Provider line of sight table on report recommendations for submission to the funders						
Please can the provider complete the following details to allow for ease of access and rapid review						
Project and Title of report			**National Audit of Congenital Heart Disease 2023 Summary Report (2021/22 data)**			
1. What is the report looking at/what is the project measuring?			**To examine and improve service delivery for, and outcomes of infants, children, adolescents and adults undergoing surgical and catheter-based interventions for congenital heart disease.**			
2. What countries are covered?			**United Kingdom and Republic of Ireland (RoI), not including Scottish centres**			
3. The number of previous projects (e.g. whether it is the 4th project or if it is a continuous project)			**Continuous project**			
4. The date the data is related to (please include the start and end points – e.g. from 1 January 2016 to 1 October 2016)			**1st April 2019 – 31st March 2022**			
5. Any links to NHS England/NHS Improvement objectives or professional work-plans (only if you are aware of any)						
Please can the provider complete the below for each recommendation in the report						
No.	**Recommendation**	**Evidence in the report which underpins the recommendation**	**Current national audit benchmarking standard if there is one**	**Associated NHS payment levers or incentives'**	**Guidance available (for example, NICE guideline)**	**% project result if the question previously asked by the project (date asked and result). If not asked before, please denote N/A. This is so**

						that there is an indication of whether the result has increased or decreased and over what period of time
Rec 1	Centres should adhere to the new definitions of post-procedure complications which will be released in 2023. All hospitals should comply with the accurate recording of these complications according to the existing definitions.	NCHDA report: Section 3.3. Overall complications rates reported are: ECMO 2.29%, renal support 3.38%, unplanned pacemaker 1.2%, prolonged pleural drainage 3%, trans-catheter procedure complication requiring urgent intervention 0.71%, catheter device embolisation 0.68%.	There are no national or international standards but the audit analyses variation between centres and attempts to identify best practice. New standardised definitions of complications will be released in 2023. There are currently no agreed international standards, but the aim is for an antenatal diagnosis in at least 75% of all abnormalities where intervention is undertaken in the first year.	N/A	Relevant literature includes: Brown KL et al. Incidence and risk factors for important early morbidities associated with paediatric cardiac surgery in a UK population. J Thorac Cardiovasc Surg 2019: 158(4):1185-96 Jacobs JP. Introduction – Databases and the assessment of complications associated with the treatment of patients with congenital cardiac disease. Cardiol Young 2008; 18(Suppl. 2): 1–37 Brown KL, Pagel P, Brimmell R, Bull K, Davis P, Franklin RC et al. Definition of important early morbidities related to	Low levels of complications seen but with some inter-hospital variance. There are some concerns that the variation is more reflective of variability in interpretation of current definitions.

					paediatric cardiac surgery. Card Young 2017; 27: 747–756	
Rec 2	Screening hospitals should aim to increase the rate of antenatal diagnosis of conditions requiring intervention in the first year. This can be supported by congenital heart disease networks reviewing staffing, infrastructure, education and training requirements. There is a need for better linkage with the National Congenital Anomaly and Rare Disease Registration Service to optimise data quality and case ascertainment.	NCHDA report: Section 3.4. The percentage diagnosed antenatally seems to have stabilised just over 50% in the last five years. There are high rates of antenatal diagnosis for hypoplastic left heart syndrome, transposition of the great vessels and Fallot's tetralogy.	National fetal cardiology group recommendation for sonographers to: • Achieve diagnosis PPD rate of at least 75% for all abnormalities where an intervention is undertaken in the first year of life; • Achieve a high PPD rate of at least 90% for certain specific lesions where an intervention within hours of birth may be required.	N/A	Gardiner HM, Kovacevic A, van der Heijden LB, et al. Prenatal screening for major congenital heart disease: assessing performance by combining national cardiac audit with maternity data. Heart. 2014 Mar; 100(5):375-82. Holland BJ, Myers JA, Woods CR. Prenatal diagnosis of critical congenital heart disease reduces risk of death from cardiovascular compromise prior to planned neonatal cardiac surgery: a meta-analysis. Ultrasound Obstet Gynecol 2015;45:631–8..	Ongoing improvement in antenatal diagnostic rates for infants requiring a cardiovascular procedure over the last 10 years across the UK and Republic of Ireland, as well as regional levels in England and Wales. However, the overall rate remains unchanged in the last three reporting years. Use of ICS will help improve the regional variation that remains between centres

						and their diagnostic success rate of CHD in those requiring a procedure in infancy.