# Screening standards/KPI data

Appendix A: SCT screening standards/KPI data St Helens & Knowsley / Southport & Ormskirk

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard code (KPI code)** | **Title** | **Acceptable threshold** | **Achievable threshold** | **Year data relates to** | **Performance Q3 23/24** | **Performance Q4 23/24** | **Performance Q1 24/25** | **Performance Q2 24/25** | **Acceptable threshold (most recent quarter or**  **latest annual data)** | **Achievable threshold (most recent quarter or**  **latest annual data)** |
| **Standards for data collected from April 2018** | | | | | | | | | | |
| SCT-S01 (KPI ST1) | Antenatal screening | ≥ 95.0% | ≥ 99.0% | Q3 23/24  to Q2 24/25 | 99.7% | 99.4% | 99.1% | 99.4% | Met | Met |
| 99.7% | 100% | 100% | 99.3% | Met | Met |
| SCT-S02 (KPI ST2) | Timeliness of antenatal screening | ≥ 50.0% | ≥ 75.0% | Q3 23/24  to Q2 24/25 | 45.4% | 48.7% | 47.4% | 51.6% | Met | Not met |
| 57.6% | 54.8% | 66.7% | 68.2% | Met | Not met |
| SCT-S03 (KPI ST3) | Completion of family origin questionnaire (FOQ) | ≥ 95.0% | ≥ 99.0% | Q3 23/24  to Q2 24/25 | 98.8% | 97.9% | 95.9% | 95.8% | Met | Not met |
| 97.7% | 98.0% | 97.5% | 99.6% | Met | Met |
| SCT-S05a (KPI ST4a) | Timely offer of prenatal diagnosis (PND) to women at risk of having an infant with sickle cell disease or  thalassaemia | To be set | To be set | Q3 23/24  to Q2 24/25 | 100% | No cases | 0.0% | 100% | N/A | N/A |
| No cases | No cases | No cases | No cases | N/A | N/A |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SCT-S05b (KPI ST4b) | Timely offer of prenatal diagnosis (PND) to women at risk of having an infant with sickle cell disease or  thalassaemia | To be set | To be set | Q3 23/24  to Q2 24/25 | No cases | 0.0% | No cases | 100% | N/A | N/A |
| No cases | No cases | No cases | No cases | N/A | N/A |
|  |  |  |  |  |  |  |  | **Performance** |  |  |
| SCT-S06 | Timeliness of prenatal diagnosis (PND) | ≥ 50.0% | ≥ 75.0% |  |  |  |  | Data not available |  |  |
|  |  |  | Data not available |  |  |
| SCT-S07 | Timely reporting of prenatal diagnosis (PND) results to parents | ≥ 70.0% | ≥ 90.0% | 2021/22 |  |  |  | 100% | Met | Met |
|  |  |  | 100% | Met | Met |
| SCT-S08 | Reporting newborn screen positive results to parents | ≥ 90.0% | ≥ 95.0% |  |  |  |  | Data not available |  |  |
|  |  |  | Data not available |  |  |
| SCT-S09 | Timely follow- up, diagnosis and treatment of newborn infants with a positive  screening result | ≥ 90.0% | ≥ 95.0% |  |  |  |  | Data not available |  |  |
|  |  |  | Data not available |  |  |

**Caveats:**

|  |  |
| --- | --- |
| **SCT-S05a/ST4a SCT-S05b/ST4b** | These are small number standards/KPIs and should be interpreted with caution. Nationally we have identified data quality issues. |
| **SCT-S06** |  |
| **SCT-S07** | These are small number standards and should be interpreted with caution. |
| **SCT-S08** |  |
| **SCT-S09** |  |

Appendix B: IDPS screening standards/KPI data St Helens & Knowsley / Southport & Ormskirk

