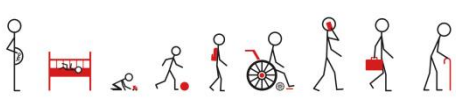
NW CHD ODN Board Meeting Summary Notes 17th November 2025

Chair: Carolyn Cowperthwaite



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Item 1 – Welcome, Introductions & Apologies

Present:

Abby Prendergast (AP)	Associate Director of Strategy and Partnerships	Alder Hey Children's Hospital NHS Foundation Trust
Alfie Bass (AB)	Medical Director	Alder Hey Children's Hospital NHS FT
Caroline Jones (CJ)	Clinical Lead & Consultant Fetal & Paediatric Cardiologist / Joint Clinical Director NW CHD ODN	Alder Hey Children's Hospital NHS FT
Carolyn Cowperthwaite (CC)	Chair – NW CHD Board	NW CHD Network
Catherine Winchcombe (CW)	General Manager, Division of Medicine	Royal Manchester Children's Hospital NHS FT
Cordelia Lieb-Corkish (CL-C)	Operational Manager	Alder Hey Children's Hospital
Damien Cullington (DC)	Consultant Adult Congenital Cardiologist / ACHD Clinical Lead / Joint Clinical Director NW CHD ODN	Liverpool Heart & Chest Hospital NHS FT
Glenna Smith (GS) ***(Attending for Jonathan Matthews)***	Divisional Director of Operations	Liverpool Heart & Chest Hospital NHS FT
Janet Rathburn (JR)	PPV Representative	NW CHD Network
Jill Moran (JM)	Network Support Officer	NW CHD Network
Jonathan Mathews (JMa)	Chief Operating Officer	Liverpool Heart & Chest Hospitals NHS FT
Ramesh Kutty	Consultant in Congenital Cardiac Surgery	Alder Hey Children's Hospital NHS FT / Liverpool Heart & Chest Hospital
Linda Griffiths (LG)	Lead Nurse	NW CHD Network
Louise Turnbull (LT)	Clinical Director, Specialty Medicine	Royal Manchester Children's Hospital NHS FT
Lowri Smith (LS)	PPV Representative	NW CHD Network
Michelle McLaren (MMc)	Lead Nurse	NW CHD Network
Nicola Marpole (NM)	Network Manager	NW CHD Network
Nicky Povey (NP)	Business Manager - Medicine	Liverpool Heart & Chest Hospitals NHS FT
Paulo Santos Eden (PSE)	Paediatric Cardiologist Consultant & Clinical Lead	Manchester University NHS FT
Sarah Picken (SP)	Operational Manager	Manchester University NHS FT
Yahya Najjar (YN)	Consultant Cardiologist & Clinical Head of Cardiac Services	Manchester University NHS FT

Apologies:

Amy Lewis (AMe)	Senior Planning Manager - Paediatrics	NHS Wales – Joint Commissioning Committee (JCC)
Andrea Myerscough (AM)	Director of Operations	Manchester University NHS FT

Angharad Boundford (AB)	Assistant Director of Commissioning	NHS Wales – Joint Commissioning Committee (JCC)
Beth Weston (BW)	Chief Operating Officer	Liverpool University Hospitals NHS FT
Chloe Lee (CL)	Associate Chief Operating Officer	Alder Hey Children's Hospital NHS FT
Christopher Dewhurst (CH)	Consultant Neonatologist and Deputy Medical Director	Liverpool Women's NHS FT
Harriet Riggs (HR)	Co-Chair PECs Group & Consultant Paediatric Consultant	Northern Care Alliance - Oldham
Helen Chadwick (HC)	Service Specialist (Specialised Commissioning Team	NHS England & NHS Improvement
Joe Downie (JD)	Director of Operations	Liverpool Women's Hospital
John Brennan (JB)	Deputy Chief Medical Officer	Liverpool University Hospitals NHS FT
Josh Bainbridge (JBa)	Divisional Director, Division of Medicine	Manchester University NHS FT - Royal Manchester Children's Hospital
Manoj Kuduvalli (MK)	Divisional Medical Director for Surgery/Consultant Cardiac & Aortic Surgeon	Liverpool Heart & Chest Hospital NHS FT
Rachael Barber (RB)	Consultant Paediatric Intensivist/Deputy Medical Director/RMCH Paediatric Clinical Lead	Manchester University NHS FT
Ram Dhannapuneni (RD)	Consultant Cardiac Surgeon	Alder Hey Children's Hospital NHS FT
Sameer Misra (SM)	PECS Joint Chair & Director of Medical Education Consultant Paediatrician and Lead for Cardiology	Bolton NHS FT

