

# NW CHD ODN Board Meeting Summary Notes 24<sup>th</sup> February 2024

Chair: Carolyn Cowperthwaite



## Table of Contents

<b>Item 1 - Welcome &amp; Apologies</b>	<b>3&amp;4</b>
<b>Item 2 – Patient Story</b>	<b>4-6</b>
<b>Item 3 – Network Update/Finance/NHS England Assurance report feedback</b>	<b>6-7</b>
<b>Item 4 – Education Update</b>	<b>8</b>
<b>Item 5 – Patient Representatives</b>	<b>9</b>
<b>Item 6 – Regional Updates</b>	<b>10</b>
<b>Item 7 – Paediatric Cardiology Single Service</b>	<b>11</b>
<b>Item 8 – Level 3 Centres Update</b>	<b>12</b>
<b>Item 9 – Commissioner Update</b>	<b>12</b>
<b>Item 10 – Provider Risk Register Update</b>	<b>11</b>
<b>Item 11 – Ratification of Network Documents</b>	<b>11</b>
<b>Item 12 – Any Other Business</b>	<b>11-12</b>
<b>Item 13 – Risk Register</b>	<b>12</b>
<b>Closing remarks from the Chair</b>	<b>12</b>
<b>Date of Next Meeting: Monday 12<sup>th</sup> May 2025 10.00am-12.00noon</b>	<b>12</b>



## Item 1 – Welcome, Introductions & Apologies

### Present:

Andrea Myerscough (AM)	Director of Operations	Manchester University NHS FT
Attilio Lotto (AL)	Consultant Congenital Cardiac Surgeon	Alder Hey Children's Hospital
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
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
Damien Cullington (DC)	Consultant Adult Congenital Cardiologist / ACHD Clinical Lead / Joint Clinical Director NW CHD ODN	Liverpool Heart & Chest Hospital NHS FT
Danielle Burton (DB)	Deputy Divisional Manager	Liverpool Women's Hospital NHS
Harriet Riggs (HR)	Co-Chair PECs Group & Consultant Paediatric Consultant	Northern Care Alliance - Oldham
Helen Avraam (HA)	Parent – Patient Story	
Helen Chadwick (HC)	Service Specialist (Specialised Commissioning Team)	NHS England & NHS Improvement
Janet Lamb (JL)	PPV Representative	NW CHD Network
Janet Rathburn (JR)	PPV Representative	NW CHD Network
Jill Moran (JM)	Network Support Officer	NW CHD Network
John Brennan (JB)	Deputy Chief Medical Officer	Liverpool University Hospitals NHS FT
Linda Griffiths (LG)	Lead Nurse	NW CHD Network
Manoj Kuduvalli (MK)	Divisional Medical Director for Surgery/Consultant Cardiac & Aortic Surgeon	Liverpool Heart & Chest Hospital NHS FT
Michelle McLaren (MMc)	Lead Nurse	NW CHD Network
Nicola Marpole (NM)	Network Manager	NW CHD Network
Nicholas Povey (NP)	Business Manager - Medicine	Liverpool Heart & Chest Hospital NHS FT
Paulo Santos Eden (PSE)	Paediatric Cardiologist Consultant & Clinical Lead	Manchester University NHS FT
Rachael Barber (RB)	Consultant Paediatric Intensivist/Deputy Medical Director/RMCH Paediatric Clinical Lead	Manchester University NHS FT
Yahya Najjar (YN)	Consultant Cardiologist & Clinical Head of Cardiac Services	Manchester University NHS FT



## Apologies:

Abby Prendergast (AP) <i>(currently on maternity leave)</i>	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
Joe Downie (JD) <i>Vicky Clark attending on Joe's behalf</i>	Director of Operations	Liverpool Women's Hospital
Beth Weston (BW)	Chief Operating Officer	Liverpool University Hospitals NHS FT
Jonathan Mathews (JMa)	Chief Operating Officer	Liverpool Heart & Chest Hospitals NHS FT
Louise Weaver-Lowe (LW-L) <i>(covering for Abby Prendergast whilst on mat leave)</i>	Associate Director of Strategy and Partnerships	Alder Hey Children's Hospital NHS FT
Richard Palmer (RP)	Senior Planning Manager - Adults	Welsh Health Specialised Services Committee
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 Cowperthwaite, Board Chair, opened the meeting and welcomed everyone, including guests attending on behalf of board members.