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard code (KPI**  **code)** | **Title** | **Acceptable threshold** | **Achievable threshold** | **Year data relates to** | **Performance Q3 23/24** | **Performance Q4 23/24** | **Performance Q1 24/25** | **Performance Q2 24/25** | **Acceptable threshold (most recent quarter or latest annual data)** | **Achievable threshold (most recent quarter or latest annual data)** |
| **Standards for data collected from April 2023** | | | | | | | | | | |
| IDPS-S01 (KPI ID1) | HIV | ≥ 95.0% | ≥ 99.0% | Q3 23/24  to Q2 24/25 | 99.9% | 100% | 99.5% | 99.7% | Met | Met |
| 100% | 100% | 100% | 99.3% | Met | Met |
| IDPS-S02 (KPI ID3) | Hepatitis B | ≥ 95.0% | ≥ 99.0% | Q3 23/24  to Q2 24/25 | 99.9% | 100% | 99.5% | 99.7% | Met | Met |
| 100% | 100% | 100% | 99.3% | Met | Met |
| IDPS-S03 (KPI ID4) | Syphilis | ≥ 95.0% | ≥ 99.0% | Q3 23/24  to Q2 24/25 | 99.9% | 100% | 99.5% | 99.7% | Met | Met |
| 100% | 100% | 100% | 99.3% | Met | Met |
| IDPS-S06 (KPI ID2) | Timely assessment of women with hepatitis B | ≥ 75.0% | ≥ 90.0% | Q3 23/24  to Q2 24/25 | No cases | 100% | 0.0% | 50.0% | Not met | Not met |
| No cases | No cases | No cases | No cases | N/A | N/A |
|  |  |  |  |  |  |  |  | **Performance** |  |  |
| IDPS- S05a | Timely assessment of screen positive and known positive women | ≥ 97.0% | ≥ 99.0% | 2022/23 |  |  |  | 100% | Met | Met |
| 100% |  |  |
| IDPS- S05b | Timely assessment of screen positive and known positive women | ≥ 97.0% | ≥ 99.0% | 2022/23 |  |  |  | 100% | Met | Met |
| 100% |  |  |
| IDPS- S05c | Timely assessment of screen positive and known positive  women | ≥ 97.0% | ≥ 99.0% | 2022/23 |  |  |  | 100% | Met | Met |
| 100% |  |  |
| IDPS- S07a | Timely neonatal hepatitis B  vaccination | ≥ 97.0% | ≥ 99.0% | 2022/23 |  |  |  | 100% | Met | Met |
| 100% |  |  |
|  |  | ≥ 97.0% | ≥ 99.0% | 2022/23 |  |  |  | No cases | Met | Met |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IDPS- S07b | Timely neonatal hepatitis B  immunoglobulin |  |  |  |  |  |  | No cases |  |  |

**Caveats: IDPS – S06/ID2, IDPS-S05, IDPS-S07:** These are small number standards/KPIs and should be interpreted with caution

Appendix C: FASP screening standards/KPI data St Helens & Knowsley / Southport & Ormskirk

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard code**  **(KPI code)** | **Title** | **Acceptable threshold** | **Achievable threshold** | **Year data relates to** | **Performance Q3 23/24** | **Performance Q4 23/24** | **Performance Q1 24/25** | **Performance Q2 24/25** | **Acceptable threshold (most recent**  **quarter or latest annual data)** | **Achievable threshold (most recent**  **quarter or latest annual data)** |
| **Standards for data collected from April 2022** | | | | | | | | | | |
| FASP-S01 (FA3) | T21/T18/T13  screening | No thresholds set | No thresholds set | Q3 23/24 to Q2 24/25 | Data complete | Data complete | Data complete | Data complete | N/A | N/A |
| FASP-S02 (FA2) | Coverage: 20-week screening scan | ≥ 95.0% | ≥ 99.0% | Q3 23/24 to Q2 24/25 | 97.4% | 97.7% | 95.8% | n/a | Met | Not met |
| 99.0% | 98.5% | 100.0% | n/a | Met | Met |
| FASP-S06 (FA4) | Test: inadequate samples - Combined test | Combined test ≤5.0% | Not set | Q3 23/24 to Q2 24/25 | 1.7% | 3.5% | 2.3% | 1.6% | Met | N/A |
| 2.9% | 4.1% | 6.4% | 5.6% | Not met | N/A |
| FASP-S06 (FA4) | Test: inadequate samples – Quad test | Quadruple test ≤10.0% | Not set | Q3 23/24 to Q2 24/25 | 6.1% | 1.1% | 6.5% | 3.1% | Met | N/A |
| 8.0% | 1.5% | 0.0% | 3.3% | Met | N/A |
|  |  |  |  |  |  |  |  | **Performance** |  |  |
| FASP-S07 | Time to intervention T21/T18/T13  screening | ≥ 97.0% | ≥ 99.0% | 2021/22 |  |  |  | 100% | Met | Met |
| 96.7% | Not met | Not met |
| FASP-S08a | Timeliness to intervention 20-week screening scan (local referrals) | ≥85.0% | ≥97.0% | 2021/22 |  |  |  | 43.5% | Not met | Not met |
| 85.2% | Met | Not met |
| FASP-S08b |  | ≥85.0% | ≥97.0% | 2021/2 |  |  |  | 0.0% | Not met | Not met |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Timeliness to intervention 20-week screening scan  (tertiary referrals) |  |  |  |  |  |  | 66.7% | Not met | Not met |

