Screening KPI data summary factsheets

November 2019 – Issue 9
About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

www.gov.uk/phe/screening Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

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Published November 2019
PHE publications gateway number: GW-994
PHE supports the UN Sustainable Development Goals
Introduction

This high-level report presents the key performance indicator (KPI) data for all 11 national screening programmes. The NHS screening programmes selected the KPIs to define consistent performance measures for a selection of public health priorities. The KPIs give a high level overview of the quality of screening programmes at key points on the screening pathway. They contribute to the quality assurance of screening programmes but are not, in themselves, sufficient to quality assure or performance manage screening services.

Screening KPIs are contained within the Section 7a agreements between the Department of Health and Social Care (DHSC) and NHS England and in the Public Health Outcomes Framework (PHOF).

This report will focus on the most recent data collected with national comparisons to quarterly performance since 2016 to 2017 where available.

Please note this issue of the factsheet is not re-published if the corresponding KPI data is updated.
Further information

This report should be read in conjunction with the full KPI datasets for Q4 2018 to 2019 and Q1 2019 to 2020, and the KPI reporting data definitions.

For all information about KPIs, including submission dates, templates and previous quarterly and annual data publications, please see our national data reporting page. Information about screening standards and service specifications are available for each programme.

Please contact the screening helpdesk if you would like further information on screening KPIs: phe.screeninghelpdesk@nhs.net.
### Summary dashboard

<table>
<thead>
<tr>
<th>KPI</th>
<th>Current quarter</th>
<th>% previous quarter</th>
<th>% current quarter</th>
<th>Significant change</th>
<th>Acceptable threshold</th>
<th>Achievable threshold</th>
<th>RAG</th>
</tr>
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<tbody>
<tr>
<td>ID1</td>
<td>Q1 2019/20</td>
<td>99.7</td>
<td>99.7</td>
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<tr>
<td>ID2</td>
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<tr>
<td>FA1</td>
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<td>100</td>
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<td>FA2</td>
<td>Q4 2018/19</td>
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<td>99.1</td>
<td>↑</td>
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<td>95.0</td>
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</tr>
<tr>
<td>ST1</td>
<td>Q1 2019/20</td>
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<td>↑</td>
<td>95.0</td>
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<td>NH2</td>
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<td>↑</td>
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<tr>
<td>NP1</td>
<td>Q1 2019/20</td>
<td>96.7</td>
<td>96.5</td>
<td>↑</td>
<td>95.0</td>
<td>99.5</td>
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<td>DE2</td>
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<td>↓</td>
<td>70.0</td>
<td>95.0</td>
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<td>93.6</td>
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<td>95.0</td>
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<td>AA4</td>
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<td>95.0</td>
<td>Orange</td>
</tr>
<tr>
<td>BCS1</td>
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<tr>
<td>BCS2</td>
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<td>59.7</td>
<td>60.1</td>
<td>↑</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>BS1</td>
<td>Q1 2019/20</td>
<td>67.8</td>
<td>67.8</td>
<td>↑</td>
<td>70.0</td>
<td>80.0</td>
<td>Red</td>
</tr>
<tr>
<td>BS2</td>
<td>Q1 2019/20</td>
<td>84.8</td>
<td>84.0</td>
<td>↓</td>
<td>90.0</td>
<td>100</td>
<td>Red</td>
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<tr>
<td>CS1</td>
<td>Q1 2019/20</td>
<td>70.2</td>
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<td>-</td>
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<tr>
<td>CS2</td>
<td>Q1 2019/20</td>
<td>76.4</td>
<td>76.7</td>
<td>↑</td>
<td>80.0</td>
<td>-</td>
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</tr>
</tbody>
</table>
Summary dashboard explained

The dashboard displays:

- the current quarterly time period
- the national performance of the current quarter and previous quarter
- any significant change (displayed as arrows) from the previous to current quarter
- the acceptable and achievable thresholds
- the red, amber, green (RAG) rating

The thresholds are defined as follows:

The acceptable threshold is the lowest level of performance which screening services are expected to attain. All screening services should exceed the acceptable threshold and agree service improvement plans to meet the achievable threshold. Screening services not meeting the acceptable threshold are expected to put in place recovery plans to deliver rapid and sustained improvement.

The achievable threshold is the level at which the screening service is likely to be running optimally. All screening services should aspire to attain and maintain performance at or above this level.