## Item 2 – Patient Story

**Helen Avraam, Guest**

- A patient story shared by Helen Avraam and the challenges of her son Theo's transition from paediatric to adult congenital heart disease (CHD) services. Theo, who has Down Syndrome, CHD and hypertrophic cardiomyopathy, faced long delays, communication breakdowns, and a lack of sensitivity in delivering medical care.
- **Key Themes:**
  - Poor communication led to Theo missing an appointment and long waits at clinics.
  - MRI and medical procedures were not co-ordinated as planned.
  - Transition plans were not followed properly, causing distress.
  - Delays in surgery, which was initially expected by end of 2024.
  - Lack of sensitivity and understanding from some healthcare professionals.



## Comments/discussion

- The board acknowledge the concerns and gave assurance that the transition processes is due to be reviewed, with the aim to ensure patients experience a smooth transfer to adult care, and to prevent similar issues occurring for other families.

CC thanked Helen for sharing Theo's story

## Item 3 – Network Update/Finance/NHS England Assurance report feedback

Nicola Marpole, Network Manager, NW CHD ODN

### Network Update

- **Database** – NHS England has approved the carryover of unspent funds to support the running of the CHD database for the next three years. This funding is critical to ensuring the database remains operational and supports patient care and service co-ordination. The first data transfer to the system is expected in March 2025. Following this, the database will undergo a testing phase with a small pilot group to ensure accuracy and functionality before a rollout to Level 1 and Level 2 users.
- **Procurement Controls** – The network is currently subject to procurement controls from Alder Hey, its host organisation. This requires all spending to be approved by Alder Hey's discretionary spend panel. The network has raised concerns that its budget is independent and should not be subject to Alder Hey's internal controls. The issue has been escalated with Alder Hey's finance team and NHSE also informed. The board is awaiting feedback from these discussions to determine if the network can gain financial autonomy over its allocated budget.

**Patient & Public Voice (PPV) Initiatives** - The PPV group has been highly active in advocating for CHD patients and raising awareness about inequalities in services, including, a letter writing campaign to MPs, promotional video for the PPV group, CHD Week Awareness participation, patient support initiatives i.e. regular Zoom Drop-in sessions.

### Financial & Operational Issues

- **Alder Hey Cost-Saving Measures** – Alder Hey has introduced a trust-wide initiative to reduce non-clinical spending by 5% by December 2025 and by 10% by March 2026. The CHD network and the Neonatal network (also hosted by Alder Hey) have been asked to contribute to these savings. However, network leaders have raised concerns that any saving made from the network budget would be returned to NHS England rather than benefitting Alder Hey directly, making the justification for including the network in these cuts unclear.

**Next steps** – discussions are ongoing with Alder Hey's Finance Team to determine whether the network should be exempt.



- **Isle of Man Service Disruptions** – Manx Care, which oversees healthcare services on the Isle of Man, has imposed financial restrictions due to budget pressures. As a result, hospitals in England have been asked not to conduct non-urgent (P2/P3) CHD procedures for Isle of Man patients until at least April 2025.

Liverpool Heart & Chest Hospital and Alder Hey have reassured the network that where possible appointments will continue as normal, or where appropriate patients are being offered virtual appointments instead of in-person visits. The network is awaiting confirmation from Manx Care on whether services will resume as normal from 1<sup>st</sup> April.

- **Workforce Capacity** – the network budget for 2025/26 has not yet been confirmed. It is expected that funding levels will remain static, meaning the network must continue working within existing financial constraints. This limits the number of projects and service improvements the network can take on in the next financial year.

The 2025/26 work plan is currently being developed and will be presented at the next board meeting for approval. The final version will be submitted to NHS England in June 2025 as part of the next Assurance Report.

