

**MINUTES OF THE EAST MIDLANDS CONGENITAL HEART NETWORK**

**OPERATIONAL Board MEETINg**

**2nd JULY 2021, 10.00-12.00 VIA MICROSOFT TEAMS**

**IN ATTENDANCE:**

Aidan Bolger – Network Clinical Director / Co-chair, EMCHN **(AB)**

Stacey Taylor – Network Manager / Chair, EMCHN **(ST)**

Eileen Peasgood – Network Lead Nurse, EMCHN **(EP)**

Gavin Thorpe – Network Administrator, EMCHN **(GT)**

Andrew Tebbatt – Principle Perfusionist, UHL (**ATb)**

Joe Verdegaal – Business Development Manager, Peterborough **(JV)** \*until item 4

Iona McAllister – General Manager, EMCHC **(IM)**

Vicky Elliott – Clinical Psychologist, EMCHC **(VE)**

Sophie Wilne – Clinical Director, Nottingham Childrens Hospital **(SW)**

Mel Jackson – Admin & Performance Coordinator, Peterborough **(MJ)**

Anna Duke – Head of Nursing, UHL **(AD)**

Frances Bu’Lock – Consultant Cardiologist, EMCHC **(FB)**

Sirisha Balmuri – Consultant Paediatrician, Nottingham **(SB)** \*from item 4

Greg Skinner – Paediatric Cardiologist / Clinical Lead, EMCHC **(GS)**

Andrea Gray – Paediatric Specialist Cardiac Nurse, EMCHC **(AG)**

Katie Linter – Consultant Paediatric Cardiologist, EMCHC **(KL)** \*from item 5

Ahmed Al Zaghal – Locum Consultant Paediatrician, Lincoln **(AAZ)** from item 6

Rachel Lenderyou – Senior Specialist Dietician, EMCHC **(RL)**

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| **Agenda Item** | **Minutes** | **Owner** |
| 1.0 | **Welcome and Introductions**  ST welcomed all attendees to the call, noting that a number of apologies had been received due to Clinical commitments.  **Apologies**  Rebecca Brown, Marinos Kantzis, Richard Shanahan, Carolyn Webster, Claire Westrope, Chris Pallot, Heather Durwood, Lorraine Binch, Mel Bulgin, Rachel Briggs, Rachel Ashmore, Russell Pitchford, Stephanie Smith, Sarah Barry, Andrew March, Emma Fogg, Julie Holroyd, Mark Fenner, Sue Lloyd | ST |
| 2.0 | **Review of Minutes and actions from previous meeting**  Previous Minutes were taken as accurate and signed off. | ST |
| 3.0 | **Board Meeting TOR**  ST advised that the revised TOR had been circulated and was available for comment. It was clarified that the revised TOR was specifically for the Board to outline the function, purpose and delivery aims. ST highlighted the roles and responsibilities of the Board and Board Members. ST discussed a Network effort to increase Board attendance from Service Management and Clinical Leads from across the Network. ST advised that the proposed amendment to the TOR included a revision to the Co-chair role. ST highlighted revisions made to the voting rights for the EMCHC General Manager and the EMCHN Network Manager, granting one vote each.  AB discussed the models under consideration for the Board membership and make up. AB emphasised the importance of engagement from across the Network and the need for representation at the Board from all Network Centres in order for the ODN to function as it should. AB advised that alongside the TOR circulation, Network board options would be sent out for comment. Options to include remaining as is, membership on a rotational fixed-term basis, a reduced membership of key delegates. AB advised that other suggestions for board membership models would be welcomed for consideration. GS discussed the need to return to face to face board meetings in order to increase attendance as it provides a more protected block in diaries for Clinicians. ST advised that the Network plans to ensure that two of the four annual Network Board Meetings will be face to face and coincide with the Network Educational Events, circumstances permitting.  **ACTION: ST/GT to circulate TOR and Board Membership Options, for comment within 3 weeks for sign-off.** | ST/AB  **ST/GT** |
| 4.0 | **National and Regional position update**  AB advised that throughout COVID the Network participated in weekly meetings with the National Specialised Commissioning Team in order to track National activity, highlight areas of concern and to promote mutual aid. These meetings have now reduced in frequency to monthly following the easing of COVID pressures. AB discussed National concerns that a spike in RSV and other viral infections in children is predicted which may put atypical pressure on PICU, but advised that it has yet to materialise. AB highlighted that due to prolonged PICU usage during COVID, Leicester was behind most National centres in terms of Surgical and Catheter backlog recovery, but that usual activity levels are expected by September and that waiting lists are being managed comfortably on a slightly reduced footprint. AB advised that the pending Service move will increase Catheter activity by 50% which will aid in reducing the significant backlog. AB forecast that the Network would be in a more robust position should there be a third wave of Adult COVID due to the new facilities at the level 1 centre. AB confirmed that BCH are to provide two weeks of Service cover whilst the move occurs. AB asked that Network centres continue to refer in to the level 1 centre as normal during this time, in order for the Cardiology Team to direct appropriately, and confirmed that there would be no PICU downtime during the Service move.  