical specialties/medical specialties. A performance meeting is held weekly to review the waiting list dashboard.</p> <p>An action plan has been agreed with management (ER), and there have been discussions with WHSSC re: escalation. DW noted that the adult service has a surgical tracker, and perhaps this needs to be replicated in paediatrics.</p> <p>The Board thanked SM and team for their hard work on this ongoing challenge.</p>
<p><b>9.</b></p>	<p><b>Patient representatives update</b></p>
	<p>BN noted that the patient representatives have a pre-meet before Board to discuss what they have been involved with. Nicola Morris is a member of the NHSE National Clinical Reference Group (CRG) as a patient/parent rep. A key recent discussion theme was the surgical cancellations and Nicola was asked to share about the impact on families. Nicola and Callum (son) are being interviewed at the BCCA conference on patient experience, and Nicola is also attending the National network of CHD networks meeting on 15<sup>th</sup> November (as part of her CRG role).</p> <p>At the National network of CHD networks meeting, consent has been received for Bethan's patient story (presented at the August Board) to be shared.</p> <p>Network charity and support group meetings are held every 6 months and the last meeting was held on 28<sup>th</sup> September to keep in touch with local charity partners. The Somerville Heart Foundation was invited to provide a national update.</p> <p>FC updated that she has launched a book club with the help of Anna Mcculloch. The first session had 12 members and covered the first two chapters of Liza Morton's 'healing hearts and minds' book. It was beneficial that members already knew each other from the Down to Earth outdoor wellbeing programme as this enabled more open discussions. The next book club is meeting soon and will include some new members. Giovanni Biglino reached out to FC to discuss this further.</p> <p>FC also updated that she is looking to pilot a 'cardiac' choir in 2024 run by the Welsh National Opera. The aim would be to run this as a patient peer support group (likely to be online as cheaper) initially focusing on breathing exercises to empower individuals. However, this programme depends on securing funding.</p> <p>The Board thanked BN and FC for the updates, and the new patient reps for joining the group. The Board was reminded that <u><i>if a project involves patient care, a patient rep should be involved.</i></u></p>
<p><b>10.</b></p>	<p><b>Fetal Cardiology Service</b></p>
	<p>Dr Patricia Caldas, Consultant Fetal Cardiologist, BRHC provided a brief overview of the Bristol fetal cardiology service.</p>



#### Bristol team update

The consultant team include Dr Patricia Caldas, Dr Milly Snook, and Dr Mari Velasco Forte – with Milly and Mari's return, the service will have more capacity. Also in the service are Laura (currently doing a fellowship in fetal), Angie and Josie (two sonographers), and the paediatric clinical nurse specialists.

#### Antenatal detection rates

PC presented the National Congenital Heart Disease (NCHDA) summary report on the current antenatal detection rates for congenital heart defects, endorsed by NICOR and the National Cardiac Audit Programme. These do well to pick up many defects, however currently these do not pick up defects e.g., VSDs, CoA – this could be solved by introducing colour to the 20-week anomaly scans so can view flow reversal of the duct.

#### Service activity

The total number of fetal cardiology referrals in Bristol for the year 2022/23 was 1,042, with 47% of activity related to screening patients.

#### Sonographer led screening service

At UHBW the screening clinics account for a significant proportion of the fetal cardiology consultant workload which resulted in a demand that outstripped provision. Patients were not being seen within the optimum screening window of 18-22 weeks which created an ongoing backlog. The objective was to develop the existing senior sonographer role, to enable them to autonomously perform fetal echocardiograms for the high-risk patients that fall under the maternal and family history criteria.

Following project approval, the sonographer led screening service was introduced in December 2022 and has seen 259 patients to date. So far 76% had a normal fetal echocardiogram and were discharged. 15% were referred to the cardiologist for further review and for 12% a non-urgent postnatal echocardiogram was recommended.

From the starting position of 31 weeks (for average gestation at time of scan) the service has seen an incremental reduction to 22 weeks in the first seven months of the clinic. Significantly improving the waiting list and releasing consultant time.

Due to the referral process, it is impossible to guarantee month on month reductions however it is clear that there is a downward trend towards the optimum screening window. The review of the service clearly indicates positive outcomes in service delivery for patients, however compliance to QA strategies needs to be ensured as well as cross comparing the antenatal findings with the postnatal outcomes. It would also be prudent to assess the financial implication and potential savings or cost this model of service delivery has for the fetal cardiology service.

#### Teaching and training

The team ran hands-on training in Yeovil District Hospital in August 2023, and piloted a monthly online teaching session for the Royal Cornwall Hospital in July, August and September 2023. These have received excellent feedback. The key aim is to try to improve detection rates in those teams.