- **NHSE Feedback and Priorities** – NHS England has acknowledged the improvements made by the network, including:-
  - The appointment of an independent chair (Carolyn Cowperthwaite) has strengthened governance and decision-making
  - The self-assessment process conducted with Alder Hey and Manchester has improved service insight and provided valuable data

Key challenges faced:

- Database delays
  - Financial review postponed – now planned for June 2025
  - NHSE have requested clearer reporting on how the network’s work addresses health inequalities, prevention strategies and population health. The network believes it already engages in substantial work in these areas, but reporting methods need to improve
- **Next steps for the Network**
    - Continue to work towards meeting the key reporting deadlines for the database project
    - Follow up on the outstanding responses regarding the Single Paediatric Service Proposal
    - Future reports to highlight the impact of our work on health inequalities and prevention
    - Monitor the finance position closely following the planned review in June 2025

## Comments/discussion

- Database sharing agreement – NM asked if anyone from Manchester is able to follow-up as a response is still outstanding? RB agreed to discuss with her team to escalate.

**ACTION: RB to follow-up outstanding Database Sharing Agreement with Manchester team**



## Item 4 – Network Education & Study Days

Michelle McLaren, Lead Nurse, NW CHD ODN

### Recent & Upcoming Events:

- Webinar on CHD pregnancy and contraception – held in January
- Neonatal & paediatric cardiac palliative care study day – 29<sup>th</sup> April
- Learning disabilities study day – 13<sup>th</sup> June
- Nurses/AHPs study day – 8<sup>th</sup> July
- Sonographer training – date TBA
- BACCNA (British Adult Congenital Cardiac Nurses Association) annual meeting being hosted at the Liverpool Heart & Chest hospital on 8<sup>th</sup> May.

### Education Funding:

- Network has agreed to fund a further ACHD Master Module at Liverpool John Moores University, applicants being sought.

## Item 5 - Patient Representatives

Janet Rathburn, Chair, PPV Group

The PPV group continues to play a crucial role in advocating for CHD patients and families, raising awareness, and thriving for improvements in CHD care across the North West.

The group have been particularly active in recent months in the following projects:

- **MP engagement** – the group initiated a targeted letter-writing campaign to Members of Parliament (MPs) to highlight inequalities in CHD services across the UK. This was triggered by the Alder Hey Self-Assessment Report, which showed stark disparities in CHD service provision between the North and South of England.
- **PPV Promotional Video** – raising awareness and recruiting new members as well as highlighting the work of the PPV group. Filming is now complete for a PPV promotional video, and the final editing is underway. In addition to the video, the group is working on creating a library of personal CHD stories to be placed on the new network website for education and advocacy purposes.
- **Congenital Heart Awareness Week (February 2025)** – the PPV group were actively involved in supporting events and fundraising initiatives, specifically the sponsored walk from Liverpool Heart & Chest Hospital to Alder Hey Children's Hospital, organised by the Children's Heart Association (CHA).
- **Monthly Virtual Drop-In Sessions for Patients & Families** – these sessions are a safe, informal online space for patients and families to share their experiences, ask questions, and receive support. These sessions have helped identify key issues in CHD care, including transition challenges highlighted in Theo's patient story. The next session is arranged for 25<sup>th</sup> March.



## Janet Lamb, Member, PPV Group

- **Supporting PhD Students in CHD studies** – the PPV group will be welcoming two PhD students to their April meeting. One student is researching '*Fontan circulation and long-term patient outcomes*' and the other student is investigating '*the CHD patient journey*' with a focus on healthcare experiences and transition from paediatric to adult care.

### Comments/discussion:

- The PPV group continues to raise awareness of inequalities in services and care and engage in collaborations to strengthen the patient voice in service planning.
- The MP engagement campaign has achieved significant traction, ensuring CHD services remain on the political agenda.
- New initiatives, such as the PPV promotional video, are set to increase patient and public engagement.
- Ongoing efforts, including drop-in sessions, research collaborations, and public events, will continue to shape patient-centred care.

