

| | County Durham PCT | | | | Darlington PCT | | | | Period | Frequency | Source | Latest Reported Performance | | | | CQC |
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Vital Signs Tier 1

Cleanliness and healthcare associated infections

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|------|---|-----|-----|-----|---|-----|----|----|---|------------|---------|------|------|------------|-------|------------|---|
| VSA1 | Incidence of MRSA (Provider - CDDFT) | 15 | 6 | 7 | ↑ | 15 | 6 | 7 | ↑ | Dec-09 YTD | Monthly | MESS | 62 | Dec-09 YTD | 1418 | Dec-09 YTD | Y |
| VSA3 | Incidence of Clostridium difficile (Provider - CDDFT) | 135 | 66 | 74 | ↑ | 135 | 66 | 74 | ↑ | Dec-09 YTD | Monthly | MESS | 789 | Dec-09 YTD | 9722 | Dec-09 YTD | Y |
| VSA3 | Incidence of Clostridium difficile (Commissioner) | 312 | 245 | 268 | ↑ | 42 | 35 | 38 | ↑ | Dec-09 YTD | Monthly | MESS | 1401 | Dec-09 YTD | 19281 | Dec-09 YTD | Y |

Access to personalised and effective care

| | | | | | | | | | | | | | | | | | |
|--------|---|-------|--------|--------|---|-------|--------|--------|---|--------|---------|-----------------------|-------|--------|--------|--------|---|
| VSA4a | 18 weeks admitted, adjusted | 90.0% | 94.2% | 95.0% | ↑ | 90.0% | 95.2% | 95.8% | ↑ | Dec-09 | Monthly | Unify2 | 94.8% | Nov-09 | 92.8% | Nov-09 | Y |
| VSA4b | 18 weeks non admitted | 95.0% | 97.9% | 98.3% | ↑ | 95.0% | 99.0% | 98.3% | ↓ | Dec-09 | Monthly | Unify2 | 98.2% | Nov-09 | 97.7% | Nov-09 | Y |
| VSA4c | 18 weeks Direct Access Audiology | 95.0% | 99.7% | 100.0% | ↑ | 95.0% | 100.0% | 100.0% | → | Dec-09 | Monthly | Unify2 | 99.3% | Nov-09 | 99.70% | Nov-09 | Y |
| VSA4d | >6 weeks 15 key diagnostic tests | 0 | 29 | 12 | ↓ | 0 | 0 | 0 | → | Dec-09 | Monthly | Unify2 | 49 | Nov-09 | 3018 | Nov-09 | N |
| VSA7 | Practices offering extended opening | 50.7% | 93.0% | 93.0% | → | 54.5% | 100.0% | 100.0% | → | Dec-09 | Monthly | Unify2 | 79.6% | Dec-08 | 69.2% | Dec-08 | N |
| VSA8 | Breast Symptom Two week wait | 93% | 50.0% | 61.5% | ↑ | 93% | 80.8% | 62.5% | ↓ | Nov-09 | Monthly | CWT Shadow Monitoring | 62.7 | Nov-09 | 61.6 | Nov-09 | Y |
| VSA11a | Cancer: 31 Day Subsequent Treatments Target Drugs | 98% | 100.0% | 100.0% | → | 98% | 100.0% | 100.0% | → | Nov-09 | Monthly | CWT | 99.7% | Nov-09 | 99.7% | Nov-09 | Y |
| VSA11b | Cancer: 31 Day Subsequent Treatments Target Surgery | 94% | 100.0% | 94.0% | ↓ | 94% | 100.0% | 100.0% | → | Nov-09 | Monthly | CWT | 96.3% | Nov-09 | 96.7% | Nov-09 | Y |
| VSA12 | Cancer: 31 Day Subsequent Treatments Target (Radiotherapy) | 94% | 96.4% | 93.9% | ↓ | 94% | 100.0% | 92.3% | ↓ | Nov-09 | Monthly | CWT Shadow Monitoring | 93.8% | Nov-09 | 90.8% | Nov-09 | Y |
| VSA13a | Extended 62 Day Cancer Treatment Targets- Consultant Upgrade | NA | 100.0% | 100.0% | → | NA | 100.0% | 100% | → | Nov-09 | Monthly | CWT | 80.4% | Nov-09 | 94.8% | Nov-09 | Y |
| VSA13b | Extended 62 Day Cancer Treatment Targets - Screening Services | 90% | 91.3% | 94.7% | ↑ | 90% | 100.0% | 100% | → | Nov-09 | Monthly | CWT | 94.5% | Nov-09 | 94.8% | Nov-09 | Y |