The RAG rating compares the current quarterly performance to the thresholds. If the performance is below the acceptable threshold it is rated red, if performance is equal to or above the acceptable threshold but below the achievable threshold it is rated amber, and if performance is equal to or above the achievable threshold it is rated green. KPIs DE3, CS1 and CS2 only have the acceptable threshold; therefore only red or green is displayed. BCS2 has no thresholds therefore no RAG rating is applied. The performance percentages displayed are rounded to one decimal point for ease of reading, however the exact values are used when rating performance against the thresholds and to compare performance over time. This may result in rounded figures appearing to be the same as an acceptable or achievable threshold but RAG indicating a lower performance.

The upwards or downwards arrows displayed represent where there has been a significant increase or decrease in national performance (uses the Wilson Score method), or a horizontal arrow showing no significant change. KPI AA2 is an annual indicator, with quarterly data cumulative from Q1 to the current quarter; therefore no significance arrow is applied.
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<td>Newborn and infant physical examination – coverage</td>
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<td>Newborn and infant physical examination – diagnosis/intervention: timeliness of intervention for developmental dysplasia of the hip (DDH)</td>
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## Index of screening KPIs

### Young person and adult

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<th>KPI name</th>
</tr>
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<td>Diabetic eye – uptake: routine digital screening</td>
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<td>CS2</td>
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</tbody>
</table>
Infectious diseases in pregnancy (IDPS) programme

KPI ID1: coverage: HIV

National performance of ID1 in Q1 remained above the achievable threshold at 99.7%

All 144 screening providers met the acceptable threshold of 95%

137 out of 144 screening providers reached the achievable threshold of 99%

KPI ID1
Reporting period: Q1 2019 to 2020
England
- numerator = 164,947
- denominator = 165,415
- performance = 99.7%
Completeness of data: 100%

KPI ID1 description
The proportion of pregnant women eligible for human immunodeficiency virus (HIV) screening for whom a confirmed screening result is available at the day of report

Reported by: Maternity service
KPI ID2: diagnosis/intervention: timely assessment of women with hepatitis B

Since 2016 to 2017, ID2 counts only women with hepatitis B who are either newly diagnosed or known positive with high infectivity markers.

National performance of ID2 in Q1 was 83.8%, lower than the previous 2 quarters.

ID2 is a small number KPI, therefore the data should be interpreted with caution.

KPI ID2

Reporting period: Q1 2019 to 2020

England
- numerator = 201
- denominator = 240
- performance = 83.8%

Completeness of data: 100%

KPI ID2 description

The proportion of pregnant women who are hepatitis B positive attending for specialist assessment within 6 weeks of the positive result being reported to the maternity service.

Reported by: Maternity service
KPI ID3: coverage: hepatitis B

ID3 was a newly published KPI from 2018 to 2019. National performance in Q1 was 99.7%, above the achievable threshold of 95%.

All 144 screening providers met the acceptable threshold of 95% and 137 out of 144 screening providers reached the achievable threshold of 99%.

National trend data:

- **Acceptable ≥ 95.0%**
- **Achievable ≥ 99.0%**

<table>
<thead>
<tr>
<th></th>
<th>2016 to 2017</th>
<th>2017 to 2018</th>
<th>2018 to 2019</th>
<th>2019 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B coverage (%)</td>
<td>99.7</td>
<td>99.6</td>
<td>99.7</td>
<td>99.7</td>
</tr>
</tbody>
</table>

KPI ID3

**Reporting period:** Q1 2019 to 2020

- **England**
  - numerator = 164,953
  - denominator = 165,417
  - performance = 99.7%

**Completeness of data:** 100%

KPI ID3 description

The proportion of pregnant women eligible for hepatitis B screening for whom a confirmed screening result is available at the day of report.

Reported by: Maternity service
KPI ID4: coverage: syphilis

ID4 was a newly published KPI from 2018 to 2019. National performance in Q1 was 99.7%, above the achievable threshold.

143 out of 144 screening providers met the acceptable threshold of 95% (1 provider did not submit).

137 out of 144 screening providers reached the achievable threshold of 99%.