## Item 6 – Regional Updates including Data

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

#### Waiting Lists – Surgery & Intervention

- Still facing on-going challenges in restoring full surgical and interventional capacity post-COVID. However, significant progress has been made in the last three to six months, with efforts focused on increasing surgical activity and reducing waiting times.
- A new interventional consultant, Dr Arvin Balaji, started in October 2024, increasing service capacity.
- EP waits continue to grow significantly. Alder Hey currently has one consultant handling EP procedures, leading to a backlog of 50 patients. A business case is being considered to expand EP services.

#### Waiting Times & Cancellations – Surgery & Intervention

- No major concerns with waiting times, however dental services are under extreme pressure, causing additional delays.
- Cancellations increased slightly due to winter ICU bed pressures. Efforts are underway to improve winter capacity planning.

#### Overall DNA rate (%) & New Patients per month

- DNA rates are stable between 4-6%, with a slight increase during the summer holidays.
- New patient referrals remain static at 200-300 per month.



## Outpatients/Follow Up Patients

- A new initiative led by Advanced Nurse Practitioners (ANPs) has helped clear the backlog for new murmur referrals.
- The backlog for follow-up appointments (1500 patients) remains a persistent challenge. Plan in place to redesign the outpatient pathway to improve the patient journey.

## Transition Data

- No major issues to report. Need to look at transition from a network perspective and the patients seen in the Level 3 centres regarding level of service.

## Comments/discussion

- **Transition** – acknowledgements made in the gaps highlighted in Theo's transition experience and actions will be taken to improve transition. Concerns over low transition clinic attendance, some transition clinics see fewer than 10 patients per month – proposed to review clinic structure to ensure efficient use of resources.

## Paulo Eden Santos, Paediatric Cardiologist Consultant & Clinical Lead, Manchester University NHS FT

### New Patients/Follow-Up Backlogs

- There has been a significant reduction in backlogs for both new and follow-up patients due to improved consultant staffing, with three consultants being appointed over the past year.
- New patient backlog decreased significantly compared to early 2024.
- Follow-up backlog also improving, but still requires continued monitoring

### DNAs

- DNA rates remain stable, without significant fluctuations other than the seasonal trend of summer holidays and Christmas periods.

### Transition

- There has been an increase in waiting times for transition services.
- An Elective Reform Programme is being launched across MFT aimed at optimising patient pathways and improving outpatient efficiency. Cardiology has been selected as a key specialty for this initiative.

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

- **Intervention & EP Surgery** – wait times increased steadily since mid-2024 with the departure of an interventional cardiologist.
- **Surgery** – waiting times have increased slightly. The main challenge being the cancellation of Wednesday surgical lists due to staffing resources, however, this has now been resolved and the Wednesday list is back on the schedule.
- **Intervention & surgical waits** – no major changes to report. The new cath lab at Liverpool Heart & Chest is expected to open soon, providing additional space for interventional procedures. An SLA with the Dental hospital has been revised allowing more capacity for patients in need of dental care who don't have access to an NHS dentist.



- **DNA rates** – Blackpool has seen a disproportionately high DNA rate. Despite efforts to improve appointment reminders, patient compliance remains a challenge.

### Comments/discussion

- **DNA rates** - Blackpool CHD satellite clinic continues to experience high DNA rates among patients booked for follow-up appointments. The service at Blackpool is managed via LHCH and there is a patient helpline accessible to all patients. The network promote this regularly on social media to try to increase patient awareness.

When contacting patients the three top reasons for non-attendance were – transportation difficulties, inconvenient appointment times and lack of awareness about the importance of follow-up appointments.

Proposed solutions included the following:

- use of text messages and phone reminders to strengthen appointment reminder systems to encourage attendance
  - Exploring alternative satellite clinics
  - Encouraging early transfers to ACHD services
- Recognising the urgency of addressing surgical workforce shortages.
  - The investment into the HIVE system at MFT has significantly reduced DNA numbers.

