Key performance indicator data submission process 2014/15

Antenatal and newborn screening
Diabetic eye screening
Abdominal aortic aneurysm screening

Version 1.4 / August 2014

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About the UK National Screening Committee

The UK National Screening Committee (UK NSC) oversees screening policy in all four nations and works with the different implementation bodies to support delivery. In England, the UK NSC is the implementation body for all screening programmes, with the exception of cancer screening.

The UK NSC and NHS Screening Programmes are part of Public Health England (PHE), an executive agency of the Department of Health. PHE was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.

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Amendment history

Version	Date	Author	Description
0.2	20/09/12		Amendments following KPI process group meeting 18/09/12
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1.1	12/09/13		Revised version to reflect revised roles within PHE and NHS England and KPI data flows

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1.2	6/05/14		Updated version for 2014/15. Removal of AA2i and AA2ii. Updated wording for NIPE SMART system. Small changes to DES
1.3	July 2014		Small changes to formatting and introduction section
1.4	Aug 2014		Changes to DES submission process for programmes who have migrated to common pathway compliant software and inclusion of further detailed guidance document.

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Executive summary

1.1 This paper sets out a consistent process for the submission of adult, antenatal and newborn screening programme key performance indicator (KPI) data for 2014/15. The adult programmes are diabetic eye screening (DES) and abdominal aortic aneurysm (AAA) screening.

1.2 It is intended for use by screening providers and should be read in conjunction with '*Key Performance Indicators for Screening 2014/15*'[1] which provides the KPI data definitions.

1.3 Clear roles and responsibilities for data collection and submission are described. Submission of KPI data should follow screening provider assurance processes.

1.4 KPI data will be published quarterly on the UK National Screening Committee (UK NSC) website

1.5 The new Maternity and Child health Secondary Data Set (MCDS) has been mandated since April 2013. However there has been a delay in the implementation of the data set and data should continue to be submitted to the UK NSC in the usual way until the MCDS has been established

1.6 Following the national pilot, the Newborn Infant Physical Examination (NIPE) Screening Programme has recommended that the screening management and reporting tool (NIPE SMART) IT system is rolled out nationally to provide the required data for the NIPE programme and to support robust local data collecting and failsafe screening and referral processes. If provider organisations choose not to use the NIPE SMART system, they will need to ensure that they have a robust system in place which meets the NIPE data requirements set by the UK NSC data submission process and that the system can demonstrate failsafe requirements as outlined in the NIPE DH service specification (no 21). Any non-NIPE SMART Trusts will still be expected to meet minimum NIPE programme standards set by the UK NSC and will need to evidence this activity.

1.7 A KPI electronic data submission tool has been piloted and implementation is being planned. Information on timescales will be communicated by the NSC during 2014/15.

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[1] Key Performance Indicators for Screening Guidance for 2014/15 www.screening.nhs.uk/kpi

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1.8 The commissioning of adult, antenatal and newborn screening programmes is the responsibility of NHS England through area teams, and the quality assurance (QA) of screening programmes is the responsibility of Public Health England (PHE) through national and regional QA teams.

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Background

Adult, antenatal and newborn screening KPIs were introduced in 2011. The KPI measures were selected by the UK NSC to define consistent performance measures for a selection of public health priorities. They aim to 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 programmes.

The initial data submitted for KPIs was relatively poor, with the exception of the newborn hearing screening programme (NHSP) which is reported from a national database. Data collection and submission have improved over the past year as local systems have been developed. In organisations where this has worked well, it appears to be the result of good joint working between screening programmes, IT departments and information and corporate performance teams. However, some disparity remains between organisations and areas in the way data is collected and submitted. The guidance in this document has been developed to improve consistency so that data is comparable at a local and national level.

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It is the responsibility of screening provider organisations to submit KPI data to the UK NSC on a quarterly basis. The responsibility and process for this depends on the individual screening programme and is detailed in the following section. Submission of KPI data should follow screening provider assurance processes in line with similar performance data in other areas.