National trend data

<table>
<thead>
<tr>
<th>Year</th>
<th>Acceptable ≥ 95.0%</th>
<th>Achievable ≥ 99.0%</th>
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<tbody>
<tr>
<td>2016 to 2017</td>
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<td>99.6</td>
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<tr>
<td>2017 to 2018</td>
<td>99.7</td>
<td>99.7</td>
</tr>
<tr>
<td>2018 to 2019</td>
<td>99.7</td>
<td>99.7</td>
</tr>
<tr>
<td>2019 to 2020</td>
<td>99.7</td>
<td>99.7</td>
</tr>
</tbody>
</table>

KPI ID4

Reporting period: Q1 2019 to 2020

England
- numerator = 163,179
- denominator = 163,620
- performance = 99.7%

Completeness of data: 99.3%

KPI ID4 description

The proportion of pregnant women eligible for syphilis screening for whom a confirmed screening result is available at the day of report.

Reported by: Maternity service
Fetal anomaly screening programme (FASP)

KPI FA1: test: completion of laboratory request forms T21/T18/T13 screening

National performance of FA1 in Q1 was 98.1%, slightly lower than the previous 3 quarters

116 out of 144 screening providers met the acceptable threshold of 97%

10 out of 147 screening providers reached the achievable threshold of 100%

KPI FA1 description
The proportion of laboratory request forms, including complete data prior to screening analysis, submitted to the laboratory within the recommended timeframe of 10 weeks + 0 days to 20 weeks + 0 days gestation
Reported by: Maternity service
**KPI FA2: coverage: fetal anomaly ultrasound**

**National performance of FA2 in Q4 was above the achievable threshold at 99.1%**

135 out of 147 screening providers met the achievable threshold of 95% (10 providers did not submit)

FA2 was introduced in 2016 to 2017 and is collected 2 quarters in arrears

**National trend data**
- Acceptable ≥ 90.0%
- Achievable ≥ 95.0%

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Ultrasound coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>98.8</td>
</tr>
<tr>
<td>Q2</td>
<td>98.9</td>
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<tr>
<td>Q3</td>
<td>98.9</td>
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<tr>
<td>Q4</td>
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<td>98.9</td>
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<tr>
<td>Q3</td>
<td>98.9</td>
</tr>
<tr>
<td>Q4</td>
<td>99.1</td>
</tr>
</tbody>
</table>

**KPI FA2**

Reporting period: Q4 2018 to 2019

England
- numerator = 143,635
- denominator = 144,877
- performance = 99.1%

Completeness of data: 93.2%

**KPI FA2 description**

The proportion of pregnant women eligible for fetal anomaly ultrasound screening who are tested leading to a conclusive result within the defined timescale

Reported by: Maternity service
KPI FA3: coverage: T21/T18/T13 screening

FA3 was a new KPI introduced in 2018 to 2019. New KPIs are not published in the first year of data collection. There is no intention to publish this KPI by individual maternity service. PHE Screening is reviewing the data with the aim of publishing it nationally in the future.

**KPI FA3 description**

The proportion of pregnant women eligible for first trimester combined screening for Down’s syndrome (T21), Edwards’ syndrome (T18) and Patau’s syndrome (T13) for whom a conclusive screening result is available at the day of report

Reported by: Maternity service
Sickle cell and thalassaemia (SCT) screening programme

KPI ST1: coverage: antenatal screening

National performance of ST1 in Q1 remained at its highest ever level recorded for this KPI at 99.7%

All 144 screening providers met the acceptable threshold of 95%

136 out of 144 screening providers reached the achievable threshold of 99%

KPI ST1

Reporting period: Q1 2019 to 2020

England
- numerator = 164,920
- denominator = 165,451
- performance = 99.7%

Completeness of data: 100%

KPI ST1 description

The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia (SCT) screening for whom a screening result is available at the day of report

Reported by: Maternity service

Quarter 1 performance

Coverage (%)
KPI ST2: test: timeliness of antenatal screening

National performance of ST2 in Q1 was 58.7%, higher than the previous quarter.

119 out of 144 screening providers met the acceptable threshold of 50% (4 providers did not submit).

12 out of 144 screening providers reached the achievable threshold of 75%.

**National trend data**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2016 to 2017</th>
<th>2017 to 2018</th>
<th>2018 to 2019</th>
<th>2019 to 2020</th>
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<tr>
<td>Q1</td>
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<td>Q2</td>
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<td>Q3</td>
<td>54.5</td>
<td>56.0</td>
<td>57.1</td>
<td>58.9</td>
</tr>
<tr>
<td>Q4</td>
<td>56.9</td>
<td>58.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The proportion of pregnant women having antenatal sickle cell and thalassaemia screening for whom a screening result is available ≤10 weeks + 0 days gestation.