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| VSA14a | Proportion of people who spend at least 90% of their time on a stroke unit | 70% | 45.6% | 0.0% | ↓ | 70% | 37.7% | 0.0% | ↓ | Qtr 3 2009/10 | Quarterly | VSMr | | | | | Y |
| VSA14b | Proportion of people who have a TIA who are scanned and treated within 2 hours | 45% | 66.7% | 0.0% | ↓ | 45% | 0.0% | 0.0% | ↓ | Qtr 3 2009/10 | Quarterly | VSMr | | | | | Y |

Vital Signs Tier 2

Health Improvement & Reducing Health Inequalities

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|--------|---|-------|-------|--------|---|-------|-------|-------|---|---------------|-----------|-----------------------|--------|---------------|--------|---------------|---|
| VSB1a | All age all cause mortality (AACCM) rate for males | 742 | 742.5 | 780.53 | ↑ | 791 | 737.4 | 769.0 | ↓ | 2008 | Annually | NCHOD | 779.15 | 2008 | 679.88 | 2008 | Y |
| VSB1b | All age all cause mortality (AACCM) rate for females | 554 | 557.3 | 570.5 | ↑ | 556 | 561.6 | 543.2 | ↓ | 2008 | Annually | NCHOD | 555.67 | 2008 | 486.72 | 2008 | Y |
| VSB2 | Reduction in CVD mortality | 88.75 | 83.4 | 86.6 | ↑ | 97.2 | 88.1 | 84.48 | ↓ | 2008 | Annually | NCHOD | 81.07 | 2008 | 71.02 | 2008 | Y |
| VSB3 | Reduction in Cancer mortality | 125.7 | 131.4 | 126.6 | ↓ | 114.4 | 113.3 | 122.3 | ↑ | 2008 | Annually | NCHOD | 132.84 | 2008 | 112.27 | 2008 | Y |
| VSB4 | Reduction in mortality from suicide & injury of undetermined intent | 0 | 8.3 | 11.0 | ↑ | 0 | 4.6 | 9.7 | ↑ | 2008 | Annually | NCHOD | 8.76 | 2008 | 7.98 | 2008 | N |
| VSB5 | Smoking Quitters | 2202 | 1185 | 2405 | ↑ | 328 | 265 | 470 | ↑ | Qtr 2 2009/10 | Quarterly | LDPr Practice Systems | 5658 | Qtr 1 2009/10 | 79351 | Qtr 1 2009/10 | Y |
| VSB6 | Early access to Maternity Services | 80% | 84.0% | 84.3% | ↑ | 80% | 83.0% | 83.3% | ↑ | Qtr 2 2009/10 | Quarterly | Acute VSMr | N/A | N/A | N/A | N/A | Y |
| VSB8 | Under 18 conception rate | 35.8 | 46.1 | 49.9 | ↑ | 39.6 | 51.2 | 55.2 | ↑ | 2007 | Annually | PH/ONS | 52.9 | 2007 | 41.7 | 2007 | Y |
| VSB9a | Children in Reception with height and weight recorded who are obese | 11.0% | 9.6% | 9.4% | ↓ | 12.0% | 10.0% | 8.9% | ↓ | 2008/09 | Annually | NCMP | 10.2% | 2008/09 | 9.6% | 2008/09 | Y |
| VSB9b | Children in Reception with height and weight recorded | 94.0% | 90% | 97.2% | ↑ | 85.0% | 99% | 93.4% | ↓ | 2008/09 | Annually | NCMP | 95% | 2008/09 | 91% | 2008/09 | Y |
| VSB9c | Children in Year 6 with height and weight recorded who are obese | 21.0% | 20.9% | 20.3% | ↓ | 22% | 20% | 19.9% | ↓ | 2008/09 | Annually | NCMP | 20.4% | 2008/09 | 18.3% | 2008/09 | Y |
| VSB9d | Children in Year 6 with height and weight recorded | 91.0% | 92% | 96.8% | ↑ | 85.0% | 98% | 94.8% | ↓ | 2008/09 | Annually | NCMP | 94% | 2008/09 | 89% | 2008/09 | Y |
| VSB10a | Immunisation rate for children aged 1 for Dtap/IPV/Hib | 95.0% | 97.0% | 97.7% | ↑ | 95.0% | 95.4% | 95.4% | ↓ | Qtr 1 2009/10 | Quarterly | HPA | 95.2% | Qtr 1 2009/10 | 91.9% | Qtr 1 2009/10 | Y |
| VSB10b | Immunisation rate for children aged 2 for PCV | 95.0% | 90.0% | 90.7% | ↑ | 95.0% | 88.0% | 87.5% | ↓ | Qtr 1 2009/10 | Quarterly | HPA | 90% | Qtr 1 2009/10 | 85.8% | Qtr 1 2009/10 | Y |
| VSB10c | Immunisation rate for children aged 2 for HibMenC | 95.0% | 92.0% | 93.6% | ↑ | 95.0% | 92.0% | 93.4% | ↑ | Qtr 1 2009/10 | Quarterly | HPA | 93.7% | Qtr 1 2009/10 | 88.4% | Qtr 1 2009/10 | Y |
| VSB10d | Immunisation rate for children aged 2 for MMR | 95.0% | 91.0% | 91.4% | ↑ | 95.0% | 90.0% | 90.6% | ↑ | Qtr 1 2009/10 | Quarterly | HPA | 89.9% | Qtr 1 2009/10 | 86% | Qtr 1 2009/10 | Y |