AB discussed that National Activity had been down across the board, but advised that there had been indications that this is now on the increase.  FB discussed RSV vaccination programme and highlighted recent guidance suggesting that vaccinations should commence imminently. AG confirmed, advising that the programme is to start w/c 12th July and will run throughout. AG asked Network Clinicians to identify patients within their centres appropriate for vaccination. AG to circulate details via the Network Team. | AB |
| 5.0 | **Level 1 Service Update**  IM advised that the Service move date is proposed for 5th – 8th August and that no further delays are forecast. The Centre will be running a restricted service from Aug 2nd to Aug 15th with support from BCH during this time, but advised that PICU, wards and outpatient services will be unaffected. IM confirmed that the network is looking to increase Electrophysiology provision across the Midlands, working in conjunction with BCH. IM welcomed Dr Shreesha Maiya to the Centre, who will provide provision alongside Dr Vinay Bhole across the Region.  IM advised that remote pacing monitoring is to be rolled out to 64 patients with assistance from the Network Charitable Funds.  IM discussed Q1 Surgical activity, advising that 58 Patients had been operated on during this time, advising that theatre utilisation was currently at 80.6%, higher than the National averaged. This had been achieved by moving from 8 to 10 hour days in theatre.  IM advised that over the quarter an average of 7.6 theatre sessions per week had been achieved, and that at present the service had increased to an average of 10.25 sessions per week. It is predicted that this will increase to 13 sessions per week following the Service move. Catheter activity is currently at 4 sessions per week, averaging at 6 cases per week, but this is predicted to increase to 6.25 sessions weekly following the Service move.  IM invited any interested Network partners to arrange a visit to the new Level 1 Centre by getting in touch with either herself, ST or EP.  IM congratulated Mr. Branko Mimic for being added to the Specialist Register, and highlighted that he is the only Surgeon in the UK to specialise in Congenital Surgery on the Register. | IM |
| 6.0 | **Level 3 Services Updates**  ST advised that due to low attendance she would provide updates on behalf of any Centres that she had held meetings with prior in the event of their absence from the call today. Centres represented on the call would be invited to provide their own updates.  Peterborough – ST advised that JV had confirmed that hospital activity is significantly increased, and that it had been reported as a critical incident, none CHD related. AB advised that Adult clinic had moved from Tuesday to Friday, in order to link with Dr. Marina Hughes. Peterborough are now offering Paediatric Congenital MRI.  Lincolnshire – ST advised that she had spoken with Nick Edwards recently, who confirmed that they had appointed a new Locum Consultant Paediatrician, Dr. Ahmed Al Zaghal, and ST welcomed Dr Al Zaghal to the Network.  Nottingham – SB thanked the Network for their assistance with additional clinics. SB advised that they have successfully appointed to their vacant Consultant post pending references, with an anticipated start date slightly longer than initially projected, and suggested that in the interim there will still be the need for additional assistance from the Network to cover further clinics to reduce the present backlog. SB and MF Clinics now at pre-COVID booking activity with all appointments being held face to face. SB advised that due to the vacancy, new referral wait time is currently at 19-20 weeks on average. SB requested that AB or GS provide a letter of recommendation for a Specialist Nurse appointment on behalf of the Network in order to aid with complex patients, in order for SB to present to NUH. ST advised that this will be picked up during the Network visit, to be scheduled imminently.  Derby – GS advised that extra clinics are being held in Derby following Dr Shreesha Maiya’s appointment, moving from once every two months to monthly. Clinic capacity is back to pre-COVID numbers, with increasingly fewer telephone appointments required.  Sherwood Forest King’s Mill – ST advised that she had held discussions with the Paediatric Service manager, who had raised some concerns around financial viability. AB updated re: Adult Services; AB has approached a Kingsmill Cardiologist to become the Network link. 6 Clinics per year presently held, and demand outweighs capacity so SLA to be reviewed. AB to update board at next Meeting.  Kettering – ST advised that she has been unable to arrange a meeting to date, but efforts will continue. AB advised that for Adult services, Kettering are still without an Outpatient Department following COVID repurposing, and that restoration is at around 50%.  George Eliot – ST advised that the Network Team will continue to develop links with GE and update at the next Board Meeting.    **ACTION: ST/GT/EP to arrange pre-visit for Nottingham.**  **ACTION: AB/ST to review SLA for Kingsmill for Adult Services.** | ALL  **ST/GT/EP**  **AB/ST** |