**KPI ST2 description**

The proportion of pregnant women having antenatal sickle cell and thalassaemia screening for whom a screening result is available ≤10 weeks + 0 days gestation.

Reported by: Maternity service
KPI ST3: test: completion of family origin questionnaire (FOQ)

National performance of ST3 in Q1 reached its highest ever level at 97.9%.

124 out of 144 screening providers met the acceptable threshold of 95% (4 providers did not submit).

58 out of 144 screening providers reached the achievable threshold of 99%.

National trend data

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2016 to 2017</th>
<th>2017 to 2018</th>
<th>2018 to 2019</th>
<th>2019 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of FOQ (%)</td>
<td>97.0</td>
<td>97.1</td>
<td>97.4</td>
<td>97.6</td>
</tr>
<tr>
<td></td>
<td>97.8</td>
<td>97.5</td>
<td>97.5</td>
<td>97.6</td>
</tr>
<tr>
<td></td>
<td>97.7</td>
<td>97.4</td>
<td>97.8</td>
<td>97.8</td>
</tr>
<tr>
<td></td>
<td>97.9</td>
<td>97.0 %</td>
<td>97.1 %</td>
<td>97.4 %</td>
</tr>
</tbody>
</table>

KPI ST3

Reporting period: Q1 2019 to 2020
England
- numerator = 159,260
- denominator = 162,662
- performance = 97.9%
Completeness of data: 97.2%

Quarter 1 performance

<table>
<thead>
<tr>
<th>Region</th>
<th>Completion of FOQ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>97.9</td>
</tr>
<tr>
<td>London</td>
<td>98.9</td>
</tr>
<tr>
<td>Midlands and East</td>
<td>97.7</td>
</tr>
<tr>
<td>North</td>
<td>97.4</td>
</tr>
<tr>
<td>South</td>
<td>97.9</td>
</tr>
</tbody>
</table>

KPI ST3 description

The proportion of antenatal SCT samples submitted to the laboratory accompanied by a completed family origin questionnaire.

Reported by: Maternity service
KPI ST4a: referral: timely offer of prenatal diagnosis (PND) to women at risk of having an infant with sickle cell disease or thalassaemia

This KPI was introduced in 2018 to 2019. We have identified quality issues with the submitted data. Therefore we recommend that regional performance is not compared. PHE Screening share provider level data with NHS England and are reviewing this KPI with the aim of improving data quality.

KPI ST4a description
Proportion of women at increased risk of having a baby with sickle cell disease or thalassaemia offered PND ≤12 weeks +0 days gestation

Reported by: Maternity service
KPI ST4b: referral: timely offer of prenatal diagnosis (PND) to couples at risk of having an infant with sickle cell disease or thalassaemia

This KPI was introduced in 2018 to 2019. We have identified quality issues with the submitted data. Therefore we recommend that regional performance is not compared. PHE Screening share provider level data with NHS England and are reviewing this KPI with the aim of improving data quality.

KPI ST4b

Reporting period: Q1 2019 to 2020
England
- numerator = 129
- denominator = 238
- performance = 54.2%
Completeness of data: 98.6%

KPI ST4b description

Proportion of couples at increased risk of having a baby with sickle cell disease or thalassaemia offered PND ≤12 weeks +0 days gestation

Reported by: Maternity service
Newborn blood spot (NBS) screening programme

KPI NB1: coverage of CCG responsibility at birth

National performance of NB1 in Q1 was 97.9%, lower than the previous quarter

183 out of 191 CCGs met the acceptable threshold of 95%

75 out of 191 CCGs reached the achievable threshold of 99%

KPI NB1 description
The proportion of babies registered within the clinical commissioning group (CCG) both at birth and on the last day of the reporting period who are eligible for newborn blood spot (NBS) screening and have a conclusive result recorded on the child health information system (CHIS) at less than or equal to 17 days of age

Reported by: CCG
KPI NB2: test: quality of the blood spot sample

National performance of NB2 in Q1 was 2.6%, the highest it has been in the last 2 years. NB2 is a reverse polarity KPI, where a lower performance is better.

58 out of 144 screening providers met the acceptable threshold of ≤ 2%

14 out of 144 screening providers met the achievable threshold of ≤ 1%

KPI NB2 description
The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process

Reported by: Maternity service
KPI NB4: coverage of movers in

National performance of NB4 in Q1 was 87.6%, slightly lower than the previous 2 quarters.

53 out of 191 CCGs met the acceptable threshold of 95%.