The annual Bristol fetal cardiology course was successfully delivered on 6<sup>th</sup> October 2023 – there were around 50 delegates attending in person, and 20 online with very positive feedback. 5 sonographers travelled from Iceland to attend! The plan is to host this again in 2024.



Research

The foetalytics project has commenced with Massimo Caputo – to create a computer tracking system that can guide the diagnosis and monitoring of congenital heart defects using foetal ultrasound scans.

Referral pathway for fetal cardiology

With the support of the CHD Network, over recent years meetings were arranged with Cardiff and Bristol fetal cardiology services to discuss the pathway for referring patients and resolving previous problems. The network supported the development of a [standard operating procedure for the fetal cardiology referral process between level 2 \(Cardiff\) and level 1 \(Bristol\)](#), which was published in March 2023.

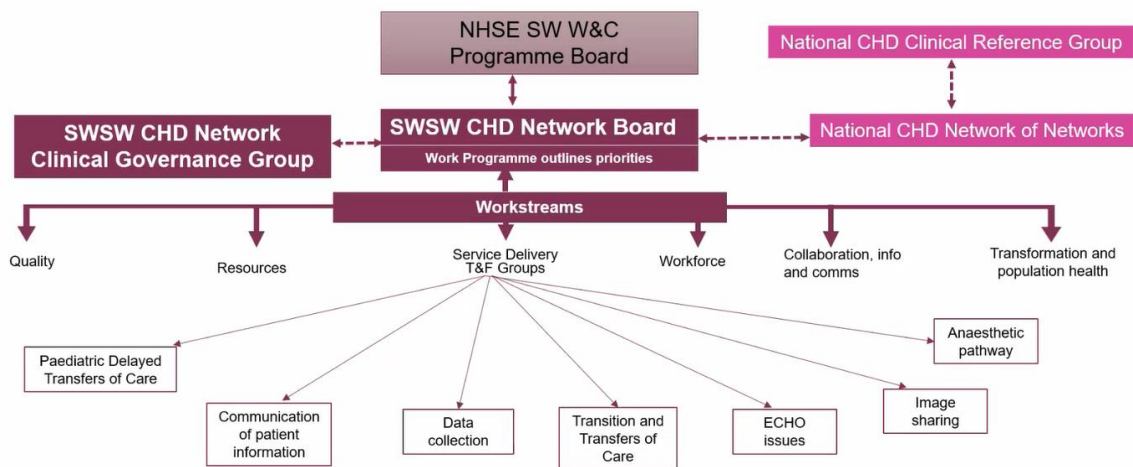
A clinical standard operating procedure has also been developed for [fetal arrhythmia \(suspected or existing\)](#) and was published in July 2023. Both are available on the Network website.

RKL asked about whether babies need pre-discharge echo before going home – PC will look into this.

**11. Workplan 2023/24**

Network Workplan 2023/24 - structure and priorities

LH provided a recap of the Network reporting structure and how the work being undertaken fits into the workstreams and reflects the Network’s vision and objectives.



Network updated report (Quarter 2)

Please refer to the papers for further detail: quarter 2 update (July-Sept 2023); and the work plan 2023/24.

In addition to some of the key highlight achievements covered in the project updates, the South Wales self-assessment reviews were held and a draft report produced; CHD Clinical Nurse Specialist Away Day held in Cardiff; charities and support group meeting; refreshed clinical information professional pages on the network website; progressed arrangements for hosting the British Congenital Cardiac Association and the National CHD Networks meetings.

#### CHD National Standards Self-Assessment Review in South Wales

A second round of progress review follow-up meetings with each of the Health Boards were held in May-July 2023 in collaboration with the Wales Cardiac Network. The eight services (4 adult and 4 paediatrics) were asked to highlight where their RAG rating against the CHD standards had changed since the original 2021-22 self-assessment review and to consider what actions might be appropriately taken in response to any standards rated as red or amber.

There was a high level of engagement from all providers with self-assessments completed thoroughly leading to constructive conversations about services. The reviews showed that compliance of individual health boards with the CHD standards had mostly improved.

The common themes were reviewed on 9<sup>th</sup> August 2023 with the Wales Cardiac Network. Across both adults and paediatric CHD services the common themes included: time in consultant job plans; variation in nursing support for CHD services (in paediatrics there are no visiting nurses); image transfer and storage; variation in physiology support; dental services.

A summary report highlighting the key issues, progress, and good practice has been drafted. LH presented the key service specific recommendations for each health board. Aneurin Bevan is the area of most concern – the service is mostly delivered via Cardiff. The Network are keen to help support the local service to progress this in collaboration with the Wales Cardiac Network and Level 2 ACHD team.

