CHD Board Notes 13/01/2020

By Helen Sanderson

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Network Board

Present;

Gordon Gladman (Chair)	Linda Griffiths
Rafael Guerreo	Helen Sanderson
Gopi Vemuri	Denise Szpunar
Sarah Vause	Damien Cullington
Bernard Clarke	Clair Noctor
Matt Sandman	Sian Calderwood
Caroline Jones	Mike Bowes

Apologies: Helen Ashcroft, Rengan Dinakaren, Reza Ashrafi

Agenda item 1 – Meet the Network Team and Clinical representatives & Item 2 – New appointed Network roles.

Gordon welcomed everyone and introductions were made.

Name	Network Role	Name	Network Role
Reza Ashrafi	Level 1 - ACHD	Rafael Guerreo or deputy	Surgical representative
Mike Bowes	Level 1 – Paeds	Caroline Jones	Level 1 – Lead Paeds
Matthew Sandman	Level 3 Paeds	Damien Cullington	Level 1 Lead ACHD
Rengan Dinakaran	Level 3 Paeds	Helen Ashcroft	NHS England
Gopi Vemuri	Level 3 Paeds	Linda Griffiths	Lead Nurse
Sarah Vause	Maternity & Fetal Representative	Gordon Gladman	Network Director (Chair)
Bernard Clarke	Level 2/3 ACHD	Denise Szpunar & Helen Sanderson	Joint Network Managers 1 WTE
Clair Noctor	Level 2 Paeds	Not appointed yet.	Network administrator

Item 3 – Network Chair.

In the absence of a Network Chair, the Network Director (Gordon Gladman) chaired the meeting. An expression of interest for a chair has gone out via the chief executive Network but no interested parties have been in touch with the Network as yet. The Network is looking for a strong potentially non-clinical non-executive director to take on the role.

Action – Request update on Chair interested parties & feedback to next meeting.

Item 4 - Network Overview

Gordon gave a brief overview of the hystorical context of the Network and how the paediatric CHD and adult CHD Network became an all age ODN in line with the CHD National standards. The Network has been evaluated in the recent peer review and was

advised to review the structure as an all age Network.. Gordon described how it was now up to the board to take the development of a robust network forward

Gordon explained how the Network is not a Manchester and Liverpool Network but a regional Network that covers North Wales and the Isle of Man also 26 Paediatric hospitals and 4 ACHD hospitals.

TOR

The board was given a draft TOR to review. TOR generally well received. Suggested quorate was 50%+1, which was agreed.

Action – Change quorate in TOR to 50%+1. TOR agreed.

Item 5 – Patient Representatives

Network doesn't have a patient rep here today, need a more official process which requires patient reps to have DBS, mandatory training and contracts, but also enables them to claim expenses.

Looking to get a wide representative group of patient reps across paediatrics and adults that will feed into the Network.

Approximately 15 have applied so far. The intention is instead of having 2 patient reps to have a group of patient reps who then take it in turns to represent the group at this board. Hoping to host a meet and greet for all interested parties very soon. Have reviewed and essential tweaked the NHS England applications forms and welcome pack to fit or local needs.

There was a group discussion around the role of patient reps and the appropriate escalation of incidents and concerns from patient reps. the role of the patient reps was considered very important and the sacrifice of their time irreplaceable and commendable but the patient reps like all board members will be asked to work to NHS values and an appropriate escalation routes.

Item 6 – Finance

The Network used to receive £96,000 per year. For the financial year 2019-2020 the Network received £290,000 and from 2020 onwards will receive £200,000 as all other CHD Networks nationally.

The Network finance budget and statement was showed to the board along with the Network budget proposal from August 2019.

The Network database was raised for discussion as requests for the Network to provide financing to pump prime for an 8a informatics lead for one year has been received.

Network Database:

LHCH has made a start on a database that is essentially currently looking at just Alder Hey (AHCH) and Liverpool Heart and Chest Hospital (LHCH).

However the issue of conversations running in parallel was raised and the need to reduce these and have the Network take control and manage a single conversation with the aim of achieving a fit for purpose database in a reasonable timeframe. The database needs to cover fetal, through childhood, adolescence, adulthood and into old age.

There was considered two options, either a newly designed system or purchase an already proven database such as Heartsuite. The database is required to be web-based and be accessible by all DGH's in the Network and work for the entire population. The database must also be able to talk to a number of other databases to extract the data required or it won't be fit for purpose.

Manchester are in the process of buying a new IT system.

Action - Bernard to find out what system Manchester are buying and feedback to the board.

Action – Ask Bristol, Leeds, Birmingham & Leicester about what database they are using and their thoughts.

This was considered a large piece of important work that required a task and finish group and a board lead.

Action – the Network IT and database sub-group was set up with Rafael initially leading and the following people on the group; Reza, Mike, Matt and a network manager providing support.

There was interest in seeing what LHCH have produced so far.

Action – invite Greg (leading on database in LHCH) to show either board or IT and database group what they have designed so far and what their intentions are going forward.

The need for someone with signific
ant IT experience to help lead on this was raised and Kate Warriner as the new AH IT senior manager was suggested.