31 out of 191 CCGs met the achievable threshold of 99%.

National trend data

<table>
<thead>
<tr>
<th>Coverage (movers in) (%)</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88.9</td>
<td>88.5</td>
<td>86.5</td>
<td>86.3</td>
<td>88.5</td>
<td>88.9</td>
<td>89.9</td>
<td>90.2</td>
<td>90.0</td>
<td>87.8</td>
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<td>87.6</td>
</tr>
<tr>
<td>Reporting period: Q4 2018 to 2019</td>
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<tr>
<td>England</td>
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<tr>
<td>- numerator = 13,482</td>
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<tr>
<td>- denominator = 15,396</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- performance = 87.6%</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completeness of data: 100%</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Quarter 1 performance

<table>
<thead>
<tr>
<th>Coverage (movers in) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
</tr>
<tr>
<td>87.6</td>
</tr>
</tbody>
</table>

KPI NB4 description

The proportion of all babies eligible for newborn blood spot (NBS) screening who have changed responsible CCG in the first year of life; or have moved in from another UK country or abroad, and have a conclusive result recorded on the CHIS at less than or equal to 21 calendar days of notifying the CHRD of movement in

Reported by: CCG
Newborn hearing screening programme (NHSP)

KPI NH1: coverage

National performance of NH1 increased slightly in Q1 to 99.0%, the highest ever recorded level for this KPI

102 out of 109 screening providers met the acceptable threshold of 98%

32 out of 109 screening providers reached the achievable threshold of 99.5%

KPI NH1

Reporting period: Q1 2019 to 2020

England
- numerator = 149,827
- denominator = 151,338
- performance = 99.0%

Completeness of data: 100%

KPI NH1 description

The proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4 weeks corrected age (hospital programmes: well babies, NICU babies) or by 5 weeks corrected age (community programmes: well babies)

Reported by: Local NHSP site
KPI NH2: diagnosis/intervention – time from screening outcome to attendance at an audiological assessment appointment

National performance of NH2 in Q1 was 90.8%, an increase compared with the previous quarter.

68 out of 109 screening providers met the acceptable threshold of 90%, 44 providers met the achievable threshold of 95%.

NH2 is a small number KPI, therefore the data should be interpreted with caution.

National trend data

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2016 to 2017</th>
<th>2017 to 2018</th>
<th>2018 to 2019</th>
<th>2019 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>90.1</td>
<td>88.5</td>
<td>89.2</td>
<td>91.6</td>
</tr>
<tr>
<td>Q2</td>
<td>87.3</td>
<td>89.2</td>
<td>89.6</td>
<td>89.8</td>
</tr>
<tr>
<td>Q3</td>
<td>88.1</td>
<td>88.6</td>
<td>90.0</td>
<td>90.8</td>
</tr>
<tr>
<td>Q4</td>
<td>90.0</td>
<td>90.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Acceptable ≥ 90.0%
Achievable ≥ 95.0%*

Quarter 1 performance

<table>
<thead>
<tr>
<th>Region</th>
<th>Time to assessment (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>90.8</td>
</tr>
<tr>
<td>London</td>
<td>92.3</td>
</tr>
<tr>
<td>Midlands and East</td>
<td>91.5</td>
</tr>
<tr>
<td>North</td>
<td>90.1</td>
</tr>
<tr>
<td>South</td>
<td>89.0</td>
</tr>
</tbody>
</table>

KPI NH2

Reporting period: Q1 2019 to 2020

England
- numerator = 3,011
- denominator = 3,316
- performance = 90.8%

Completeness of data: 100%

KPI NH2 description

The proportion of babies with a no clear response result in one or both ears or other result that require an immediate onward referral for audiological assessment who receive audiological assessment within the required timescale.

Reported by: Local NHSP site
Newborn and infant physical examination (NIPE) screening programme

KPI NP1: coverage

We currently recommend not to use NIPE data as a performance measure because of issues with data quality.