Next steps -

- CHD Network Board to sign-off report.
  - **Action** – Board to send any final comments to LH by 19th October.
- Network to follow up key centre specific recommendations where lack of investment in local model has been highlighted – Aneurin Bevan and Cwm Taf Morgannwg ACHD.
- Network to work with wider stakeholders including Wales Cardiac Network to follow up the overarching recommendations relating to physiology, image transfer and storage, nursing.
- Maintain momentum and dialogue with centres - re-issue self-assessment action plans for updates by email in August 2024 to centres in South Wales.

The Board thanked all those who participated and led in this process.

South West England Self-Assessment Reviews - The plan is to consider re-visiting level 3 in Spring 2024 (to avoid winter).

#### Update on key measurable 2023/24 workplan projects.

The new Board reporting mechanism is that key 'task and finish' project groups report into the Network Board via highlight reports (one slide summary).

Current key workplan projects

- 1. Transfer of care (TOC) between paediatric and adult CHD services** (led by SC) - The specific discharge at transfer for minor lesions SOP was signed off by the Network Clinical Governance Group on 12<sup>th</sup> October 2023.

<b>Project Title: Transfer of Care between paediatric and adult services</b>		<b>Insert Date:</b> 20/09/2023				
<b>Project Manager: Steph Curtis</b>		Project Reports to: T&F group and CHD Network Board				
<b>Project Aim</b>	To identify patients lost to follow up between paed and adult care. To investigate the causes of this, explore implementation of new TOC system, and ensure adequate TOC. Ultimately improving safety and reducing unnecessary medical follow-up.					
<b>Key outcome:</b>	To reduce the risk/and hopefully end the loss of patients between services. To improve info transferred and patient/staff experience.					
<b>Recent Progress</b>		<table border="1"> <tr><td>Project RAG</td></tr> <tr><td>Progress against plan</td></tr> <tr><td>Risks and issues</td></tr> <tr><td>Benefit Realisation</td></tr> </table>	Project RAG	Progress against plan	Risks and issues	Benefit Realisation
Project RAG						
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Benefit Realisation						
<ul style="list-style-type: none"> <li>Task and Finish Group met June, July &amp; September</li> <li>TOC designed and presented to L1 paed cardiologists. Issues with new digital noting system. Plan to incorporate.</li> <li>Audit of lost to FU patient 2017-18. 114 px, 54% delayed (median 7m [3.2m to 48m!]), spread across sites, 6% lost (50% Glos) shorter delay for complex (18% v 51% for mod and 49% for simple), full analysis at CG meeting Oct. Larger Welsh audit ongoing.</li> <li>Guideline "Simple Lesions to Discharge" complete – for approval at NW CG group</li> <li>Transition leaflet (who to transfer to) done, with patient input</li> <li>Pathway scoped in each centre</li> </ul>						
<b>Aims for Next Quarter</b>						
<ul style="list-style-type: none"> <li>Finalise leaflet for each centre (full list of L3 adults teams now available)</li> <li>Oct CG/Board meetings – full report of L2FU, Simple lesions SOP to be approved and disseminated, how to do ToC form in L3 centres tbd</li> <li>Finish and report Welsh audit</li> <li>To start using TOC document in L1 (meeting with IT to improve) and explore roll-out to L3 centres – progressing in Taunton</li> </ul>						
<b>Key Messages (Challenges, Risks, Awareness, Discussion)</b>						
<ul style="list-style-type: none"> <li>Diversity of IT systems unable to emulate TOC document in L3 centres – not sure if an issue yet – tbd at Board</li> <li>Ideal pathway tbd</li> </ul>						

- 2. Delay of transfers of care between paediatric centres – Cardiff and Bristol** (led by LH with RB support)

AT noted that when WHSCC raised with Level 1 about the surgical waiting time, they were unaware about the capacity issues in general PICU and Bristol having to provide mutual aid over the summer.

<b>Project Title: Delayed transfers of care between paediatric centres</b>		<b>Insert Date:</b> 11.10.2023				
<b>Project Manager: Louise Hudson</b>		Project Reports to: T&F Group and CHD Network Board				
<b>Project Aim</b>	To audit delayed transfers. To support centres to investigate the barriers to the seamless delivery of care. To identify mitigating actions to reduce delayed transfers.					
<b>Key outcome</b>	To reduce delayed transfers of care between paediatric centres across the Network					
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Risks and issues						
Benefit Realisation						
<ul style="list-style-type: none"> <li>18 submissions received (7 patients) between March and October. 16 recorded delays from Bristol to Cardiff and 2 recorded delays from Cardiff to Bristol</li> <li>Task and finish group met (Sept) to review findings and to provide more granular detail around location of delay and underlying causes</li> <li>Results collated and shared with commissioners</li> <li>Agreed process of escalation to on-call clinician on day 2 of delay</li> <li>Agreed process to notify WHSCC colleagues and project group when a delay in transfer is recorded aligning audit evidence to wider escalation across the region</li> </ul>						
<b>Aims for Next Quarter</b>						
<ul style="list-style-type: none"> <li>Ensure the field 'date of transfer' is completed to provide key evidence relating to delay and to help address wider issues around speciality bed usage</li> </ul>						
<b>Key Messages (Challenges, Risks, Awareness, Discussion)</b>						
<ul style="list-style-type: none"> <li>Completion of baseline data and audit information to accurate levels</li> <li>Continue to raise awareness and verify the data (next project group meeting – January)</li> </ul>						