Declarations of Interest: None

Welcome & Introductions

Carolyn opened the meeting and welcomed everyone, including guests attending on behalf of board members.

Item 2 – Patient Story

Lowri Smith, Patient & Public Voice (PPV) Group Member

Lowri shared her experience of long-term treatment for congenital heart disease.
She highlighted the exceptional care received at Liverpool Heart & Chest Hospital (LHCH), praising the Adult Congenital Heart Disease team and ward staff for their clinical expertise, compassion, and partnership approach.

Minor communication issues were noted but did not detract from the overall positive experience.

Lowri concluded that LHCH delivered gold-standard care, combining clinical expertise with compassion, communication, and partnership. She urges the board to ensure that this level of care becomes the standard across all hospitals, not the exception.

Chair thanked Lowri for sharing a positive patient story. Although some small issues were noted in the patient experience, it is acknowledged that such challenges can occur in busy hospitals with complex cases.

Item 3 – Network Update/Finance

Nicola Marpole, Network Manager, NW CHD Network

Finance

Due to structural changes within NHS England, network budgets for 2025/26 were initially not going to be formally confirmed, so planning was based on 2024/25 figures. Because network budgets sit within trust block contracts, it is difficult to see how allocations and uplifts are calculated, leading to confusion and a lack of transparency. Alder Hey finance calculated an uplifted budget of £254,000 for 2025/26, which NHS England initially accepted.

However, in Q3 NHS England issued formal budget figures after all, confirming the network's allocation as £231,000—significantly lower than the previously accepted amount. This created a major financial challenge. Estimated pay costs for 2025/26 are £258,000, due solely to inflation and pay awards for existing staff.

- At a £254,000 budget, the shortfall is £4,000, which can be covered by an unexpected £8,000 credit from duplicate invoices, leaving a small remaining balance.
- At the revised £231,000 budget, the shortfall becomes £27,000, leaving a £19,000 gap even after applying the credit.

The network is working with Alder Hey finance and NHS England to confirm the final 2025/26 budget - ideally by the end of November to allow time to plan mitigation. It also needs an accurate model for 2026/27 to prepare for rising costs.

A request to NHS England for a £4,000 uplift was rejected. Without an uplift, the gap between funding and pay costs will widen each year. If the baseline budget remains static, the network will be unable to cover staffing costs in 2026/27 and may need to review team structure to create efficiencies. Even if pay costs are covered but non-pay is not, the network's ability to deliver core functions - staff development, engagement, collaboration, shared learning, and service improvement will be severely affected.

The risk has been added to the network risk register, raised at board meetings, and a formal letter will be sent to NHS England outlining the implications and actions required.

NHS England Assurance report feedback

NHS England has provided feedback following the network's routine assurance report submitted in June. All areas received a green RAG rating, indicating strong performance.

Key points include:

Governance and Leadership

- NHS England acknowledges strong governance and leadership within the network and board.
- PPV member involvement is recognised as highly valuable.
- No actions required.

Objectives and Priorities

- The network work plan aligns well with national standards and service specifications, with clear benefits for patient outcomes.
- No actions required.

Highlights and Successes

- The recently published PPV video is praised for strengthening patient voice.
- The cardiac fetal service self-assessment is recognised as a key success.

Achievements Against Priorities

- NHS England confirms all workstreams have clear actions and goals in place.
- No actions required.

Finance

- NHS England has not completed finance reviews for any networks due to staffing shortages. It is unclear whether this review will proceed later.

Staffing

- The feedback states staffing is in line with the current budget, but this is now outdated due to the financial issues highlighted in the network's finance report.
- This will require renewed discussion with NHS England.