| 7.0 | **Network Nurse Lead Update**  EP provided an update via Powerpoint regarding Training and Education. The Network has delivered a rolling programme on Cardiac anomalies, dates to be circulated widely. Sessions held face to face within EMCHC, and virtually to the wider Network, twice monthly.  EP advised that National CHD Lead Nurses had delivered a programme of two half day sessions to 140 applicants, with EP presenting on CHD Drugs, targeted at Specialist Nurses, particularly within Level 3 Centres.  EP advised that Network Charities have assisted with the delivery of Education Sessions Nationally, with Tiny Tickers delivering Webinars on a weekly basis.  EP discussed Evelina Introduction to CHD Course, and confirmed that the Network had funded a number of places for Nurses across the Network to attend.  EP working alongside Network Lead Nurse for PiC and SiC Networks, arranging collaborative Network visits to discuss and deliver Educational visits as needs require.  EP confirmed that a Paediatric Specialist Nurse had been appointed, and an Adult Specialist Nurse had also recently joined, with further recruitment planned for the latter part of the year.  EP discussed ongoing project to establish a Youth Forum. | EP |
| 8.0 | **Network Charity Update**  AT not present to provide update. | AT |
| 9.0 | **Network Website Update**  GT provided an update on the continued development of the EMCHN Website via Powerpoint presentation.  GT confirmed that the design phase had been completed and that all branding and aesthetic work had been signed off, and that efforts were now focused on content building via the backline CMS (Content Management System).  GT demonstrated various key features of the website, highlighting navigation paths and confirming that the homepage will display any latest news as well as the embedded Network Twitter feed.  GT discussed and demonstrated the integrated Map feature, allowing users to find their nearest Network Hospital based on a postcode search feature. GT then confirmed that the Map then allows navigation to further Network Centre-focused information and contact details. GT advised that the Network Centres will be asked to contribute specific text and content for their individual pages.  GT discussed and demonstrated the Calendar feature, highlighting how events will be displayed, and the details which will be included. GT confirmed that the Calendar will allow for events to have appropriate downloadable documents attached to them, which will remain accessible retrospectively. GT advised that Network specific events will be published on the Calendar, such as Board Meetings and Educational Events, along with relevant National and International Events, and cross-Network Educational Events such as the pans-Midlands Educational Events in conjunction with BCH.  GT discussed and presented the Documents and Resources feature, citing features such as a keyword search. GT confirmed that the store will be split into three defined areas; Clinical Policies and Guidelines, Operational Guidelines and Patient Information. Documents will be fully downloadable from the site.  GT advised that go-live date is still projected to coincide with the Level 1 Service move.  ST confirmed that the website will be translatable into ten different languages, as well as offering other accessibility options such as text resizing and recolouring. | GT |
| 10.0 | **Network Quality Dashboard**  ST provided an update on the Network Quality Dashboard via Powerpoint presentation. ST thanked all contributors from the Network for their continued engagement with the Network Data requests project, citing the dramatic improvement in data visibility and submissions throughout the network within the space of three months.  ST advised that data inaccuracies and perceived upward trends in the data presented had in part been influenced by the number of data submissions received increasing month by month over the reporting period. ST advised that at this stage the data being presented was for example purposes only, to highlight to the Network what the project aims to achieve as the data quality and return rate improve moving forward. ST clarified that increased efforts will be made to improve the quality of the data provided.  ST presented data return compliance figures across the Network, increasing from 0 to 4 centres from Paediatrics over the reporting period, and from 0 to 3 in Adult Services, and cited the targets of 7 and 6 respectively moving forward.  