Commissioning responsibility for screening programmes moved from Primary Care Trusts (PCTs) to NHS England in April 2013. The area team screening commissioners in NHS England are accountable for the quality and performance of screening programmes for their population and require assurance that programmes meet national standards. KPI reporting is part of this process. They are also responsible for developing an agreed systematic process for ensuring that KPI data is reviewed with screening providers prior to submission and shared and scrutinised at local level by local screening programme boards or their equivalent following submission.

The local authority director of public health (LA DPH) has responsibility for the scrutiny of screening programmes serving their local authority population.

The responsibility for the quality assurance of screening programmes lies with the regional QA teams in PHE.

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UK NSC key performance indicators

3.1 Antenatal and newborn screening programme KPIs

KPI	Description	Data source	Responsible for submission
ID1	Antenatal infectious disease screening – HIV coverage	Maternity unit (MU)	MU
ID2	Antenatal infectious disease screening – timely referral of hepatitis B positive women for specialist assessment		
FA1	Down's syndrome screening – completion of laboratory request forms	Down's screening laboratory or ultrasound department as appropriate	MU
ST1	Antenatal sickle cell and thalassaemia screening – coverage	MUs and antenatal screening laboratory	MU
ST2	Antenatal sickle cell and thalassaemia screening – timeliness of test		
ST3	Antenatal sickle cell and thalassaemia screening – completion of FOQ		
NB1	Newborn blood spot screening – coverage	Child health record departments (CHRD)	CHRD
NB2	Newborn blood spot screening – avoidable repeat tests	Newborn blood spot screening laboratories	MU
NB3	Newborn blood spot screening – timeliness of result availability	CHRD	CHRD

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3.2 Newborn hearing screening programme (NHSP) KPIs

KPI	Description	Data source	Responsible for submission
NH1	Newborn hearing screening – coverage	Newborn hearing coordinators via electronic submission from the national database	Electronic submission from the programme centre based on data from local newborn hearing coordinators
NH2	Newborn hearing – timely assessment for screen referrals		

The NHSP submits KPI data electronically to the UK NSC three months after the end of each quarter.

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3.3 Newborn and infant physical examination (NIPE) KPIs

KPI	Description	Data source	Responsible for submission
NP1	Newborn infant physical examination – coverage (newborn)	NIPE SMART system (see below)	MU
NP2	Newborn infant physical examination – timely assessment of developmental dysplasia of the hip	NIPE SMART system or local system	

The NIPE programme has recommended that the NIPE SMART IT system is rolled out nationally to provide the required data for the NIPE programme and to support robust local data collecting and failsafe screening and referral processes. Data collated from the NIPE SMART system should be submitted electronically to the UK NSC three months after the end of each quarter.

If provider organisations choose not to use the NIPE SMART system, they will need to ensure that they have a robust system in place which meets the NIPE data requirements set by the UK NSC data submission process and that the system can demonstrate failsafe requirements as outlined in the NIPE DH service specification (no. 21). Any non-NIPE SMART Trusts will still be expected to meet minimum NIPE programme standards set by the UK NSC and will need to evidence this activity.
The NIPE programme has recommended that the SMART electronic system is rolled out nationally to provide the required data. For NP2 (due to small numbers), until a robust system such as NIPE SMART is implemented, local recording systems for hip ultrasound referrals may be used but would require robust data management .

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3.4 Diabetic eye screening (DES) programme KPIs

KPI	Description	Data source	Responsible for submission
DE1	Diabetic eye screening – uptake of digital screening encounter	Local DES programme	Local DES programme
DE2	Diabetic eye screening – results issued within three weeks of screening	Local DES programme	Local DES programme
DE3	Diabetic eye screening – timely consultation for R3 screen positive	Local DES programme or sourced from ophthalmology provider trust	Local DES programme

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3.5 Abdominal aortic aneurysm (AAA) screening programme KPI

KPI	Description	Data source	Responsible for submission
AA1	Abdominal aortic aneurysm screening – completeness of offer	National AAA database	Submission from the national AAA programme

The NHS AAA Screening Programme (NAAASP) submits data electronically to the UK NSC three months after the end of each quarter. AA2i and AA2ii have been removed for 2014/15.

