



**NHS**

**East Midlands**

**Congenital Heart Network**

**MINUTES OF THE EAST MIDLANDS CONGENITAL HEART NETWORK  
OPERATIONAL BOARD MEETING**

**14<sup>th</sup> January 2022, 10.00-11.00 VIA MICROSOFT TEAMS**

**IN ATTENDANCE:**

Chris Pallot – Network Chair **(CP)**  
Aidan Bolger – Network Clinical Director / Co-chair, EMCHN **(AB)**  
Eileen Peasgood – Network Lead Nurse, EMCHN **(EP)**  
Gavin Thorpe – Network Administrator, EMCHN **(GT)**  
Rachel Appleby – Service Manager, EMCHC **(RA)**  
Husain Asgerally – Consultant PEC, Nottingham **(HA)**  
Frances Bu'Lock – Consultant Cardiologist, EMCHC **(FB)**  
Mark Fenner – Consultant PEC, Nottingham **(MF)**  
Tim Jones – Consultant Cardiologist, NWANGLIAFT **(TJ)**  
Felicity Larson – Network Lead Psychologist, EMCHN **(FL)**  
Claire Westrope – Consultant Paediatrician, UHL **(CW)**  
Anand Patil – Consultant Paediatrician, UHL **(AP)**  
Andrew Tebbatt – Principle Perfusionist, UHL **(ATb)**  
Iona McAllister – General Manager, EMCHC **(IM)**  
Greg Skinner – Paediatric Cardiologist / Clinical Lead, EMCHC **(GS)**  
Andrea Gray – Paediatric Specialist Cardiac Nurse, EMCHC **(AG)**  
Bemigho Etuwewe - Consultant PEC, Royal Derby **(BE)**  
Richard Shanahan – Data & Outcomes Analyst, EMCHC **(RS)**  
Chris Thornborough – Senior ACHD Specialist Nurse, EMCHC **(CT)**  
Jeremy Tong – Consultant Paediatrician, UHL **(JT)**

<b>/Agenda Item</b>	<b>Minutes</b>	<b>Owner</b>
1.0	<p><b>Welcome and Introductions</b></p> <p>CP welcomed all attendees to the call, and advised that apologies received would be minuted.</p> <p><b>Apologies:</b></p> <p>Sirisha Balmuri, Bala Subramaniam, Richard Doane, Rachael Briggs, Julie Holroyd, Russell Pitchford, Ramesh Pavanasm, Paul Tisi, Will Smith, Jon Currington, Susi Ward, Mel Bulgin, Andrew March, Sue McLeod, Stacey Taylor, Poornima Pandey</p>	CP
2.0	<p><b>Review of Minutes and actions from previous meeting</b></p> <p>MF raised that the previously advised 4-6w wait for an OP appointment in Nottingham was given in error at October's board, and that the correct wait time for a PEC clinic appointment is currently at 22w. MF confirmed that the 4-6w wait was for the joint</p>	CP

	<p>cardiac clinic. MF suggested that the backlog was due to COVID and the loss of Dr Thakkar.</p> <p>Previous actions marked as complete, with the exception of the network invites to the level 1 centre, which is to be addressed in the agenda.</p>	
3.0	<p><b>National and Regional position update</b></p> <p>AB discussed topics arising from the regular National CHD meeting, advising that staffing pressures had been a common theme across the country throughout Omicron, rather than high patient admissions or ITU pressures. AB confirmed that the National picture is now improving and that weekly meetings have been stepped down to fortnightly. Mutual aid has yet to be required nationally, and ECMO numbers have remained static throughout.</p> <p>IM added that the level 1 centre was seeing an increase in paediatric patients with COVID, with a mix of patients admitted for COVID and those who have merely tested positive whilst admitted. TJ advised that Peterborough were also seeing an increase in paediatric COVID patients, however the majority were incidental cases with short hospital stays.</p> <p>AB discussed concerns around catching up with COVID surgical backlogs due to lack of bed availability, citing a trust communication received requesting an increase in elective activity in 22/23 by 30% above pre-covid baseline.</p>	AB
4.0 & 5.0	<p><b>Level 3 Services Updates / Network Covid Response and Support Requests</b></p> <p>AB started by welcoming Dr Husain Asgerally to the Network. Dr Asgerally joined the PEC team in Nottingham in January.</p> <p>MF, Nottingham – MF echoed AB in welcoming HA to the team. Paeds admissions low, but staffing levels in OP clinics and on wards depleted by Covid absentees. Paeds standalone clinics running at 20-22w backlog. 2 Physiologists left Nottingham to join Leicester, leaving Nottingham with no physiologists able to provide training. UHL to provide interim Physiologist support for the joint clinic, funded by Nottingham via a temporary SLA.</p> <p>BE, Derby – NR review time slipped from 6-8w to ~12w due to Covid. Physiology ok. GS advised that SM is to leave in March '22, which will mean a return to 2.5 clinics pcm, rather than 3. Additional support requested to support Burton clinics, AB advised that any further required clinics should be possible.</p> <p>TJ, Peterborough - Locum PEC started his own cardiac clinics, Dr Herat. Activity unremarkable, staff absences up due to covid. Biggest challenge is managing backlog.</p> <p>AB discussed Network visits to new Level 1 centre, advising that these are still to be scheduled once Covid restrictions become</p>	ALL



	<p>relevant Network educational events would be added to the Calendar feature, and echoed AB's request that the calendar be used as a centralised hub for meetings and events throughout the Network upon launch. GT advised that relevant documents and links would be embedded within the calendar entries.</p> <p>GS discussed QR codes for the website upon launch to add to clinic letters / Network publications etc. GT advised that the Network team planned to generate a QR code for this intended use. AB proposed that the Network Logo be added to the clinic letters sent from specialty clinics throughout the network, alongside the local Trust's logo, and suggested adding the QR code at this stage. AB asked for objections or agreements to the above proposal. IM confirmed that the level 1 centre would be willing to rework the template to incorporate. BE was in support of having the network logo placed on all PEC clinic letters.</p> <p><b>ACTION: GT/ST to approach Service Management Teams within the Network regarding the addition of the EMCHN Logo to clinic letter templates.</b></p> <p><b>ACTION: GT to generate QR Code for EMCHNetwork.nhs.uk upon website launch</b></p>	<p>ST/GT</p> <p>GT</p>
10.0	<p><b>AOB</b></p> <p>FB discussed the formalisation of a virtual support mechanism for Network clinics from the level 1 centre. GS suggested that there was unlikely to be room in job planning to be able to timetable this, however advised that current communication lines within the network were working well. GS invited suggestions as to how this process could be improved. MF advised that Nottingham make additional space available within the joint clinic for MF to discuss any patients he may have seen outside of the joint clinic with the visiting Level 1 Consultant.</p> <p>GS highlight updated JCVI guidance regarding immunisation. EP circulated information throughout Network, and BCCA guidance has been added to the current EMCHC website.</p>	All
11.0	<p><b>Future Meetings Dates</b></p> <ul style="list-style-type: none"> <li>• Tuesday 29<sup>th</sup> March – Virtual Operational Board and Educational Meeting</li> <li>• Friday 10<sup>th</sup> June – Full day face to face event @ The National Space Centre</li> <li>• Wednesday 5<sup>th</sup> October – Virtual Operational Board only</li> </ul>	GT

- **Date of Next Meeting: Tuesday 29<sup>th</sup> March – Virtual Operational Board and Educational Meeting**

DRAFT