**3. Communication of patient information across Network project (led by SC) – This has progressed for adults but need paediatric representatives to help progress for paediatrics.**

<b>Project Title: Communication of Patient Information across Network</b>		<b>Insert Date:</b> 09/10/2023				
<b>Project Manager:</b> Steph Curtis	<b>Project Reports to:</b> CHD Network Board					
<b>Project Aim</b>	To identify gaps in safe flow of patient information from L1 to L2 and L3 centres. To improve communication of patient events between L1 and L2 and L3 centres.					
<b>Key outcome:</b>	Safe and satisfactory communication of patient information, as measured by questionnaire.					
<b>Recent Progress</b>		<table border="1"> <tr><td><b>Project RAG</b></td></tr> <tr><td>Progress against plan</td></tr> <tr><td>Risks and issues</td></tr> <tr><td>Benefit Realisation</td></tr> </table>	<b>Project RAG</b>	Progress against plan	Risks and issues	Benefit Realisation
<b>Project RAG</b>						
Progress against plan						
Risks and issues						
Benefit Realisation						
<ul style="list-style-type: none"> <li>Change in JCC form ACHD and training of co-ordinator, all outcomes to go onto WCP</li> <li>JCC tracker in Wales (tbc in Bristol; maybe a Band 4 role)</li> <li>Sec training and master email list – all ACHD letters to have L2/L3 centres cc'd and Welsh to Welsh email for WCP</li> <li>New field to be added to all documents from L1 ACHD (exploring in L1 <u>paeds</u>) – see challenge below*</li> <li>CNSs now inform local teams about IP medical and surgical discharges and send d/c summaries</li> <li>Informal feedback that changes have been noticed and appreciated</li> </ul>						
<b>Aims for Next Quarter</b>						
<ul style="list-style-type: none"> <li>Have a <u>paeds</u> meeting and tackle in similar way</li> <li>Reaudit once changes made (more likely Q 1-2 2024)</li> <li>Comms around ACHD Intervention pathway <u>td</u> in separate meeting around JCC pathway</li> </ul>						
<b>Key Messages (Challenges, Risks, Awareness, Discussion)</b>						
<ul style="list-style-type: none"> <li>Need L1 <u>paed</u> engagement</li> <li>Digital noting challenge</li> <li>*IT too busy to implement agreed changes; limiting automated systems (will have to rely on staff training and culture)</li> <li>Will be difficult to implement automated system for d/c summaries, JDs change all the time</li> </ul>						

**4. Transition pilot project (led by JH) – aim to deliver transition consultations to young people aged 12-16 in three participating centres (Taunton, Torbay, and Gloucester). In addition to the project, Exeter is moving ahead with their new transition specialist nurse.**

- **Action** - Comments to be sent to [Jessica.Hughes@uhbw.nhs.uk](mailto:Jessica.Hughes@uhbw.nhs.uk) on the draft Network SOP for peripheral transition clinic paediatric cardiology.

<b>Project Title: Transition pilot project</b>		<b>Insert Date:</b> 01/10/2023				
<b>Project Manager:</b> Jess Hughes	<b>Project Reports to:</b> CHD Network Board					
<b>Project Aim</b>	To deliver transition consultations to young people ages 12-16 across the <u>South West</u>					
<b>Key outcome</b>	All young people aged 12-16 to attend dedicated transition clinics at each outpatient attendance with CNS presence					
<b>Recent Progress</b>		<table border="1"> <tr><td><b>Project RAG</b></td></tr> <tr><td>Progress against plan</td></tr> <tr><td>Risks and issues</td></tr> <tr><td>Benefit Realisation</td></tr> </table>	<b>Project RAG</b>	Progress against plan	Risks and issues	Benefit Realisation
<b>Project RAG</b>						
Progress against plan						
Risks and issues						
Benefit Realisation						
<ul style="list-style-type: none"> <li>First Torbay clinic planned for 19<sup>th</sup> October</li> <li>Second Taunton clinic set</li> <li>Transition Network SOP in board papers</li> <li>Patient letter re-written based on patient feedback</li> <li>Second transition study day achieved</li> </ul>						
<b>Aims for Next Quarter</b>						
<ul style="list-style-type: none"> <li>Meeting planned for update and to plan further progress</li> <li>Continue to check in with Gloucester re: link nurse and offer support</li> <li>Collate feedback from Torbay clinic and set next date</li> </ul>						
<b>Key Messages (Challenges, Risks, Awareness, Discussion)</b>						
<ul style="list-style-type: none"> <li>Lead nurse time limitations</li> <li>Education for link nurses</li> <li>CNS resource to support clinic</li> <li>Recruitment of link nurses</li> </ul>						