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Roles and responsibilities

It is strongly recommended that all screening data collection and submission is supported by a screening provider information and/or performance analyst.

4.1.0 Antenatal and newborn screening programmes

4.1.1 **Head of midwifery:** accountable and responsible for providing timely collation of accurate data. The data should be shared with the area team screening commissioners, in accordance with locally agreed arrangements, and submitted on the KPI submission template to the UK NSC with a copy to the area team screening commissioner. Submission of KPI data should follow screening providers' assurance processes.

4.1.2 **Provider antenatal and newborn screening coordinator/provider information team:** responsible for collating, checking and submitting accurate data to the head of midwifery.

4.1.3 **CHRD manager:** accountable and responsible for the timely collation of accurate data. The data should be shared with the area team screening commissioners in accordance with locally agreed arrangements and submitted on the KPI submission template to the UK NSC with a copy to the area team screening commissioner. Submission of KPI data should follow screening providers' assurance processes.

4.1.4 **NHS England area team screening commissioner:** responsible for reviewing KPI data in accordance with locally agreed arrangements, monitoring of contracts and delivery against national service specifications and Section 7a agreements and sharing data with local screening committees or their equivalent and with LA DPHs.

4.1.5 **UK NSC KPI team**: responsible for informing local screening co-ordinators, heads of midwifery and area team screening commissioners when the submission templates are available, assessing completeness of returns and performance against KPI thresholds, publication of the data on the UK NSC website.

4.1.6 **NHS England regional analytics team(s)**: responsible for analysis of KPI data, following submission, at a local and regional level to inform commissioning.

4.1.7 **PHE regional QA teams:** responsible for reviewing data following submission and providing regional performance reports based on data supplied nationally. The regional QA teams will support local initiatives to use data for quality assurance. Regional QA teams can provide advice on the KPI collection and submission process when requested by local organisations.

4.2 NIPE programme

4.2.1 **Local NIPE clinical lead:** accountable and responsible for facilitating timely collation and submission of accurate and reliable data. Formal implementation of NIPE

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programme including use of IT system such as the recommended NIPE SMART (Screening Management and Reporting Tools) will be rolled out over the next two years. Any Trust choosing not to use NIPE SMART will need to ensure it has a system in place which meets the NIPE data requirements set by the UK NSC KPI Data Submission Process and that the system can demonstrate failsafe requirement as outlined in the NIPE DH service specification (No.21) . *''Screening data will be entered electronically on the NIPE Screening Management and Reporting Tools (SMART) IT system, or other approved system (that can assure appropriate failsafes are in place)"*

Ideally, in the future, data will be submitted via use of NIPE SMART, however, as an interim measure, during the roll-out phase, providers who are able to submit will need to do so via the KPI submission form. The data should be shared with the area team screening commissioners in accordance with locally agreed arrangements and submitted on the KPI submission template to the UK NSC with a copy to the area team screening commissioner. Submission of KPI data should follow screening provider assurance processes.

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4.2.2 **NHS England area team screening commissioner:** responsible for reviewing KPI data in accordance with locally agreed arrangements, monitoring of contracts and delivery against national service specifications and Section 7a agreements and sharing data with local screening committees or their equivalent and with LA DPHs.

4.2.3 **UK NSC KPI team**: responsible for informing local screening co-ordinators, heads of midwifery and area team screening commissioners when the submission templates are available, assessing completeness of returns and performance against KPI thresholds, publication of the data on the UK NSC website.

4.2.4 **NHS England regional analytics team(s)**: responsible for analysis of KPI data, following submission, at a local and regional level to inform commissioning.

4.2.5 **PHE regional QA teams:** responsible for reviewing data following submission and providing regional performance reports based on data supplied nationally. The regional QA teams will support local initiatives to use data for quality assurance. Regional QA teams can provide advice on the KPI collection and submission process when requested by local organisations.

