1. BORS Terms of Reference. Given that the majority of Reps will have been in post for many years, Units will be invited to elect new members. The term will be for 3 years, renewable to a maximum of 6 years. The updated TORS were agreed.

2. GIRFT – aortic surgery. Mark Field presented the draft service specification for the organisation of aortic surgery, with the emphasis on Networks of Care between local hospitals for aortic emergencies and also elective proximal aortic surgery. It will be necessary for all cardiac surgical Units to contribute. More complex distal thoracic and thoraco-abdominal aortic surgery will require commissioning separately and will probably require no more than five hospitals throughout the UK to treat these patients.

3. Gavin Murphy updated the BORs on the activities of the SCTS Research committee. He urged all SCTS members to suggest research ideas via the Heart Research Priority Setting Partnership using the link [https://leicester.onlinesurveys.ac.uk/heart-surgery-priority-setting-partnership-initial-survey](https://leicester.onlinesurveys.ac.uk/heart-surgery-priority-setting-partnership-initial-survey).

4. GIRFT – minimally invasive lung cancer surgery. Steve Woolley presented the evidence for anatomical VATS lung resections in the treatment of Stage 1 lung cancer. It was agreed that all Units should have the capacity to offer this surgery for patients. The place of robotic surgery for lung cancer is still in evolution.

5. Sri Rathinam gave an update on SCTS Education.

6. GIRFT – cardiothoracic trauma. Donald Whitaker presented the experience from Kings on the management of cardiothoracic trauma, which is delivered successfully by cardiac surgeons, even though the majority of patients have thoracic rather than cardiac injuries. It was agreed that all cardiac and thoracic services should work closely with their local major trauma centres to provide protocols for emergency and urgent care.

7. GIRFT – 7-day consultant review of in-patients. Steve Clark presented the experience from Newcastle and Sarah Murray gave a commentary from the patient’s perspective. All agreed that this initiative should be supported but that there were logistical issues in the practicalities of providing the service, especially for small Units.

8. Carin Van Doorn presented the current situation surrounding the commissioning of Congenital Cardiac Surgery.

9. Moyna Bill, President of ACTACC presented the Memorandum of Understanding document, whereby patients requiring emergency specialist surgical care should be managed jointly between the referring hospital and the receiving specialist Unit, even when there was no immediate availability of a critical care bed.

10. Helen Munday presented the current issues surrounding nurses and Allied Health Professionals working in cardiothoracic surgery.

11. David Jenkins presented the work of the SCTS Audit subcommittee.

12. Clinton Lloyd updated the BORs regarding plans for the 2019 annual meeting in London. It is likely that the 2020 meeting will be in Cardiff.