National trend data

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Coverage (%)</th>
<th>2016 to 2017</th>
<th>2017 to 2018</th>
<th>2018 to 2019</th>
<th>2019 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>93.0</td>
<td>93.3</td>
<td>93.2</td>
<td>93.8</td>
<td>94.5</td>
</tr>
<tr>
<td>Q2</td>
<td>95.3</td>
<td>95.5</td>
<td>96.1</td>
<td>96.3</td>
<td>96.5</td>
</tr>
<tr>
<td>Q3</td>
<td>95.5</td>
<td>96.5</td>
<td>96.7</td>
<td>96.5</td>
<td>96.7</td>
</tr>
<tr>
<td>Q4</td>
<td>95.8</td>
<td>96.3</td>
<td>96.5</td>
<td>96.7</td>
<td>96.5</td>
</tr>
</tbody>
</table>

Quarter 1 performance

England: Coverage (newborn) (%)
- Numerator = 144,554
- Denominator = 149,749
- Performance = 96.5%

Completeness of data: 99.3%

KPI NP1 description

The proportion of babies eligible for the newborn physical examination who are tested for all 4 components (3 components in female infants) of the newborn examination within 72 hours of birth.

Reported by: Maternity service
KPI NP2: diagnosis/intervention: timeliness of intervention for developmental dysplasia of the hip (DDH)

We currently recommend not to use NIPE data as a performance measure because of issues with data quality. NP2 is a small number KPI.

**KPI NP2**

Reporting period: **Q1 2019 to 2020**

England
- numerator = 353
- denominator = 485
- performance = 72.8%

Completeness of data: 99.3%

**National trend data**

![Graph showing national trend data for timely assessment of DDH](image)

**Quarter 1 performance**

<table>
<thead>
<tr>
<th>Region</th>
<th>Timely assessment of DDH (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>72.8</td>
</tr>
<tr>
<td>London</td>
<td>70.6</td>
</tr>
<tr>
<td>Midlands</td>
<td>83.2</td>
</tr>
<tr>
<td>East</td>
<td>65.7</td>
</tr>
<tr>
<td>North</td>
<td>70.8</td>
</tr>
</tbody>
</table>

**KPI NP2 description**

The proportion of babies who have a positive screening test on newborn physical examination and undergo assessment by specialist hip ultrasound within 2 weeks of age

Reported by: Maternity service
Diabetic eye screening (DES) programme

KPI DE1: uptake: routine digital screening

National performance of DE1 in Q1 was 82.2%, slightly lower than previous quarters

Quarterly DE1 data for Health Intelligence providers has been republished back to Q1 2017 to 2018. This has had a small effect on national performance over this time.

55 out of 58 screening providers reached the acceptable threshold of 75%, and 18 providers reached the achievable threshold of 85%

National trend data

<table>
<thead>
<tr>
<th>KPI DE1</th>
<th>Acceptable ≥ 75.0%*</th>
<th>Achievable ≥ 85.0%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2016 to 2017</td>
<td>82.2</td>
<td>83.1</td>
</tr>
<tr>
<td>Q2 2017 to 2018</td>
<td>82.5</td>
<td>82.8</td>
</tr>
<tr>
<td>Q3 2018 to 2019</td>
<td>82.3</td>
<td>82.4</td>
</tr>
<tr>
<td>Q4 2019 to 2020</td>
<td>82.0</td>
<td>82.6</td>
</tr>
</tbody>
</table>

*Thresholds changed in 2017 to 2018

KPI DE1

Reporting period: Q1 2019 to 2020

England
- numerator = 2,321,872
- denominator = 2,825,098
- performance = 82.2%

Completeness of data: 100%

KPI DE1 description

Proportion of those offered RDS who attend a routine digital screening event where images are captured

Reported by: DES provider
KPI DE2: test: timeliness of results letters

National performance of DE2 in Q1 was 98.8%, slightly lower than the previous quarter.

All 58 screening providers met the acceptable threshold of 70%.

54 out of 58 screening providers reached the achievable threshold of 95%.

National trend data

Acceptable ≥ 70.0%
Achievable ≥ 95.0%

Quarter 1 performance

KPI DE2
Reporting period: Q1 2019 to 2020
England
- numerator = 641,219
- denominator = 648,772
- performance = 98.8%
Completeness of data: 100%

KPI DE2 description
The proportion of eligible people with diabetes attending for diabetic eye screening, digital surveillance or SLB surveillance to whom results were issued ≤3 weeks after the screening event.

Reported by: DES provider
KPI DE3: intervention/treatment: timely consultation for people with diabetes who are screen positive

National performance of DE3 in Q1 was 75.2%, lower than the previous 3 quarters.

26 out of 58 screening providers met the acceptable threshold of 80%.

DE3 is a small number KPI, therefore the data should be interpreted with caution.