4.3 Newborn Hearing Screening Programme (NHSP)

4.3.1 **NHSP clinical lead/NHSP team leader:** accountable and responsible for facilitating timely collation of accurate and reliable data. The data is submitted to the UK NSC electronically from the national database. Submission of KPI data should follow screening providers' assurance processes. In order for screening providers to sign off their quarterly reports the NHSP will publish KPI data reports for NH1 and NH2 on their intranet three months and one week after the end of the quarter. Each NHSP site is asked to sign off their reports within two weeks of uploading to the NHSP website. If reports are not signed off then they will be taken to be accurate. The reports will then be published on the UK NSC public website by provider and made available to commissioners.

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4.3.2 **NHS England area team screening commissioner:** responsible for reviewing KPI data in accordance with locally agreed arrangements, monitoring of contracts and delivery against national service specifications and Section 7a agreements and sharing data with local screening committees or their equivalents and with LA DPHs.

4.3.3 **UK NSC KPI team**: responsible for receiving NHSP data from the national database, assessing completeness of returns and performance against KPI thresholds, publication of the data on the UK NSC website.

4.3.4 **NHS England regional analytics team(s)**: responsible for analysis of KPI data, following submission, at a local and regional level to inform commissioning.

4.3.5 **PHE regional QA teams:** responsible for reviewing data following submission and providing regional performance reports based on data supplied nationally. The regional QA teams will support local initiatives to use data for quality assurance. Regional QA teams can provide advice on the KPI collection and submission process when requested by local organisations.

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4.4 Diabetic eye screening (DES) programme

Diabetic Eye Screening Programmes who have migrated to common pathway compliant software should submit programme performance reports to the NDESP team as outlined in the guidance (UKNSC_YoungPersonAndAdult_KPIandQA_ReportSubmissionGuidance_v1_1.pdf) attached to this document.

Programmes on pre-common pathway software should submit their KPIs using the DESP submission tool in accordance with the below guidance until they migrate to common pathway compliant software. Programmes will be required to report using the programme performance report for the quarter in which their migration took place.

4.4.1 **Local DES service clinical lead/director of private provider:** accountable and responsible for facilitating timely collation of accurate and reliable data. The data should be shared with the area team screening commissioners in accordance with locally agreed arrangements and submitted on the KPI submission template to the UK NSC with a copy to the area team screening commissioner. Submission of KPI data should follow screening provider assurance processes.

4.4.2 **NHS England area team screening commissioner:** responsible for reviewing KPI data in accordance with locally agreed arrangements, monitoring of contracts and delivery against national service specifications and Section 7a agreements and sharing of data with local screening committees or their equivalent and with LA DPHs.

4.4.3 **UK NSC KPI team**: responsible for informing local DES programmes and area team screening commissioners when the submission templates are available, assessing completeness of returns and performance against KPI thresholds, publication of the data on the UK NSC website.

4.4.4 **NHS England regional analytics team(s)**: responsible for analysis of KPI data, following submission, at a local and regional level to inform commissioning.

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4.4.5 **PHE regional QA teams:** responsible for reviewing data following submission and providing regional performance reports based on data supplied nationally. The regional QA teams will support local initiatives to use data for quality assurance. Regional QA teams can provide advice on the KPI collection and submission process when requested by local organisations.

4.5 AAA screening programme

4.5.1 **Local AAA service clinical lead:** accountable and responsible for facilitating timely collation of accurate and reliable data. Submission of KPI data should follow screening provider assurance processes. The data is submitted electronically from the national database. Submission of KPI data should follow screening providers' assurance processes.

4.5.2 **NHS England area team screening commissioner:** responsible for reviewing KPI data in accordance with locally agreed arrangements, monitoring of contracts and delivery against national service specifications and Section 7a agreements and sharing of data with local screening committees or their equivalent and with LA DPHs.

4.5.3 **UK NSC KPI team:** responsible for receiving AAA programme data from the national database, assessing completeness of returns and performance against KPI thresholds, publication of the data on the UK NSC website.

4.5.4 **NHS England regional analytics team:** responsible for analysis of KPI data, following submission, at a local and regional level to inform commissioning.

4.5.5 **Regional QA teams:** responsible for reviewing data following submission and providing regional performance reports based on data supplied nationally. The regional QA teams will support local initiatives to use data for quality assurance. Regional QA teams can provide advice on the KPI collection and submission process when requested by local organisations.