Health Inequalities

- The network demonstrates strong recognition of health inequalities across its workplan.
- NHS England recommends continuing to reflect demographic variation and strengthening documentation of partnership education work.

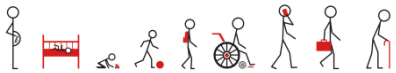
Top Three Risks

1. Paediatric Single Service – currently under NHSE senior leadership review.
2. Network Workforce – impacted by budget pressures.
3. Data – the regional portal was well received but engagement gaps are causing delays; actions have been taken to escalate via exec-to-exec routes.

Additional Feedback

- System feedback is positive, noting good progress across all areas.
- The annual report is praised for celebrating achievements and clearly recognising roles such as patient voice.
- NHS England concludes that the network is meeting specifications, working methodically across workstreams, and progressing well with database testing, which should support workload planning and reduce risks related to patient waits.

Overall, this is highly positive feedback, recognising strong performance against the 2024/25 work plan and good progress toward 2025/26 objectives.



Database Update

The database project is progressing, with all Level 1 and 2 providers confirming resources for developing data collection protocols. Claryon Systems (formerly Mediwave) is completing regression and end-to-end testing, with user acceptance testing (UAT) expected to be ready for provider data testing by the end of November.

However, there have been delays:

- The Mediwave-Claryon merger and internal reorganisation pushed the UAT handover from September to November.
- Engagement from MFT remains inconsistent, and unresolved MFT data structures may require bespoke extraction protocols, increasing workload and potentially further delaying the project.
- Input from Liverpool Heart & Chest has helped refine the protocols but arrived late, necessitating revisions to previously "complete" elements.

Despite these challenges, progress continues, and once UAT is handed over, regular updates from Level 1 centres are expected. The board is asked to support the project by:

- Raising awareness of the urgency and importance of timely engagement.
- Identifying and escalating local barriers causing delays.
- Reporting back to the network with relevant updates to address issues efficiently.

Questions/Comments

- Yahya Najjar (YN) from Manchester University NHS Foundation Trust requested to be copied into any correspondence relating to issues with MFT, particularly around data extraction. He noted that he has not previously been included in communications about these problems and would like to be kept informed going forward.

Item 4 – Provider Risk Register Update

Linda Griffiths, Lead Nurse, NW CHD Network on behalf of Michelle McLaren, Lead Nurse, Education, NW CHD Network

Engagement with the risk process has improved, and thanks were given to board members for submitting updates and approving the new risk procedure, which has streamlined progress. Providers are expected to review and present their own risks, especially those needing board-level attention.

At the network level, there is little new to add: the two highest-scoring risks remain finance and the database project, both of which were already covered in earlier reports.

Provider Risk Reports

Caroline Jones, Clinical Lead & Consultant Fetal & Paediatric Cardiologist Paediatrics - Alder Hey Children's Hospital

There are no major changes overall. Key point below highlights significant developments linked to peer-review alignment and upcoming plans to address key risks over the next six months.

Key points:

- **Workforce shortages** remain across consultants, nursing, and psychology, all falling short of Level 1 standards.
    - A major business case to expand the cardiac unit is planned for early next year.

    - Work is underway to introduce a two-tier consultant on-call rota.
- **Play specialist provision** at Alder Hey has changed structurally, but the service should retain at least one full-time equivalent dedicated post.
- **Facilities and space constraints** will be included in the upcoming business case.
- **Cross-sectional imaging (CT/MRI)** capacity continues to be a risk despite services running normally; more capacity is needed.
- **Single service arrangements** remain uncertain pending commissioner discussions.
- **Planned expansion:** When neonatal beds move to the new neonatal unit next year, the heart unit hopes to use the vacated space.
- **ICC service pressures** will require attention from 2026.
- **Risk scores** (e.g. staffing at 12, facilities at 10) need reviewing before the next meeting.

Overall, most major risks are expected to be addressed through the large business case currently being developed, with further progress updates to follow.