## Item 7 – Paediatric Cardiology Single Service

**Rachael Barber, Consultant Paediatric Intensivist/Deputy Medical Director/RMCH Paediatric Clinical Lead, University of Manchester NHS FT and Caroline Jones, Clinical Lead & Consultant Fetal & Paediatric Cardiologist Paediatrics - Alder Hey Children’s Hospital**

- Work in progress with some additional requests from Commissioners, however some information requested is not available.
- Next step is to meet with the ICB to discuss progression of the business case and acquire a timeframe.

## Item 8 – Level 3 Centres Update

**Harriet Riggs, Co-Chair PECS Group and Paediatric Consultant, Oldham**

- PECs continue to meet bi-monthly along with neonatal consultant colleagues from around the region.
- A face-to-face meeting is planned in June at Bolton hospital.



## Item 9 – Commissioner Update

Helen Chadwick, Service Specialist for Internal Medicine Programme of Care (Specialised Commissioning), NHS England – Northwest

- **National Peer Review Proposal:** A national-led peer review of congenital heart disease (CHD) services is being considered for 2025-2026, subject to internal approvals. This proposal follows ongoing challenges with surgical waitlists, which remain high but stable. The peer review aims to assess service delivery and identify improvement areas.
- **Workforce and Capacity Issues:** There are concerns about workforce capacity to meet service improvement targets. Workforce issues have been raised as a significant barrier to achieve improved trajectories.
- **Workforce Strategy Paper:** A paper titled "Transforming Congenital Heart Disease Services" was discussed within the delegated commissioning group. This includes prioritised work on developing a CHD workforce strategy and workforce modelling. The goal is to assess provider capacity and workforce needs nationally.

**Next Steps and Updates:** Helen will keep the network updated on whether the paper is approved and progresses or if it is deemed a lower priority for the current year. The outcome will impact future workforce planning and strategy.

## Item 10 – Provider Risk Register Update

Linda Griffiths, Lead Nurse, NW CHD Network, explained the new risk reporting process. Reports will now be led by individual service providers. Providers will report risks scoring 12 or above. All reports were issued with board papers.

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

Risk Title	Score	Update Comments
Backlogs of both new + f/u patients at Alder Hey and RMCH	12	<ul style="list-style-type: none"> <li>• Currently 12 risks on the register scoring 12 or above. Alder Hey risks are still to be updated following our peer review shared at previous board meeting.</li> <li>• Predominantly back-log risks related to follow-up patients and L3 transition patients.</li> <li>• Aim to have a full risk update for the next board.</li> </ul>
Inequity of transition services being provided across level 1 and 2 CHD services	12	
Availability of cross-sectional imaging at Alder Hey and RMCH	12	
Lack of funding to progress towards a single paediatric cardiology service	20	
Lack of bed capacity at both Alder Hey and RMCH	12	
Lack of psychology provision across Alder Hey and RMCH services in the NW	12	
Currently not meeting NHSE Service specification standards for ICC	15	



**Paulo Santos Eden, Paediatric Cardiologist Consultant & Clinical Lead - Royal Manchester Children's Hospital**

Risk Title	Score	Update Comments
Cardiology physiology provision	12	<ul style="list-style-type: none"> <li>Cardiology Physiology provision – prioritising ECG and echocardiography services, whilst exploring an alternative technology for our hospital's ECG that do not require administration and report by the Manchester Heart centre. Hence the scoring remains the same until this issue is resolved.</li> <li>Cardiology patients – all planned actions have been complete. Image sharing system has been successfully implemented across sites, which is improving MDT co-ordination and communications. There have been some disruption issues which IT are working to resolve to ensure a more reliable service moving forward.</li> <li>RB acknowledged that not all risks identified as part of the single service review had been added to the risk register and will pick up with the team to ensure this is done.</li> </ul>
Cardiology Service	12	
Cardiology Outpatients	12	