**5. Image transfer across the Network, particularly Echo transfer between Wales and England** (led by SC) – the key outcome is for all centres to be able to transfer/view images to/in the Level 1 centre from Level 2/3 centres.

<b>Project Title: Image Transfer Across Network, particularly Echo Transfer between Wales and England</b>		<b>Insert Date:</b> 09/10/2023				
<b>Project Manager:</b> Steph Curtis/Helen Wallis	Project Reports to: CHD Network Board					
<b>Project Aim</b>	To allow smooth transfer of all patient images throughout the Network					
<b>Key outcome</b>	All centres able to transfer/view images to/in the L1 centre from L2/3 centres.					
<b>Recent Progress</b>		<table border="1"> <tr><td><b>Project RAG</b></td></tr> <tr><td>Progress against plan</td></tr> <tr><td>Risks and issues</td></tr> <tr><td>Benefit Realisation</td></tr> </table>	<b>Project RAG</b>	Progress against plan	Risks and issues	Benefit Realisation
<b>Project RAG</b>						
Progress against plan						
Risks and issues						
Benefit Realisation						
Mapping all centres for paed and adult started Breakthrough with new portal to Swansea (firewall crossed), up and running, all users have accounts (Dec to July) Now also working in Aneurin Bevan (James Stevens) and Stephen Morris supporting Hywel Dda (Catrin Williams and Nerys James) and Cwm Taf (Matthew Jones), all users being issued with account Exeter paed storage issue being sorted with local PACS solution						
<b>Aims for Next Quarter</b>						
Ensure all Welsh echoes in 4 Health Boards have links to Bristol by end 2023 Chase Bath: ECHOPAC upgrade Chase Cardiff and Vale new system and set up links Finalise mapping of all centres and ensure all have access to echoes across Network						
<b>Key Messages (Challenges, Risks, Awareness, Discussion)</b>						
Different HBs/trusts using different systems Paed/adult issues separate systems/requirements England/Wales firewall Financial restraints if capital investment required None have been insurmountable so far						

Those interested in joining any of these task and finish group are invited to contact the core Network team.

**Draft Plan on a page for 2024/25** – included for Network comment/agreement. This aligns with the Network functions as set out by NHSE. It was proposed that this also include antenatal detection rates as a potential project for next year.

- **Action** – LH to add in the antenatal detection rate project and AM to link in with LH re: amend psychology wording (refers to uptake of psychology webinars). Board invited to feedback comments to LH by 19<sup>th</sup> October.

This is due to be submitted to the NHSE Women’s and Children’s Programme Board in November.

Susie Gage shared that as part of the CRG she is looking at the AHP workforce and doing a national benchmarking exercise across the main centres – Board would welcome an update on this at future meeting.

- **Action** – SG to provide an update on the CRG AHP workforce planning/national benchmarking exercise at a future Board meeting.

**11. Issues Log**

Operational Delivery Networks no longer own risks but have a role in oversight and supporting risk reduction via mitigating action. This new process aligns with the NHSE southwest risk framework for ODNs.

The Networks are responsible for keeping an issue log with high priority issues reported at the