The question was raised if the board have the authority to decide about the database and was agreed by all present that it should have that power.

Item 7 – Network Documents

The following list of documents that the network must produce and the frequency with which they must be updated and/or produced was shown to the board. These requirements are either form the National standards or the SSC1888

Document	Frequency
Annual report	Reviewed annually
Business plan	Reviewed annually
Work programme	Reviewed annually
Training and development	Reviewed annually

Governance and audit	Reviewed annually
Research	Reviewed annually
Engagement and communication	Reviewed annually
Risk register	Updated every 6 months
Strategy document (incorporated in work programme)	Reviewed with work plan
Operational policy	Reviewed annually
Individual policies/plans, guidance and pathways	Individualised review dates

The above documents can be sent out to the board members but the documents haven't been ratified as we haven't had a board.

Action – send out all Network documents

A question was raised about the Network risk register and it was explained that being a new Network what the Network currently has isn't fit for purpose.
The question was raised about the cardiac quality data dashboard and if this could feed into the risk registrar.

Action – access quality dashboard for next board.

The board decided that each member would look at their local risk registers and feedback at the next board to start populating a risk register.

Action – local board members to feedback CHD risks form their own local risk registers

The Network considered itself to be behind other National CHD Networks in data and IT, with even VC being poor, and as such believes that this is probably the Networks highest risk. This started a conversation around echo and image sharing.

PAC's & IntelliSpace

Manchester can share images with GOSH and Newcastle but cannot share with Alder Hey. The cause of this has been scrutinized but it is a logistical nightmare, with a large number of steps in the process that can go wrong. PACs was considered to be a large part of the problem.
The image exchange programme using IntelliSpace to view the images was considered by a centre to be effective and working. Leicester Hospital have been using Zoom and are very happy with the system as it essentially just desktop sharing which combats any issues form a governance perspective. Zoom also avoids any issues of compatibility.

Action – Rafael to see if can access zoom information.

Some DGH's can struggle to get images on to PACs and there are also some issues with storage of images. The need for an MOU around image storage at peripheral clinics was raised.

Item 8 – Protocols, guidelines, pathways and ratification

The question of how the Network is going to ratify its document was raised. The question of how other Networks ratify was raised, but it was considered the boards responsibility to ratify.

A number of issues were raised around the ratification policy during the peer review, firstly the issue around partners signing up to and working to the policy. The board felt it best that all partners sign an MOU or MOU addendum to the regional MOU to agree to adhere to Network policies, pathways and guidance's.

Action – Caroline to lead on the development of the MOU, Gopi to support.

Action – ask other local and regional Networks for their ratification policy and feed back to next board.

Action – design a network protocol/guidance template.

The board felt that this was directly related to agenda items 9 & 10 also as clinical governance, audit and service improvement initiatives depends on regional sharing of information, data etc…

Item 9 – Clinical Governance &Item 10 – Audit & Service Improvement

Network study days have a regular governance session for case discussions but people rarely submit anything.

The board considered the importance of clinical governance and driving it forward formally similar to the NW Neonatal KEG. A trigger list was considered a possible way forward.

The need for a clinical effectiveness group was discussed and agreed.

Action – Set up a Clinical Effectiveness Group – Caroline to Lead, supported by GOPI. This group to also take on the MOU.

Future Planning & Workforce.

Future capacity planning needs to be considered as the service and cases in the North West grows. For paediatrics the need for in-patient and ITU beds is growing while in adults the need for outpatients is increasing.

From a paediatrics perspective inpatient capacity is based solely on surgical cases. Looking at Birmingham they serve a paediatric population of 8.5 million and have two inpatient wards. In the North West the population served is 7.5 million and there is only 1 inpatient ward. There was further discussion around the need for additional inpatient capacity and the need for this to be taken into account when future planning.

The number and capacity of peripheral clinics was discussed as demand is going to exceed capacity in the near future. The need for and number of peripheral clinics was discussed as was the idea of reducing peripheral clinics to concentrate quality at the surgical centre. The idea of PECs increasing their experience at the Surgical & Specialist centres to enable them to provide peripheral clinics was also discussed. There is an increasing proportion of peripheral clinic patients not requiring a Consultant Paediatric Cardiologist.

Action – ask NHS England what the CHD demand is and is predicted to be in the North West.
Action – Look at outpatient data and its reliability.

Item 11 – Measuring access/egress and productivity (data)

Rafael informed the group of some of the work that is being done in Alder Hey including map morphology, looking at the postcodes of patients to see if there are pockets of patients in specific areas. In the future this could help with ensuring that peripheral clinics are in the right place.

Action – Rafael to bring morphology maps to a future meeting to share with the board.

Item 12 – Date, time & Venue of future meetings

All future meetings are booked for 10-12 in the NWTS meeting room, Newton House Birchwood. The code for the door will be given out in Meeting invites.
Wednesday 18th March
Friday 19th June
Monday 28th September

Action – send out new meeting dates and invites.

Item 13 – AOB

The peer review has been unconfirmed to reoccur in 2022. In the meantime the Network must submit a self-assessment against the same questions asked in the 2019 peer review via the QST portal on a yearly basis.