Comments/Discussion:

- CJ commented that the **single-service risk rated at 20** is inconsistently recorded across different organisational risk registers. CJ highlighted the need to take action to align the narrative and scoring across organisations.
- LG expressed concern about the longstanding risk associated with the lack of a single paediatric cardiology service. Efforts have been made to clarify and align the different elements of this risk, including a 2023 meeting with MFT and Alder Hey to determine which risks were held by which organisation. The overarching concern is that, without significant additional funding to transform paediatric cardiology services in the North West, these risks will remain unchanged, as they have for decades. While the risks have been tolerated, this does not make them acceptable and called for a coordinated plan and agreement on how to address them.
- CC (Chair) agreed with the concerns raised and suggested that, the board await the NHSE report outcome. After reviewing the risks and their impact on patient care, CC suggested the board should provide an official response to NHSE, making it clear that the issue is formally recognised and addressed. All agreed.

Nick Povey, Business Manager – Medicine, Liverpool Heart & Chest Hospital NHS Foundation Trust

- Positive staff changes, including a new pathway coordinator starting, which has positively impacted risk levels.
- Blackpool service - long-standing risks remain due to patient backlog, limited uptake of alternative appointments, and reduced physiologist capacity; mitigation efforts include patient outreach, prioritisation, and exploring nurse-led clinics.
- Expansion of ACHD services is constrained by estate and scheduling challenges.
- Clinical workforce risks persist, particularly with interventionist availability, but the appointment of a clinical fellow has helped maintain service capacity.

Comments/Discussion

- DC outlined the vision to develop LHCH as a North West ACHD centre of excellence. Despite workforce growth and research ambitions since 2018, estate resources remain limited, with little expansion in clinic space or facilities, slowing progress toward the vision. Patient numbers are expected to double over the next decade, suggesting the current risk rating (12) may be insufficient. A formal vision request has been submitted to Jonathan Matthews, LHCH's Managing Director, but implementation will take time to resolve estate and logistical challenges.
- CC (Chair) agreed that the risk should be reviewed to determine if it is higher than 12, in which case it would be escalated to the board. CC also emphasised assessing the risk realistically without inflation and noted that the current estate—two rooms—is inadequate for running a national and potentially international service, supporting research, or accommodating staff. She endorsed reviewing the risk as a valuable action.

Sarah Picken, Operational Manager, Manchester University NHS Foundation Trust

- An existing risk rated at 12, related to waiting time backlogs and non-compliance with level 2 standards due to a 0.5 WTE MFT-employed consultant.
- Mitigations include a patient helpline, clinical and administrative waiting list reviews, specialist nurses running nurse-led clinics, ongoing ECHO capacity planning, and completion of a demand capacity exercise.
- A statement of case has been prepared and is awaiting internal approval, following discussion at the divisional board in March.

Louise Turnbull, Clinical Director, Specialist Medicine, Royal Manchester Children's Hospital

- Two risks currently overlap: high demand versus workforce capacity, physiology workforce limitations, and inequity in access across Greater Manchester.
- Mitigations include recruiting a new paediatric cardiologist, business cases for additional junior doctors and nurses, investment in echo physiologists, and exploring additional sites with necessary equipment.
- A Resident Doctor post has been filled, and plans are underway to bring paediatric-trained physiologists in-house.
- Work continues to improve joint MDTs and cross-site care, with some budget secured for 2026/27.
- Many risks currently scored at 12 may be combined into a larger risk scored at 16 to elevate priority, while progress is ongoing across workforce, outpatient capacity, and equitable patient access.

Comments/Discussion

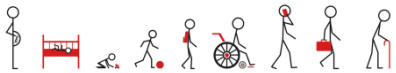
- CC (Chair) asked about the risk rated 16 that remained at that level despite mitigation. LT explained it reflects workforce shortages and the need to elevate attention within RMCH, combining several issues into a higher-priority risk.
- Cathryn Winchcombe (CW) noted that recent MFT restructuring had caused delays, but progress has been made in several areas. Both agreed the risk register needs updating and review, emphasising the importance of demonstrating that safety and quality are still managed despite the high score.
- CC praised the engagement and progress, especially given Cathryn's recent start in post in October.