KPI DE3

Reporting period: Q1 2019 to 2020

- numerator = 1,637
- denominator = 2,177
- performance = 75.2%

Completeness of data: 100%

National trend data

Acceptable ≥ 80.0%

Quarter 1 performance

KPI DE3 description

Time between screening event and first attended consultation at HES or digital Surveillance

Reported by: DES provider
Abdominal aortic aneurysm (AAA) screening programme

KPI AA2: coverage – initial screen

2016 to 2017 was the first year of data publication for AA2. AA2 is an annual indicator, quarterly figures are cumulative from Q1 to the current quarter.

The performance thresholds for AA2 increase on a quarterly basis in order to best reflect the nature of the local screening service call to screening.

National performance of AA2 in Q1 was above the achievable threshold at 23.1%. 30 out of 39 screening providers met the acceptable threshold of 18%.

KPI AA2

Reporting period: Q1 2019 to 2020

England
- numerator = 67,833
- denominator = 294,010
- performance = 23.1%

Completeness of data: 100%

KPI AA2 description

Proportion of eligible men who are tested

Reported by: AAA screening provider
KPI AA3: coverage – annual surveillance screen

2016 to 2017 was the first year of data publication for AA3

National performance of AA3 in Q1 was 93.6%, slightly lower than the previous quarter, but still among the highest levels recorded for this KPI

36 out of 39 providers met the acceptable threshold of 85% and 19 providers met the achievable threshold of 95%

National trend data

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Coverage of annual surveillance screen (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2016</td>
<td>90.5</td>
</tr>
<tr>
<td>Q2 2016</td>
<td>91.3</td>
</tr>
<tr>
<td>Q3 2016</td>
<td>91.2</td>
</tr>
<tr>
<td>Q4 2016</td>
<td>91.3</td>
</tr>
<tr>
<td>Q1 2017</td>
<td>90.9</td>
</tr>
<tr>
<td>Q2 2017</td>
<td>92.5</td>
</tr>
<tr>
<td>Q3 2017</td>
<td>92.5</td>
</tr>
<tr>
<td>Q4 2017</td>
<td>92.5</td>
</tr>
<tr>
<td>Q1 2018</td>
<td>91.9</td>
</tr>
<tr>
<td>Q2 2018</td>
<td>91.6</td>
</tr>
<tr>
<td>Q3 2018</td>
<td>92.5</td>
</tr>
<tr>
<td>Q4 2018</td>
<td>93.7</td>
</tr>
<tr>
<td>Q1 2019</td>
<td>93.6</td>
</tr>
</tbody>
</table>

KPI AA3

Reporting period: Q1 2019 to 2020
England
- numerator = 2,961
- denominator = 3,165
- performance = 93.6%
Completeness of data: 100%

KPI AA3 description

Proportion of eligible men who are tested

Reported by: AAA screening provider
KPI AA4: coverage – quarterly surveillance screen

2016 to 2017 was the first year of data publication for AA4

National performance of AA4 in Q1 was 92.6%, lower than the previous 3 quarters

34 providers met the acceptable threshold of 85% and 17 providers met the achievable threshold of 95%

National trend data

![National trend data chart]

<table>
<thead>
<tr>
<th></th>
<th>Q1 2016 to 2017</th>
<th>Q2 2017 to 2018</th>
<th>Q3 2018 to 2019</th>
<th>Q4 2019 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>93.2</td>
<td>91.6</td>
<td>92.6</td>
<td>91.2</td>
</tr>
<tr>
<td></td>
<td>92.6</td>
<td>92.9</td>
<td>94.1</td>
<td>92.6</td>
</tr>
</tbody>
</table>

KPI AA4

Reporting period: Q1 2019 to 2020

England
- numerator = 2,407
- denominator = 2,598
- performance = 92.6%

Completeness of data: 100%

KPI AA4 description

Proportion of eligible men who are tested

Reported by: AAA screening provider
Bowel cancer screening programme (BCSP)

KPI BCS1: uptake

2017 to 2018 was the first year of data publication for BCS1

National performance of BCS1 in Q4 was 62.1%, the highest level of this KPI since quarterly publication began, and above the achievable threshold of 60%

59 out of 64 screening providers met the acceptable threshold of 52%, 48 providers met the achievable threshold of 60%

National trend data

Acceptable ≥ 52%
Achievable ≥ 60%

Quarter 1 performance

KPI BCS1 description

The proportion of eligible men and women aged 60 to 74 years invited to participate in bowel cancer screening who adequately participate

Reported by: Local screening centre (also by CCG in the data publication)
KPI BCS2: coverage

2017 to 2018 was the first year of data publication for BCS2 and is available 6 months in arrears.

