

**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**

<b>Project and Title of report, including HQIP REF e.g. REF XX, Project and Report title</b>	<b>National Audit of Congenital Heart Disease 2021 Summary Report (2019/20 data)</b>
1. What is the report looking at/what is the project measuring?	<b>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.</b>
2. What countries are covered?	<b>United Kingdom and Republic of Ireland (RoI)</b>
3. The number of previous projects (e.g. whether it is the 4 <sup>th</sup> project or if it is a continuous project)	<b>Continuous project</b>
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)	<b>1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2020</b>
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**

<b>No.</b>	<b>Recommendation</b>	<b>Evidence in the report which underpins the recommendation</b>	<b>Current national audit benchmarking standard if there is one</b>	<b>Associated NHS payment levers or incentives'</b>	<b>Guidance available (for example, NICE guideline)</b>	<b>% 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</b>
Rec 1	Hospitals should aim to increase the rate of antenatal diagnosis of conditions requiring intervention in the first year. Individual	NCHDA report: Pages 34-44	There are currently no agreed international standards, but	N/A	1. 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	Ongoing improvement in antenatal diagnostic rates for infants requiring a cardiovascular procedure over the last 10 years

	congenital heart disease networks should take responsibility for improving outcomes and play a pivotal role in reviewing staffing, infrastructure, education and training.		the aim is for an antenatal diagnosis in at least 75% of all abnormalities where intervention is undertaken in the first year.		data. Heart. 2014 Mar; 100(5):375-82.  2. 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	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 3 reporting years.  Considerable regional variation remains between centres and their diagnostic success rate of CHD in those requiring a procedure in infancy.
Rec 2	In order to fully support the national clinical audit activity, it is recommended that all centres have provision of sufficient resources and processes in place including local information technology and software updates supporting NCHDA datasets for timely submission and data verification. This should also include supporting database managers to improve accuracy of data submission.	NCHDA report: Pages 43-47	The Data Quality Indicator Score is defined as:  Good quality = >90%;  Excellent quality = >98%	N/A	The NCHDA annual reports 2018 and 2019 explain the methodology.  The conceptual basis for this DQI is explained in the 1998 -1999 Data Quality Indicator Methodology Paper (DoH). [link provided]  Clarke DR, Breen LS, Jacobs ML, Franklin RC, Tobota Z, Maruszewski B, Jacobs JP. Verification of data in congenital cardiac surgery. Cardiol Young 2008; 18 suppl 2: 177-87	In 12 paediatric/mixed centres, all had good or excellent scores; no data were available for 2 centres.  In 5 adult only centres, all had good or excellent scores.