	<p>Regional Network Programme Board. These priority issues should inform the Network focus and workplan moving forward.</p> <p>In quarter 2 (2023/24), two new issues have been recently added to the log and one has closed which related to the digital storage for Exeter paediatric service. The decision to close this was taken following meetings held with commissioners, clinical leads and senior Trust staff - an interim solution has been reached prior to investment in a new digital storage system.</p> <p>SV presented the top three priority issues in October 2023:</p> <ul style="list-style-type: none"> <li>• Delays to and cancellations of appointments and procedures across the Network.</li> <li>• Patients transferring from paediatric to adult care are lost to follow-up between services.</li> <li>• Access to MRI scanning is delaying patients being added to waiting lists and receiving dates for surgery and intervention (New issue added)</li> </ul> <p>The other new issue added was:</p> <ul style="list-style-type: none"> <li>• An issue that some paediatric Joint Cardiac Conference processes may result in delays to patients being added to waiting lists and receiving dates for surgery and intervention.</li> </ul> <p>Please refer to the paper for the details of actions to mitigate these and share any feedback/comments with <a href="mailto:Louise.Hudson@uhbw.nhs.uk">Louise.Hudson@uhbw.nhs.uk</a></p>
<b>12.</b>	<b>Any Other Business</b>
	<ul style="list-style-type: none"> <li>• <u>Network Manager post</u> – Thank you to LH for her hard work and contributions to the Network as Network Manager. The Board recognised her ability to cultivate the field and scan the horizon. Following a competitive and strong recruitment process, welcome to Michelle Jarvis who officially starts on 28<sup>th</sup> November 2023</li> <li>• <u>Board Chair</u> – currently out for expressions of interest until 16<sup>th</sup> October.</li> <li>• <u>Board membership</u> – Need to ensure members send a nominated deputy if unable to attend.</li> <li>• <u>Feedback form</u> - Board members were invited to complete the meeting feedback form via the Microsoft Forms link circulated. Feedback has shown that the majority preference is for the Board meetings to continue to be held virtually.</li> <li>• <u>Next Board Meeting</u>, Tuesday 23<sup>rd</sup> January 2024, 14:00 – 16:30 (virtual) - Board members were asked to inform the Network team of any agenda items for the next Network Board meeting.</li> </ul>

### Attendees

Name		Job Title	Organisation	12/10/23
Andy Tometzki	AT	BRHC Clinical Director / Consultant Paediatric Cardiologist	Bristol, University Hospitals Bristol & Weston	Present
Anna McCulloch	AM	Consultant Clinical Psychologist	Cardiff, University Hospital of Wales	Present
Becky Nash	BN	Patient Representative		Present
Claire Kennedy	CK	Senior Commissioning Manager	NHS England	Present
Debasis Biswas	DB	Consultant	Hywel Dda	Present
Dirk Wilson	DW	Consultant Paediatric Cardiologist	Cardiff, University Hospital of Wales	Present
Ed Roberts	ER	General Manager (BRHC)	Bristol, University Hospitals Bristol & Weston	Present



Name		Job Title	Organisation	12/10/23
Megan O'Brien	MO	Assistant General Manager of Paediatric Cardiac Services, Neurosurgery and PICU	Bristol, University Hospitals Bristol & Weston	Present
Frankie Carlin	FC	Patient Representative		Present
Georgina Ooues	GO	Consultant Cardiologist ACHD	Truro, Royal Cornwall Hospital	Present
Giovanni Biglino	GB	Network Research Lead	Bristol, University Hospitals Bristol & Weston	Present
Helen Wallis	HW	Consultant Cardiologist	Cardiff, University Hospital of Wales	Present
Holly Jones	HJ	Patient Representative		Present
Idoia Grange	IG	Consultant Paediatrician Cardiologist	Bristol	Present
Jessica Hughes	JFH	Network Lead Nurse (joint)	CHD Network Team	Present
Justin Thuraisingham	JT	Consultant Paediatrician with Expertise in Cardiology (newly appointed)	Exeter	Present
Katy Huxstep	KH	Consultant Paediatrician with Expertise in Cardiology	Truro, Royal Cornwall Hospital	Present
Louise Hudson	LH	CHD Network Manager	CHD Network Team	Present
Luisa Chicote-Hughes	LCH	Consultant Cardiologist - ACHD	Plymouth, Derriford Hospital	Present
Matthew Beake	MB	Consultant Paediatrician with Expertise in Cardiology	Gloucestershire Hospitals	Present
Nigel Osborne	NO	Consultant Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Present
Patricia Caldas	PC	Consultant paediatric cardiologist and Clinical Lead	Bristol, University Hospitals Bristol & Weston	Present
Rachel Burrows	RB	CHD Network Support Manager (note-taker)	CHD Network Team	Present
Gareth Strange	GS	Patient Representative		Present
Giovanni Biglino	GB	Network Research Lead	Bristol, University Hospitals Bristol & Weston	Present
Frances Cantin	FC	ACHD Specialist Nurse	Plymouth, Derriford Hospital	Present
Rowan Kerr-Liddell	RKL	Consultant Paediatrician with Expertise in Cardiology	Torquay, Torbay District General Hospital	Present
Shafi Mussa	SM	Consultant Surgeon	Bristol, University Hospitals Bristol & Weston	Present
Sheena Vernon	SV	CHD Network Lead Nurse	CHD Network Team	Present
Stephanie Curtis	SC	Network Clinical Director / Consultant cardiologist	CHD Network Team / Bristol, University Hospitals Bristol & Weston	Present
Susie Gage	SG	Paediatric Cardiology and Surgical Pharmacist	Bristol University Hospitals Bristol & Weston	Present
Megan O'Brien	MOB	Assistant General Manager	Bristol University Hospitals Bristol & Weston	Present
Michelle Jarvis	MJ	Upcoming Network Manager	CHD Network Team	Present
Zoe Trotman	ZT	Senior Nurse, paediatric cardiology	Bristol, University Hospitals Bristol & Weston	Present
Adam Duffen	AD	Consultant Anaesthetist (Adults)	Bristol, University Hospitals Bristol & Weston	Apologies
Adrian Wagstaff	AW	Consultant Anaesthetist (Adults)	Bristol, University Hospitals Bristol & Weston	Apologies