ST demonstrated the New referral data received from the network.  ST demonstrated the visiting Consultant Clinic data being collected.  ST demonstrated the New and Follow-up patient information received highlighting data quality concerns therein, and reaffirmed that efforts will be made to improve data quality moving forward.  ST demonstrated Waiting List data being collected.  AB summarised the Catheter and Surgical year to date data. Surgical data was reduced by 50% in comparison to the previous year as a result of COVID. AB predicted a return to normal operating levels moving forward, aiming for the ~400 target of previous pre-COVID activity. AB discussed VLAD data denoting 30 day survival rate after surgery, highlighting that EMCHN have a higher survival rate than the predicted model based on historical National data. AB confirmed that NHSE annual targets for Surgical and Catheter activity were currently suspended, but that the Network was making concerted effort to increase activity to clear backlogs and provide care as required.  ST advised that refinements were being made to the data capture form circulated to the Network Centres for completion on a monthly basis, in order to avoid duplication, improve quality and simplify for ease of use. | ST |
| 11.0 | **Engagement Sessions Update**  ST provided an update on Network Engagement Sessions via Powerpoint Presentation. ST highlighted that a number of sessions had been held with key stakeholders in order to facilitate the development of the Network as a whole. The topics of these sessions have been Data & Quality, Risk Management, Education and Training, and Policies and Guidelines.  Data Quality – ST advised that the initial engagement session included representatives from the level 1 and level 3 centres, both clinical and administrative, to ensure that the correct questions were being asked. ST thanked IM and RA (Rachel Appleby, Service Manager) from the level 1 centre for their assistance with refining the data capture form, and for their guidance as to how best gather a wider understanding of the service pressures as a whole, clinic utilisation, DNA rates, Clinic cancellations etc.  Risk Management – ST advised that attendees both Clinical and Managerial from across the Network were represented. The Session focused on what would be considered as a Network Risk, what impact it would have on the Network as a whole, and what value and improvement would be added by sharing it through the Network. ST confirmed that an SOP for Risk Reporting and Management was in development alongside the Submission Template for circulation. ST also confirmed that the Network Risk and Issues Register had been developed pending launch of reporting. ST advised that the next step would be to regroup as the Risk Management stakeholders to sign off the SOP for wider circulation and comment, and agree on a reporting format. ST advised that the Network aims to progress in order to present at the next Network Board.  Education & Training - ST advised that Clinicians had come together to discuss the Training and Education strategy as a whole, and to discuss how the Network can support. ST advised that the next step will be to engage the Network as a whole to ascertain areas of training needs. The Network will also work on the development of resources, such as training videos and patient information videos.  Policies and Guidelines – ST thanked GS for his involvement in the project. ST confirmed that focus had been on what as a Network do we need to have a Guideline on, Clinical Guidelines, and Patient Information. ST advised that the review process had begun for the Network-wide Clinical Guidelines ahead of wider circulation for review and comment / ratification. ST advised that the next steps would be to ensure that the guidelines are available via the appropriate library on the website once ratified, prioritise the documents for review, supporting the Clinical Guidelines Practice Group to instigate more frequent meetings, and to identify any gaps / areas in need of a guideline. | ST |
| 12.0 | **AOB**  ST discussed Network visits, advising that pre-visits with level 3 providers commence next week, linking in with the diaries of visiting Consultant clinics. Formal letters to each of the Centres are to be sent out before the end of July, sent directly to the Chief Executive and all pertinent Clinical links.  EP added that ongoing work on Transition was in place, advising that a working group had been established with subsequent meetings to follow.  VE provided a Psychology update, advising that Psychology presence on Network visits would be helpful in order to improve Network links.  AB welcomed Dr. Al Zaghal to the Network. | All |
| 13.0 | **Future Meetings Dates**  Oct 15th – Virtual  Jan 14th – Face to Face, & Educational Event in the afternoon. Venue TBC  April 8th - Virtual | GT |

**Date of Next Meeting: via Microsoft Teams**