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| | | Target | Previous | Latest | Movement | Target | Previous | Latest | Movement | | | | SHA | Period | National | Period | |
| VSB10e | Immunisation rate for children aged 5 for DTaP/IPV | 95.0% | 91.0% | 72.9% | ↓ | 95.0% | 93% | 83% | ↓ | Qtr 1 2009/10 | Quarterly | HPA | 85.7% | Qtr 1 2009/10 | 83.4% | Qtr 1 2009/10 | Y |
| VSB10f | Immunisation rate for children aged 5 for MMR | 95.0% | 88.0% | 70.9% | ↓ | 95.0% | 90.0% | 80.3% | ↓ | Qtr 1 2009/10 | Quarterly | HPA | 83.6% | Qtr 1 2009/10 | 81.1% | Qtr 1 2009/10 | Y |
| VSB10g | Immunisation rate for girls aged 12-13 for HPV | 90.0% | N/A | 64.9% | ↑ | 90.0% | N/A | 83.4% | ↑ | 2008/09 | Annually | HPA | 82.40% | 2008/09 | 80.10% | 2008/09 | Y |
| VSB11a | Prevalence of Breastfeeding at 6-8 weeks | 27.0% | 26.6% | 30.3% | ↑ | 31.0% | 33.6% | 39.9% | ↑ | Qtr 2 2009/10 | Quarterly | VSMr | | | | | Y |
| VSB11b | Coverage - Breastfeeding status (6-8 wk) recorded as % of all due 6-8 wk check | 87.1% | 95.7% | 96.7% | → | 87.3% | 93.7% | 99.4% | ↓ | Qtr 2 2009/10 | Quarterly | VSMr | | | | | Y |
| VSB12a | Has a full range of CAMHs for LD been commissioned for the council area? | 3 | 3 | 4 | ↑ | 3 | 3 | 4 | ↑ | Qtr 3 2009/10 | Quarterly | VSMr | NA | | 3 | 2008/09 | Y |
| VSB12b | Do 16 and 17 year olds who require MH services have age appropriate access? | 4 | 4 | 4 | → | 4 | 4 | 4 | → | Qtr 3 2009/10 | Quarterly | VSMr | NA | | 3 | 2008/09 | Y |
| VSB12c | 24hr cover for urgent MH needs of CYP and a MH Assess. to be undertaken within 24 hours? | 3 | 3 | 3 | → | 3 | 3 | 3 | → | Qtr 3 2009/10 | Quarterly | VSMr | NA | | 3 | 2008/09 | Y |
| VSB12d | Is a full range of EI services for children experiencing MH problems | 4 | 4 | 4 | → | 4 | 4 | 4 | → | Qtr 3 2009/10 | Quarterly | VSMr | NA | | 3 | 2008/09 | Y |
| VSB13 | Chlamydia Screening | 12% | 4.9% | 8.7% | ↑ | 12% | 4.4% | 8.0% | ↑ | Qtr 2 2009/10 | Quarterly | HPA | 8.1% | Qtr 2 2009/10 | 8.6% | Qtr 2 2009/10 | Y |
| VSB14 | Number of drug users recorded as being in effective treatment | 1567 | N/A | 1434 | ↑ | 441 | N/A | 428 | ↑ | 2008/09 | Annually | NDTMS | 10933 | 2008/09 | 163127 | 2008/09 | Y |