Item 5 – Documents for Ratification

Linda Griffiths, Lead Nurse, NW CHD Network on behalf of Michelle McLaren, Lead Nurse, Education, NW CHD Network

The following documents were approved and signed off:

- NWCHDN_13 Risk Procedure V2 – board input received.
- NWCHDN_16.2 Document Management Process - updated with minimal changes.
- NWCHDN_58 Social Media Policy - significantly revised to consolidate all social media elements under the network.



Item 6 – Fetal Self-Assessment Summary

Nicola Marpole, Network Manager, NW CHD Network

The network supported fetal cardiac services at Liverpool Women's and Saint Mary's hospitals to undertake self-assessment against national standards, aiming to improve equity, quality, and timeliness of care for families affected by congenital heart disease.

Strengths identified included:

- Highly skilled teams
- Strong MDT collaboration
- Commitment to patient-centred care.

Key challenges included:

- Difficulty meeting the three-day referral target.
- Staffing shortages with no cross-cover or sustainable expansion plans.
- Limited clinic space.
- Unclear funding allocation.
- Inconsistent implementation of regional SOPs, variable neonatal integration, and low uptake of learning/feedback processes.

Both centres are committed to expanding staffing and facilities, standardising regional pathways, clarifying funding, and engaging in benchmarking against other services.

The network will continue to support business cases, workforce plans, embedding governance, developing sustainable commissioning with NHS England and ICS, and will conduct follow-up reviews in 12 months to assess progress and remaining actions.

Item 7 – Patient Representatives – PPV Group

Janet Rathburn, Chair, and Lowri Smith, member, PPV Group

MP Letters

- A major focus has been seeking clarity on funding for congenital heart disease (CHD) services, following correspondence from PPV members to MPs.
- The group met with Marion Eves, lead commissioner, NHSE to discuss funding discrepancies between regions (particularly between London and the Northwest).
- The meeting highlighted the need to keep CHD visible on the national agenda and raise awareness of the condition as a life-long disease.

Local/National Awareness

- Continue to promote the PPV group, most recently at the World Heart Day event.
- Sharing expertise with other organisations about how the PPV group operates, including talks with staff from Barts & St Thomas's, enhancing the group's national profile.

PPV Video

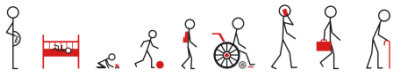
- Continue to disseminate the PPV video to highlight the group's work and its connection with the network.

Recruitment

- Three new members have recently joined the group, broadening the skill set of the group.

PPV Logo

- Implementation of a PPV logo to clarify that correspondence and documents originate from the group, avoiding confusion with network communications.



Patient Information Day

- Planning a patient event in March at Alder Hey, aiming for at least 60 attendees.

Informal Zoom Sessions

- Continuing informal Zoom drop-in sessions, which, while small, have proven effective in engagement and recruitment.

Network Standards

- Preparing to be involved in the review of standards next year

JR also highlighted the ongoing challenge of operating amid funding uncertainties and emphasised the group's aim to function as independently as possible while continuing to support the network and amplify the patient voice.

JR expressed appreciation for support from Nicola, Linda, and Jill, noting that the group is now considered "mature" and ready to take on a more self-sufficient role while maintaining active engagement with the network.

Item 8 - Regional Updates including Data

A new dashboard format for the cardiac service has been created by the network, using RAG rating to indicate levels of change or concern.

Caroline Jones, Clinical Lead & Consultant Fetal & Paediatric Cardiologist Paediatrics - Alder Hey Children's Hospital

- There is significant progress in reducing new referral wait times from a year down to seven weeks, thanks largely to Advanced Nurse Practitioners.
- Follow-up wait times remain a challenge, particularly in electrophysiology, and some transition processes will be a focus for improvement in 2026.
- Overall, the service is stable, with few inpatient concerns

Paulo Eden Santos, Paediatric Cardiologist Consultant & Clinical Lead, Royal Manchester Children's Hospital, Manchester University NHS FT

- Total referrals remain high at around 800, with a median waiting time of 15.7 weeks.
- New consultant starting in January and two additional locally employed doctors, which will increase clinic capacity, though constrained by available clinic rooms.
- DNA rates have slightly improved from 10.4% to 9.3%, but the follow-up backlog has grown to an average of 1,020 patients, which is concerning.
- Transition clinics remain a key priority, with performance affected by staff absences, and a review of transition processes is planned.
- Overall, pressures are increasing, but new staffing and clinics provide optimism.