**Yahya Najjar, Consultant Cardiologist & Clinical Head of Cardiac Services – University Manchester NHS FT**

Risk Title	Score	Update Comments
Adult Congenital Heart disease Service - Service backlog in regards to waiting	12	<ul style="list-style-type: none"> <li>Historically there were two separate lists being kept on different systems, meaning that intermittently pockets of patients were being discovered that were waiting for appointments. The issue of two separate waiting lists being kept on different systems has now been resolved and located on to the HIVE system. The team need to review the risk and update score or close risk as appropriate.</li> <li>There has been progress in reducing waiting lists, with both patients waiting over 12 months and over 6 months showing a downward trend. This indicates positive movement in managing patient demand.</li> <li>While progress is being made, there are ongoing concerns about tracking and managing demand versus capacity in real-time. The team is working on improving this by mapping patient follow-up and new patient capacity, as well as referrals.</li> <li>The directory team is conducting a detailed analysis to better track and predict patient</li> </ul>



		<p>flow, which is expected to be completed in the next six weeks. This work aims to provide a more accurate real-time understanding of demand and capacity.</p> <ul style="list-style-type: none"> <li>Once the demand-capacity model is finalised, the team plans to review local risk factors, ensuring all outstanding issues—such as waiting list discrepancies and software challenges—are addressed. A better understanding of demand and capacity will help inform future planning and predictions.</li> </ul>
--	--	---

**Nicholas Povey, Business Manager, Medicine – Liverpool Heart & Chest Hospital NHS FT**

Risk Title	Score	Update Comments
ACHD Admin - Intervention	12	<ul style="list-style-type: none"> <li><b>ACHD Administrative Service Update:</b> <ul style="list-style-type: none"> <li>The ACHD Medicine administrative service was transferred from the Surgical Management Team due to performance and sickness issues.</li> <li>The transfer has led to improvements in both areas.</li> </ul> </li> <li><b>Pathway Coordinator Recruitment:</b> <ul style="list-style-type: none"> <li>During the transfer, underinvestment in the intervention pathway was identified, leading to delays in appointments, pre-operative assessments, and interventions.</li> <li>Funding was approved to recruit a full-time pathway coordinator.</li> <li>After three recruitment rounds, the post has now been successfully filled, with the new staff member starting next Monday.</li> <li>The associated risk will be reviewed and reduced accordingly.</li> </ul> </li> <li><b>IT Risk Update (LHCH):</b> <ul style="list-style-type: none"> <li>Ongoing IT issues following a recent cyberattack have impacted connectivity, particularly for staff on honorary contracts (e.g. surgeons and interventionists).</li> <li>Temporary workarounds are in place to maintain access to patient records off-site.</li> <li>A permanent fix for Citrix is expected in the coming weeks.</li> </ul> </li> </ul>



## Item 11 – Ratification of Network Documents

The following documents were issued with board papers:

NWCHDN_05	Kawaskaki Guidelines (V3) 07-01-25
NWCHDN_11.2.1	Early Stage Questionnaire 14-02-25
NWCHDN_11.2.2	Mid Stage Questionnaire 24-02-25
NWCHDN_11.2.3	Late Stage Questionnaire 24-02-25
NWCHDN_11.3	Late Stage Documentation 24-02-25
NWCHDN_11.4	ACHD documentation final 24-02-25
NWCHDN_11	Transition SOP final (V4) 24-02-25
NWCHDN_45	CHD Standards Self Assessment SOP V2 04-02-25
NWCHDN_55	Research and Innovation Framework Final 04-02-25

Feedback on the above documents to be sent to the [linda.griffiths@alderhey.nhs.uk](mailto:linda.griffiths@alderhey.nhs.uk)

## Item 12 – Any Other Business

None raised

## Closing Remarks from the Chair

- Members were thanked for their contributions. It is outstanding to see how clinical teams are working with their operational and management teams and equally, the network.
- The Chair thanked parent, Helen Avraam, for her son's patient story. The network team will also follow-up with Helen.
- The funding for the database is key and we are hopeful for a successful outcome.
- The Chair thanked our PPV representatives for attending and for the support they offer to both patients and services.
- The Paediatric Single Service is a huge challenge and has the full support of the board going forward.

## Date of Next Meetings

**Monday 12<sup>th</sup> May 10.00am-12.00noon via MS Teams**

**Monday 4<sup>th</sup> August 10.00am-12.00noon via MS Teams**

**Monday 10<sup>th</sup> November 10.00am-12.00noon via MS Teams**