**Caveats:**

There is no intention to publish this standard/KPI by individual maternity service. Thresholds are not set for this standard/KPI, performance between services should not be compared. FASP supports informed choice for women. This standard/KPI supports the safety of the screening pathway by enabling screening services to be assured that:

* all eligible women are offered the opportunity of screening
* women complete the screening pathway where the offer is accepted.

**FASP-S01/FA3**

This standard/KPI is collected 2 quarters in arrears, which is 1 quarter behind the rest of the antenatal and newborn KPIs.

**FASP-S02/FA2**

Appendix D: NHSP screening standards/KPI data Bridgewater service only

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard code (KPI code)** | **Title** | **Acceptabl e threshold** | **Achievabl e threshold** | **Year data relates to** | **Performance Q3 23/24** | **Performance Q4 23/24** | **Performance Q1 24/25** | **Performance Q2 24/25** | **Acceptable threshold (most recent**  **quarter or latest annual data)** | **Achievable threshold (most recent**  **quarter or latest annual data)** |
| **Standards for data collected from April 2022** | | | | | | | | | | |
| NHSP-S01 (KPI NH1) | Newborn hearing screening | ≥ 98.0% | ≥ 99.5% | Q3 23/24  to Q2 24/25 | 97.6% | 98.2% | 96.8% | 97.9% | Not met | Not met |
| NHSP-S02  (hospital model) | Well babies who do not show a clear response in both ears at automated otoacoustic emission 1 (AOAE1) | ≤ 27.0% | ≤ 20.0% | Q3 23/24  to Q2 24/25 | 26.2% | 25.3% | 24.4% | Data not available | Met | Not met |
| NHSP-S03  (hospital model) | Referral rate to diagnostic audiological assessment | > 2.0% to  ≤ 2.8% | ≥ 0.5% to  ≤ 2.0% | Q3 23/24  to Q2 24/25 | 1.3% | 3.2% | 2.1% | Data not available | Met | Not met |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NHSP-S04 | Time from screening outcome to offered appointment for diagnostic audiological  assessment | ≥ 97.0% | ≥ 99.0% | Q3 23/24  to Q2 24/25 | 100% | 100% | 100% | Data not available | Met | Met |
| NHSP-S05 (KPI NH2) | Time from screening outcome to attendance at an audiological  assessment appointment | ≥ 90.0% | ≥ 95.0% | Q3 23/24  to Q2 24/25 | 80% | 88.9% | 95.7% | 92.0% | Met | Not met |

**Caveat: NH2:** This is a small number standard/KPI and should be interpreted with caution

Appendix E: NIPE screening standards/KPI data St Helens & Knowsley / Southport & Ormskirk