Comments/Discussion: from

- DC highlighted capacity concerns at Manchester Children's, with nearly 6,000 patients on the PTL - 1,000 more than Alder Hey despite having roughly half the consultants, raising sustainability and workforce concerns.
- CJ stressed that workforce shortages in physiology, nursing, and junior doctors make a single, collaborative service essential for sustainability, efficiency, and managing high patient volumes, while praising MFT's alignment efforts but noting ongoing challenges.

- PS agreed on capacity pressures, noting Manchester's limited physiology support restricts consultant capacity; a single service would help, but differing site conditions mean it won't fully resolve the issue.
- CL added that patient numbers are more complex than they appear, as Alder Hey consultants support outreach at other trusts, which isn't captured in reported figures, underestimating workload.

Damien Cullington, Consultant Adult Congenital Cardiologist / ACHD Clinical Lead / Joint Clinical Director NW CHD ODN, Liverpool Heart & Chest Hospital NHS FT

- The overall patient backlog is around 800, split between patients 3–6 months overdue and those over 6 months, with 115 patients over 12 months.
- Causes include repeated cancellations and administrative issues, which are being reviewed.
- Surgical waiting lists are also under pressure, with roughly half of 113 surgical patients classified as P2/P3, creating knock-on delays for routine cases.
- Mitigations include extra operating lists and additional support from the aortic team. The total patient tracking list (PTL) is steadily increasing, rising from 4,000 in October 2023 to 5,000, reflecting growing referrals and ongoing capacity challenges.
- Management is aware, but long-term planning is constrained by funding uncertainties, with focus primarily on short-term annual planning rather than multi-year projections.

Manchester Royal Infirmary

- A capacity and demand assessment at Manchester shows that even working exclusively on the backlog, it would take until August next year to catch up, due to limited consultant availability.
- While progress has been made in reducing new patient wait times, the follow-up backlog has plateaued since February last year, with current nurse-led clinics only able to see 200 patients per year - a small fraction of the backlog - highlighting ongoing capacity concerns.

Item 9 – Paediatric Cardiology Single Service

Pending update from NHSE SLT review

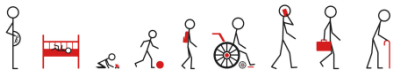
Item 10 – AOB

Retirement Announcement – Linda Griffiths, Lead Nurse, NW CHD Network

Linda shared with the board that she has made the decision to retire, handing in her notice at the end of December and finishing by the end of March. Linda thanked the board, saying "the network and PPV group are in a strong position, and while it's a tough decision to leave, I feel it's the right time for me to retire."

Board members expressed heartfelt thanks and admiration for Linda ahead of her retirement. A number of close colleagues all praised her immense contributions to the network, paediatric and adult congenital nursing, and the PPV group, highlighting her leadership, experience, and dedication.

They acknowledged that her expertise is irreplaceable, though they are delighted for her as she retires. Linda responded with thanks and gratitude, and very touched by the kind words.



Closing Remarks from the Chair

Summary

The Chair thanked all participants for their valuable contributions.

Key updates and actions from the board meeting:

- The importance of patient-centred care, concerns about network budgets and physical capacity, and the need to maintain strong clinical support to ensure patient safety.
- The board acknowledged the risk register
- The PPV group's impressive work toward independence.
- The network's strong assurance report.
- Future meetings will be held three times a year to allow more clinical time, and a learning/excellence slot will be introduced from February to share insights from both achievements and challenges.
- Proposed sharing a LinkedIn post to highlight the board's work.

CC thanked everyone for their commitment, emphasising keeping patients and families at the centre of all work.

Date of Next Meetings

Monday 9th February 2026 10.00am-12.00noon via MS Teams
Monday 15th June 2026 10.00am-12.00noon via MS Teams
Monday 12th October 2026 10.00am-12.00noon via MS Teams