Name		Job Title	Organisation	12/10/23
			Weston	
Alan Pateman	AP	Paediatric Clinical Lead	Cardiff, University Hospital of Wales	Apologies
Amanda Davies	AD	Patient Representative		Apologies
Andre Clinchant	AC	Lead Nurse	Taunton, Musgrove Park Hospital	Apologies
Andrew Parry	AP	Consultant Cardiac Surgeon	Bristol, University Hospitals Bristol & Weston	Apologies
Andy Arend	AA	Consultant paediatrician	Barnstaple, North Devon District Hospital	Apologies
Ankita Jain	AJ	Consultant Paediatrician with Expertise in Cardiology	Swansea Bay	Apologies
Anthony Goodwin	AG	Consultant Paediatrician with Expertise in Cardiology	Cwm Taf	Apologies
Anthony Pearce	AP	Commissioner	NHS England	Apologies
Becky Lambert	BL	ACHD Nurse	Taunton, Musgrove Park Hospital	Apologies
Beth Greenway	BG	Patient Representative		Apologies
Bill McCrea	BMc	Consultant – ACHD	Swindon, Great Western Hospital	Apologies
Carys Williams	CW	Cardiac Physiologist	Swansea Bay	Apologies
Catherine Armstrong	CA	Consultant Paediatric Cardiologist	Bristol	Apologies
Catherine Blakemore	CB	Consultant Cardiologist with interest in CHD	Torquay, Torbay District General Hospital	Apologies
Chris Gibbs	CG	Consultant - ACHD		Apologies
Claire Logan	CL	Paediatric clinical nurse specialist	Cardiff, University Hospital of Wales	Apologies
Daniel Meiring	DM	Fetal & Paediatric Cardiac Physiology Service Manager	Bristol, University Hospitals Bristol & Weston	Apologies
Danielle McPeake	DMP	Clinical Nurse Specialist ACHD	Bristol, University Hospitals Bristol & Weston	Apologies
David Lindsey	DL	Consultant Cardiologist with interest in ACHD	Gloucestershire Hospitals	Apologies
David Mabin	DM	Consultant Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Apologies
David Withers	DW	ACHD Link Nurse	Gloucester	Apologies
Dushen Tharmaratnam	DT	Consultant ACHD	Barnstaple, North Devon District Hospital	Apologies
Emma Hulbert Powell	EHP	Consultant Paediatrician with Expertise in Cardiology	Plymouth, Derriford Hospital	Apologies
Emma Whitton	EW	Commissioner	NHS England South West	Apologies
Faamy Hassan	FH	Consultant Paediatrician with Expertise in Cardiology	Hywel Dda	Apologies
Ganga Bharmappanavara	GB	Consultant Paediatrician with Expertise in Cardiology	Taunton, Musgrove Park Hospital	Apologies
Geraint Morris	GM	Consultant Paediatrician with Expertise in Cardiology	Swansea Bay	Apologies
Gergely Szantho	GS	Consultant cardiologist	Bristol, University Hospitals Bristol & Weston	Apologies
Gui Rego	GR	Senior Echocardiographer (ACHD)	Bristol, University Hospitals Bristol & Weston	Apologies
Helen Fardy	HF	Medical Director	Welsh Health Specialised Services Committee	Apologies
Helen Liversedge	HL	Consultant Fetal	Exeter, Royal Devon University	Apologies