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Timescales

KPI data should be returned within the final month of each quarter, one quarter in arrears. Data collection must allow for sign-off and submission by the deadline as outlined in the reporting process below. Submissions received after that date will appear as a non-submission for that quarter.

The area team screening commissioner should work with their local screening providers to review KPI data in accordance with locally agreed arrangements prior to submission. The regional QA team will only advise on data collection and submission at the invitation of local organisations.

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Reporting period	Time for sense checking and return
Q1 (1 April – 30 June)	1 September – 30 September
Q2 (1 July – 30 September)	1 December – 31 December
Q3 (1 October – 31 December)	1 March – 31 March
Q4 (1 January – 31 March)	1 June – 30 June
DE3 and A1 annual (1 April – 31 March) Including explanations for breaches	1 June – 30 June

Data quality and sense checking

Data will be reviewed by the UK NSC KPI submission team. Data that does not meet the standard definition will not be accepted. It is the responsibility of the submitting organisation to ensure that only good quality data is submitted. 'Sense checking' should be used by screening providers and area team screening commissioners to ensure that the data is valid.

'Sense checks' which can be applied to the data include the following:

- how does data compare to previous submissions – are the numbers higher or lower and what is the explanation for this?
- is the data for the correct time period?
- is the data correct according to the definition?
- is the eligible population correctly identified?
- for cohort data, is the numerator contained within the denominator?

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- Is the denominator stated the same for all those KPIs which use the same denominator?

Further support regarding data checking should be obtained from the submitting organisation's information and/or performance analyst.

Submission

Before submission it is important to scrutinise the KPI data templates.

Key points to note:

- remember to put the correct organisational code and name of the programme or Trust into the organisation column; these **must** be selected from the tab within the spreadsheet
- it is important to include comments about the data. For example, include explanations for breaches and action plans to rectify issues
- remember to complete the boxes clearly at the top for name of organisations the data is for and contact details for those submitting the data and those who are reviewing it
- for DES programmes, please remember to include information about programmes which cross area team boundaries
- any data submitted after the submission date will not be included in the quarterly report and may be omitted from the annual data. Missing data will be identified as non-submission for that organisation
- submission of KPI data should follow screening provider assurance processes

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Online submission tool

A simple online submission tool has being piloted, and roll out is planned. Information on timescales will be communicated by the UK NSC during 2014/15.

Maternity and children's data set

The new Maternity and Child Health Secondary Data Set (MCDS) has been mandated since April 2013. However there has been a delay in the implementation of the data set and data should continue to be submitted to the UK NSC in the usual way until the MCDS has been established

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Publication of KPI data

Since the end of Q1 2013/14 all KPI data will be published on the UK NSC website each quarter, with the exception of AAA KPI which will not be published until at the end of Q1 2014/15.

Only complete data will be published. Where cohort data is required the numerator must be contained within the denominator. No data will be released if it impinges on data confidentiality and no data will be released if a KPI numerator is five or under for an individual quarter. In such cases, the data will be aggregated and published annually.

KPI data will be passed to the NHS England regional analytics team with responsibility for screening, one week prior to publication, to perform data analysis to support commissioning, and to PHE regional QA teams to support quality assurance.

Local programmes and area team screening commissioners should be aware of the contents of any material before it is placed in the public domain, so that they have an opportunity to prepare suitable communications to respond to any adverse findings.

Provisional publication dates are:

- Q1: December 2014
- Q2:March 2015
- Q3: June 2015
- Q4: September 2015

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KPI submission process

Antenatal and newborn screening programmes: April 2014

Five weeks before submission deadline

UK NSC KPI team informs the antenatal and newborn local screening co-ordinator and CHRDs that the KPI template and current version of guidelines are available at www.screening.nhs.uk/kpi, with a copy to the head of midwifery and CHRD manager.