Improving Access

| | | | | | | | | | | | | | | | | | |
|-------|-----------------|--------|--------|--------|---|-------|-------|-------|---|---------------|-----------|----|--|--|--|--|---|
| VSB18 | Dental Services | 279522 | 279041 | 280459 | ↑ | 66521 | 64111 | 64295 | ↑ | Qtr 3 2009/10 | Quarterly | IC | | | | | Y |
|-------|-----------------|--------|--------|--------|---|-------|-------|-------|---|---------------|-----------|----|--|--|--|--|---|

CQC Indicators

| | | | | | | | | | | | | | | | | | |
|------|---|-------|-------|--------|---|-------|-------|-------|---|--------|---------|--------------|-------|--------|--------|--------|---|
| CQC1 | Access to GUM clinics | 100% | 100% | 100.0% | → | 100% | 100% | 100% | → | Dec-09 | Monthly | GUMAMM / HPA | 99.8% | Oct-09 | 99.90% | Oct-09 | Y |
| CQC2 | Category A calls meeting 19 minute standard | 95.0% | 98.5% | 98.1% | ↓ | 95.0% | 99.3% | 99.2% | ↓ | Dec-09 | Monthly | NEAS | 98.8% | Dec-09 | N/A | N/A | Y |
| CQC3 | Category A calls meeting 8 minute standard | 75.0% | 64.9% | 63.7% | ↓ | 75.0% | 83.2% | 82.7% | ↓ | Dec-09 | Monthly | NEAS | 75.4% | Dec-09 | N/A | N/A | Y |
| CQC4 | Category B calls meeting 19 minute standard | 95.0% | 92.1% | 91.0% | ↓ | 95.0% | 93.6% | 93.2% | ↓ | Dec-09 | Monthly | NEAS | 94.2% | Dec-09 | N/A | N/A | Y |