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard code (KPI**  **code)** | **Title** | **Acceptable threshold** | **Achievable threshold** | **Year data relates to** | **Performance Q3 23/24** | **Performance Q4 23/24** | **Performance Q1 24/25** | **Performance Q2 24/25** | **Acceptable threshold (most recent**  **quarter or latest annual data)** | **Achievable threshold (most recent quarter or latest annual data)** |
| **Standards for data collected from April 2021** | | | | | | | | | | |
| NIPE-S01 (KPI NP1) | Newborn physical examination | ≥ 95.0% | ≥ 97.5% | Q3 23/24 to Q2 24/25 | 97.0% | 96.0% | 96.2% | 96.5% | Met | Not met |
| 96.4% | 95.7% | 97.4% | 97.3% | Met | Not met |
| NIPE-S02 | Timeliness of intervention for babies with screen positive eye results | ≥ 95.0% | ≥ 99.0% | Q3 23/24 to Q2 24/25 | 16.7% | 0% | 0% | Data not available | Not met | Not met |
| No cases | No cases | No cases | Data not available | N/A | N/A |
| NIPE-S03  (KPI NP3  stood down 01.04.24,  remains | Timeliness of ultrasound scan of the hips for developmental dysplasia | ≥ 90.0% | ≥ 95.0% | Q3 23/24 to Q2 24/25 | 42.6% | 17.8% | 71.1% | Data not available | Not met | Not met |
| 0.0% | 69.8% | 67.6% | Data not available | Not met | Not met |

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| measured standard) |  |  |  |  |  |  |  |  |  |  |
| NIPE-S04  (KPI NP4  from 01.04.24) | Timeliness of hip clinical assessment or  discharge | ≥ 90.0% | ≥ 95.0% | Q3 23/24 to Q2 24/25 | 57.5% | 23.5% | 83.3% | 95.5% | Met | Met |
| 0% | 69.8% | 66.7% | 75.0% | Not met | Not met |
| NIPE-S05 | Timeliness of intervention for bilateral  undescended testes | 100% | n/a | Q3 23/24 to Q2 24/25 | 66.7% | 0.0% | No cases | Data not available | Not met | N/A |
| No cases | No cases | 100% | Data not available | Met |

**Caveats**:

|  |  |
| --- | --- |
| **NIPE-S03/NP3** | This is a small number standard/KPI and should be interpreted with caution. |
| **NIPE-S02 NIPE-S04 NIPE-S05** | These are small number standards and should be interpreted with caution. |

# Appendix F: NBS screening standards/KPI data

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard code (KPI code)** | **Title** | **Acceptable threshold** | **Achievable threshold** | **Year data relates to** | **Performance Q3 23/24** | **Performance Q4 23/24** | **Performance Q1 24/25** | | **Performance Q2 24/25** | **Acceptable threshold (most recent**  **quarter or latest annual data)** | **Achievable threshold (most recent**  **quarter or latest annual data)** |
| **Standards for data collected from April 2021** St Helens sub ICB / Knowsley sub ICB | | | | | | | | | | | |
| NBS-S01a (KPI NB1) | CCG  responsibility at birth | ≥ 95.0% | ≥ 99.0% | Q3 23/24  to Q2 24/25 | 96.4% | 97.0% | 96.1% | 96.8% | | Met | Not met |
| 95.9% | 95.3% | 95.2% | 97.7% | | Met | Not met |
| NBS-S01b (KPI NB4) | Movers in | ≥ 95.0% | ≥ 99.0% | Q3 23/24  to Q2 24/25 | 92.3% | 83.3% | 94.5% | 84.8% | | Not met | Not met |
| 89.1% | 86.9% | 90.0% | 93.8% | | Not met | Not met |
| **Standards for data collected from April 2021** St Helens & Knowsley / Southport & Ormskirk (Manchester (M) and Alder Hey (AH) laboratories) | | | | | | | | | | | |
| NBS-S06 |  | ≤ 2.0% | ≤ 1.0% |  | 2.3% | 1.9% | 2.8% | 3.5% | | Not met | Not met |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (KPI NB2) | Quality of the blood spot sample |  |  | Q3 23/24  to Q2 24/25 | 3.7% | 4.0% | 2.7% | 4.7% | Not met | Not met |
|  |  |  |  |  |  |  |  | **Performance** |  |  |
| NBS-S03 | Barcoded NHS number label is included on the blood  spot card | ≥ 90.0% | ≥ 95.0% | 2021/22 |  |  |  | 80.8% | Not met | Not met |
| M 65.1% | Not met | Not met |
| AH 75.7% | Not met | Not met |
| NBS-S04 | Timely sample collection | ≥ 90.0% | ≥ 95.0% | 2021/22 |  |  |  | 95.6% | Met | Met |
| M 89.4% | Not met | Not met |
| AH 89.8% | Not met | Not met |
| NBS-S05 | Timely receipt of a sample in the newborn screening laboratory | ≥ 95.0% | ≥ 99.0% | 2021/22 |  |  |  | 99.3% | Met | Met |
| M 62.0% | Not met | Not met |
| AH 99.9% | Met | Met |