Must submit before deadline

Screening provider head of midwifery and CHRD manager are accountable and responsible for providing accurate data. The data should be reviewed with area team screening commissioner prior to submission in accordance with locally agreed arrangements. Submission of KPI data should follow screening provider assurance processes. A copy of the submission template should be sent to the area team screening commissioner.

Points to note:

- laboratory data for 'avoidable repeats' for newborn blood spot screening should sent to the local screening coordinator so that it can be investigated and submitted by the appropriate maternity unit
- it is recommended that provider information and/or performance analysts support the data collection process
- for KPIs requiring cohort data the numerator must be in the denominator – for example, Mrs Jones is tested and Mrs Jones's results are the ones reported
- the UK NSC analyst is not responsible for checking data

From 31/03/13 non-cohort data will not be acceptable

Any data submitted after the submission date will not be included in quarterly reports and may be omitted from the annual report

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NHS England area team screening commissioner:

- reviews data prior to submission in accordance with locally agreed arrangements
- monitors contracts and delivery against national service specifications and Section 7a agreements
- shares data with local screening committees or their equivalent and with LA DPHs

UK NSC KPI team:

- analyses data and check for completeness
- assesses performance of organisation against thresholds identified in the KPI
- compares findings regionally and nationally
- sends data to NHS England regional analytics team(s) and PHE regional QA teams
- publishes on UK NSC website

NHS England regional analytics team:

- analyses data at local and regional level to support commissioning

PHE regional QA team:

- reviews data following submission and provides regional performance reports to support QA
- supports local initiatives to use data for QA purposes. Provides advice on collection and submission of data at the request of local organisations

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Diabetic eye screening programmes: April 2014 (2014/15)

Five weeks before submission deadline

UK NSC KPI team informs the local programme manager that the KPI template and current version of guidelines are available at: www.screening.nhs.uk/kpi

Must submit before deadline

The local DES clinical lead is accountable and responsible for providing accurate data. The data should be reviewed with area team screening commissioner prior to submission in accordance with locally agreed arrangements. Submission of KPI data should follow screening provider assurance processes. A copy of the submission template should be sent to the area team screening commissioner.

NOTE: Any data submitted after the submission date will not be included in the quarterly report and may be omitted from the annual report

NHS England area team screening commissioner:

- reviews data prior to submission in accordance with locally agreed arrangements
- monitors contracts and delivery against national service specifications and Section 7a agreements
- shares data with local screening committees or their equivalent and with LA DPHs

UK NSC:

- analyses data and check for completeness
- assesses performance of organisation against thresholds identified in the KPI
- compares findings regionally and nationally
- sends data to NHS England regional analytics team(s) and PHE regional QA teams
- publishes on UK NSC website

NHS England regional analytics team:

- analyses data at local and regional level to support commissioning

PHE regional QA team:

- reviews data following submission and provides regional performance reports to support QA
- supports local initiatives to use data for QA purposes. Provides advice on collection and submission of data at the request of local organisations
- produces regional performance reports

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Note: There are no flow charts for the Newborn Hearing Screening Programme (NHSP) or the Abdominal Aortic Aneurysm Screening Programme (AAA) because this data is extracted from the national databases and submitted directly to the UK NSC KPI team. Once the SMART programme has been implemented nationally to collect data for the Newborn Infant Physical Examination (NIPE) programme, KPI data will be extracted nationally. In providers where SMART has not yet been implemented or in those who choose not to implement the SMART programme, please follow the antenatal and newborn flow chart.

Information governance

It is the responsibility of all staff to ensure they are aware of their obligations regarding compliance with their organisation's information governance policies. In particular, they should be aware of the following:

- the reasons for adhering to information governance when collecting and validating data and information
- the accepted standards regarding data and information, such as sources, control files, validity, reliability, completeness, terminology, acronyms, purpose and conventions
- data sharing protocols
- local assurance arrangements regarding board level sign-off
- no data will be released if it impinges on data confidentiality or if a KPI denominator is five or under for an individual quarter. In such cases, the data will be aggregated and published annually

This document was withdrawn on 08 April 2016

References

UK National Screening Committee
Key Performance Indicators for Screening, 2014/15, v1.14 www.screening.nhs.uk/kpi

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