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| CQC5 | Commissioning of crisis resolution/home treatment services | 99 | 138 | 116 | ↓ | 17 | 33 | 32 | ↓ | Dec-09 | Monthly | VSMr/MH Trusts | 8969 | Nov-09 | 73491 | Dec-07 | Y |
| CQC6 | Commissioning of early intervention in psychosis services | 69 | 107 | 115 | ↑ | 12 | 19 | 20 | ↑ | Dec-09 (YTD) | Monthly | VSMr/MH Trusts | 457 | Nov-09 (YTD) | 5887 | Dec-07 | Y |
| CQC7 | Data Quality on Ethnic Group | 80% | 88.49% | 88.64% | ↑ | 80% | 82.34% | 84.74% | ↑ | 2008/09 | Annually | MHMDS and SUS | | | 87.30% | 2007/08 | Y |
| CQC8 | Delayed transfers of care | <=3.5% | 0.18% | 1.0% | ↑ | <=3.5% | 0% | 0.0% | → | Jun-08 | Monthly | VSMR | | | | | Y |
| CQC9 | Diabetic Retinopathy Screening | 100.0% | 100.0% | 100.0% | → | 100.0% | 100.0% | 100.0% | → | Q3 2009/10 | Quarterly | VSMR/Screening service | 94.40% | Sep-08 | 90.30% | Sep-08 | Y |
| CQC10 | Inpatients waiting longer than the 26 week standard | 0 | 0 | 0 | → | 0 | 0 | 0 | → | Dec-09 (YTD) | Monthly | Online Reports | | | | | Y |
| CQC11 | Outpatients waiting longer than the 13 week standard | 0 | 0 | 0 | → | 0 | 2 | 2 | → | Dec-09 (YTD) | Monthly | Online Reports | | | | | Y |
| CQC12 | Patients waiting longer than 3 months for revascularisation | 0 | 0 | 0 | → | 0 | 0 | 0 | → | Dec-09 (YTD) | Monthly | Online Reports | | | | | Y |
| CQC13 | Time to reperfusion for patients who have had a heart attack | Not applicable - numbers are too low to be statistically valid and assessed | | | | Not applicable - numbers are too low to be statistically valid and assessed | | | | Y/E 2008/09 | Annually | MINAP | | | | | Y |
| CQC14 | Total time in A & E - CDDFT only | 98.0% | 99.2% | 99.1% | ↓ | 98.0% | 99.2% | 99.1% | ↓ | 31/01/10 (YTD) | Weekly | CDDFT S/Sheet | 98.1% | Dec-09 | 97.2% | Dec-09 | Y |
| CQC17 | Percentage of women eligible for breast screening 53-64 who have been screened | 65% | 78.4% | 79.1% | ↑ | 65% | 77.8% | 78.1% | ↑ | 2007/08 | Annually | KC63 | 79.4% | 2006/07 | 76.0% | 2006/07 | Y |
| CQC18 | Percentage of women eligible for breast screening 65-70 who have been screened | N/A | 57.8% | 75.2% | ↑ | N/A | 74.6% | 76.6% | ↑ | 2007/08 | Annually | KC63 | | | | | Y |
| CQC19 | All Cancer 2 Week Waits | 93% | 98.5% | 98.1% | ↓ | 93% | 99.3% | 100.0% | ↑ | Nov-09 | Monthly | CWT | 96.4% | Nov-09 | 95.8% | Nov-09 | Y |
| CQC20 | All Cancers: 31 day wait - diagnosis to 1st treatment | 96% | 99.5% | 99.1% | ↓ | 96% | 100.0% | 100.0% | → | Nov-09 | Monthly | CWT | 98.8% | Nov-09 | 98.2% | Nov-09 | Y |
| CQC21 | All Cancers: 62 day wait - urgent GP referral to 1st treatment | 85% | 84.3% | 90.0% | ↑ | 85% | 79.0% | 77.3% | ↓ | Nov-09 | Monthly | CWT | 88.2% | Nov-09 | 86.0% | Nov-09 | Y |

Other Priority Indicators

| | | | | | | | | | | | | | | | | | |
|----|--|-------|-------|-------|---|-------|-------|-------|---|--------|---------|---------------|-------|--------|-------|--------|---|
| O2 | Percentage of patients booked through Choose & Book against plan | 90.0% | 58.0% | 49.0% | ↓ | 90.0% | 66.0% | 61.0% | ↓ | Dec-09 | Monthly | C&B DH Report | 53.0% | Dec-09 | 48.0% | Dec-09 | N |
| O3 | Choose and Book Slot Issues - CDDFT only | <4% | 13.0% | 12.0% | ↑ | <4% | 13.0% | 12.0% | ↑ | Dec-09 | Monthly | C&B DH Report | 8.0% | Dec-09 | 9.0% | Dec-09 | N |
| O4 | 18 weeks admitted specialty non-compliance | | 3 | 2 | ↓ | | 1 | 1 | → | Dec-09 | Monthly | Unify2 | | | | | N |
| O5 | 18 weeks non-admitted specialty non-compliance | | 3 | 2 | ↓ | | 1 | 4 | ↑ | Dec-09 | Monthly | Unify2 | | | | | N |

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