**Caveats:**

**NB4** This is a small number standard/KPI and should be interpreted with caution.

# Appendix G: References

1. NHS [Section 7a screening service schedules 2 and 4](https://future.nhs.uk/vaccsandscreening/view?objectID=43459504) 2024-25
2. NHS [population screening: pathway requirements specifications and learning](https://www.gov.uk/government/collections/population-screening-pathway-requirements-specifications) [from screening incidents](https://www.gov.uk/government/collections/population-screening-pathway-requirements-specifications)
3. NHS [population screening standards](https://www.gov.uk/government/collections/nhs-population-screening-programme-standards)
4. [NHS population screening: reporting data definitions](https://www.gov.uk/government/publications/nhs-population-screening-reporting-data-definitions) for key performance indicators
5. NHS [Managing Safety Incidents in NHS Screening Programmes](https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes) (last updated 2024)
6. NHS England (2022) [Patient Safety Incident Response Framework](https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance/)
7. NHS [Sickle cell and thalassaemia screening programme handbooks](https://www.gov.uk/government/collections/sickle-cell-and-thalassaemia-screening-commission-and-provide) (last updated 2022)
8. NHS [Infectious diseases in pregnancy screening programme clinical guidance](https://www.gov.uk/government/collections/infectious-diseases-in-pregnancy-screening-clinical-guidance) (last updated 2023)
9. NHS [Fetal anomaly screening programme handbook](https://www.gov.uk/government/publications/fetal-anomaly-screening-programme-handbook) (last updated 2024)
10. NHS [Newborn hearing screening programme operational guidance](https://www.gov.uk/government/publications/newborn-hearing-screening-programme-nhsp-operational-guidance) (last updated 2024)
11. NHS [Newborn and infant physical examination: programme handbook](https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook) (last updated 2024)
12. NHS [Newborn blood spot screening guidance](https://www.gov.uk/government/collections/newborn-blood-spot-screening-programme-supporting-publications#screening-guidance-) (last updated 2023)
13. NHS England population screening: pathway requirements specification [Diabetic eye screening pathway requirements specification](https://www.gov.uk/government/publications/diabetic-eye-screening-pathway-requirements-specification/diabetic-eye-screening-pathway-requirements-specification)
14. NHS [Screening inequalities strategy](https://www.gov.uk/government/publications/nhs-population-screening-inequalities-strategy/phe-screening-inequalities-strategy)
15. Department of Health and Social Care [Public Health Profiles](https://fingertips.phe.org.uk/)
16. The Society and College of Radiographers and The Royal Collage of Radiologists (2017) [Standards for the provision of an ultrasound service](https://www.rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/standards-for-the-provision-of-an-ultrasound-service/)
17. UK Health Security Agency [Immunisation against infectious disease](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book) (last updated 2024)
18. Hinton et al (2023). [A qualitative study of the dynamics of access to remote](https://www.research.ed.ac.uk/en/publications/a-qualitative-study-of-the-dynamics-of-access-to-remote-antenatal) [antenatal care through the lens of candidacy](https://www.research.ed.ac.uk/en/publications/a-qualitative-study-of-the-dynamics-of-access-to-remote-antenatal)
19. Hinton et al (2022) [Quality framework for remote antenatal care](https://qualitysafety.bmj.com/content/qhc/early/2022/05/12/bmjqs-2021-014329.full.pdf)

There is more detailed information on individual screening programmes that can be accessed via [Population screening programmes: detailed information](https://www.gov.uk/topic/population-screening-programmes)