Name		Job Title	Organisation	12/10/23
			Hospital	
Jennifer Holman	JH	Consultant Paediatrician	Gloucestershire, Gloucester Hospital	Apologies
Joanne Jones	JJ	Paediatric and Fetal Cardiac Sonographer	Bristol, University Hospitals Bristol & Weston	Apologies
John Madar	JM	Consultant Paediatrician with Expertise in Cardiology	Plymouth, Derriford Hospital	Apologies
Karen Sheehan	KSh	Paediatric Cardiac Research Sister	Bristol, University Hospitals Bristol & Weston	Apologies
Karikalan Kandasamy	KK	Consultant ACHD	Truro, Royal Cornwall Hospital	Apologies
Katrina Spielman	KS	ACHD clinical nurse specialist	Cardiff, University Hospitals of Wales	Apologies
Kimberley Meringolo	KM	Specialised Planner (Paediatrics)	Welsh Health Specialised Services Committee	Apologies
Kindre Morgan	KM	ACHD clinical nurse specialist	Cardiff, University Hospital of Wales	Apologies
Lisa Patten	LP	Paediatric clinical nurse specialist	Bristol, University Hospitals Bristol & Weston	Apologies
Louise Challis	LC	Link Nurse	Torquay, Torbay District General Hospital	Apologies
Luisa Wilms	LW	Consultant Paediatrician with interest in cardiology	Taunton, Musgrove Park Hospital	Apologies
Maha Mansour	MM	Consultant Paediatrician with Expertise in Cardiology	Swansea Bay	Apologies
Manish Gandhi	MG	Consultant cardiologist - ACHD	Exeter, Royal Devon University Hospital	Apologies
Marcia Scheller	MSC	Consultant Paediatrician with Expertise in Cardiology	Cwm Taf	Apologies
Marion Schmidt	MS	Consultant Paediatrician	Newport, Royal Gwent Hospital	Apologies
Mark Dayer	MD	Consultant Cardiologist - ACHD	Taunton, Musgrove Park Hospital	Apologies
Martin Heatley	MH	Consultant		Apologies
Max Nathan	MN	Consultant Paediatrician with Expertise in Cardiology	Bridgend, Princess of Wales	Apologies
Mel Gilbert	MG	Matron for Child Health	Truro, Royal Cornwall Hospital	Apologies
Muhammad Addin	MA	Consultant Paediatrician with Expertise in Cardiology	Bath, Royal United Hospital	Apologies
Nagendra Venkata	NV	Consultant Paediatrician with Expertise in Cardiology	Exeter, Royal Devon University Hospital	Apologies
Nicola Johnson	NJ	Consultant Paediatrician with Expertise in Cardiology	Taunton, Musgrove Park Hospital	Apologies
Nicola Morris	NM	Patient Representative		Apologies
Orhan Uzan	OU	Consultant Cardiologist	Cardiff, University Hospital of Wales	Apologies
Pauline Aiston	PA	Psychologist	Bristol, University Hospitals Bristol & Weston	Apologies
Poonamallee Govindaraj	PG	Consultant Paediatrician	Cwm Taf Morgannwg, Royal Glamorgan	Apologies
Pradesh Mappa	PM	Consultant Paediatrician	Swindon, Great Western Hospital	Apologies
PremKumar Pitchaikani	PP	Consultant	Hywel Dda	Apologies

Name		Job Title	Organisation	12/10/23
Rainer Fortner	RF	Consultant Paediatrician with Expertise in Cardiology	Cwm Taf	Apologies
Richard Palmer	RP	Senior Planner Commissioner	Welsh Health Specialised Services Committee	Apologies
Sam Padmanabhan	SP	Consultant Paediatrician with Expertise in Cardiology	Truro, Royal Cornwall Hospitals	Apologies
Sandeep Ashketar	SA	Consultant paediatrician	Aneurin Bevan, Royal Gwent Hospital	Apologies
Sarah Finch	SF	ACHD Clinical Nurse Specialist	Cardiff, University Hospital of Wales	Apologies
Sian Jenkins	SJ	Consultant Paediatrician with Expertise in Cardiology	Hywel Dda, Glangwilli Hospital	Apologies
Simon Dunn	SD	Operational Service Manager	Torquay, Torbay District General Hospital	Apologies
Simon Macdonald	SM	Consultant Cardiologist	Cardiff, University Hospital of Wales	Apologies
Soha Elbehery	SE	Consultant Paediatrician with Expertise in Cardiology	Aneurin Bevan, Nevill Hall Hospital	Apologies
Sophie Nicholls	SN	General Manager (Adults)	Bristol, University Hospitals Bristol & Weston	Apologies
Sree Nittur	SN	Consultant Paediatrician with Expertise in Cardiology	Swansea Bay	Apologies
Tatiana Rjabova	TR	Consultant Paediatrician with Expertise in Cardiology	Bath, Royal United Hospital	Apologies
Tim Murphy	TM	Consultant Anaesthetist (Paediatrics)	Bristol, University Hospitals Bristol & Weston	Apologies
Vanessa Garratt	VG	CHD Network Clinical Psychologist	CHD Network Team	Apologies
Vishwa Narayan	VN	Consultant Paediatrician with Expertise in Cardiology	Hywel Dda	Apologies
Yusf Museji	YM	Consultant – ACHD	Glangwilli	Apologies