National performance of BCS2 at Q4 was 60.1%, the highest recorded level of this KPI published so far. There are no thresholds set for this KPI.

Coverage ranged from 51.5% in London to 62.5% in the South.

KPI BCS2

Reporting period: Q4 2018 to 2019

England
- numerator = 4,916,600
- denominator = 8,181,603
- performance = 60.1%
Completeness of data: 100%

Quarter 4 performance

KPI BCS2 description

The proportion of eligible men and women aged 60 to 74 years invited for screening who have had an adequate faecal occult blood test (FOBt) screening result in the previous 30 months.

Reported by: Local authority
Breast screening programme (BSP)

KPI BS1: uptake

2017 to 2018 was the first year of data publication for BS1. Quarterly data is considered provisional, annual data is definitive.

National performance of BS1 in Q1 was 67.8%, the same as the previous quarter, but still below the acceptable threshold of 70%.

42 out of 78 screening providers reached the acceptable threshold; no providers met the achievable threshold of 80%.

**National trend data**
- Acceptable ≥ 70.0%
- Achievable ≥ 80.0%

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2016 to 2017</th>
<th>2017 to 2018</th>
<th>2018 to 2019</th>
<th>2019 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 16-17</td>
<td>67.2</td>
<td>67.1</td>
<td>66.8</td>
<td>67.3</td>
</tr>
<tr>
<td>Q2 16-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3 16-17</td>
<td></td>
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<tr>
<td>Q4 16-17</td>
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<td></td>
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<tr>
<td>Q1 17-18</td>
<td></td>
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<tr>
<td>Q2 17-18</td>
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<tr>
<td>Q3 17-18</td>
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<tr>
<td>Q4 17-18</td>
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<tr>
<td>Q1 18-19</td>
<td></td>
<td></td>
<td>67.7</td>
<td>67.8</td>
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<tr>
<td>Q2 18-19</td>
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<tr>
<td>Q3 18-19</td>
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<tr>
<td>Q4 18-19</td>
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</tr>
<tr>
<td>Q1 19-20</td>
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<td>67.8</td>
</tr>
<tr>
<td>Q2 19-20</td>
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<td></td>
</tr>
<tr>
<td>Q3 19-20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4 19-20</td>
<td></td>
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</tr>
</tbody>
</table>

**KPI BS1**

Reporting period: Q1 2019 to 2020

England
- numerator = 447,475
- denominator = 660,477
- performance = 67.8%

Completeness of data: 100%

**KPI BS1 description**
The proportion of eligible women invited who attend for screening

Reported by: Local screening service
KPI BS2: uptake: screening round length

2017 to 2018 was the first year of data publication for BS2

National performance of BS2 in Q1 was 84.0%, the lowest level of this KPI since quarterly publication began

54 out of 78 screening providers reached the acceptable threshold; no providers met the achievable threshold

KPI BS2

Reporting period: Q1 2019 to 2020

England
- numerator = 420,550
- denominator = 500,633
- performance = 84.0%

Completeness of data: 100%

KPI BS2 description

The proportion of eligible women whose date of first offered appointment is within 36 months of their previous episode. Women being screened for the first time will not be included in screening round length statistics

Reported by: Local screening service
Cervical screening programme (CSP)

KPI CS1: Coverage under 50 years

2017 to 2018 was the first year of data publication for CS1
National performance of CS1 in Q1 was 71.0%, the highest level of this KPI since quarterly publication began
Six out of 191 CCGs met the acceptable threshold of 80%

KPI CS1
Reporting period: Q1 2019 to 2020
England
- numerator = 7,198,009
- denominator = 10,141,027
- performance = 71.0%
Completeness of data: 100%

KPI CS1 description
The proportion of women in the resident population eligible for cervical screening aged 25 to 49 years at end of period reported who were screened adequately within the previous 3.5 years
Reported by: CCG
KPI CS2: Coverage 50 years and above

2017 to 2018 was the first year of data publication for CS2

National performance of CS2 in Q1 was 76.7%, the highest it has been than the previous 6 quarters but still below the acceptable threshold of 80%

8 out of 191 CCGs met the acceptable threshold

KPI CS2 description
The proportion of women in the resident population eligible for cervical screening aged 50 to 64 years at end of reported period who were screened adequately within the previous 5.5 years

Reported by: CCG