



Royal College
of Physicians

FFFAP

Falls and Fragility Fracture Audit Programme (FFFAP)

National Hip Fracture Database (NHFD) commissioners' report 2014



In association with:

Commissioned by:



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Falls and Fragility Fracture Audit Programme

The NHFD is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and managed by the Royal College of Physicians (RCP) as part of the Falls and Fragility Fracture Audit Programme (FFFAP) alongside the Fracture Liaison Service Database (FLS-DB) and Falls Pathway workstream. FFFAP aims to improve the delivery of care for patients having falls or sustaining fractures through effective measurement against standards and feedback to providers.

Healthcare Quality Improvement Partnership

The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP hosts the contract to manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP). Their purpose is to engage clinicians across England and Wales in systematic evaluation of their clinical practice against standards and to support and encourage improvement in the quality of treatment and care. The programme comprises more than 30 clinical audits that cover care provided to people with a wide range of medical, surgical and mental health conditions.

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Foreword

Older patients who have suffered a hip fracture are the frailest of the frail. How we treat these patients in hospital and in the community is a good measure of the quality of service provided for older patients by the NHS. This report gives you, as commissioners, the opportunity to review your local hip fracture service and benchmark it against other services both locally and nationally.

High-quality hip fracture care is better for patients: it saves lives and also saves money within the health and social care system. Length of stay decreases and more patients return to their own homes rather than residential care. The key is to have an integrated care pathway from admission through to surgery and then rehabilitation and discharge. This must include measures to reduce the risk of further fragility fractures and falls in the future. This report covers all the key stages in the care pathway and I urge you to review the service that you commission and to work with your local providers to improve care at every stage of the pathway.



A handwritten signature in black ink, appearing to read 'Chris Moran'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Professor Chris Moran
National clinical director for trauma
Professor of orthopaedic trauma surgery

1 Introduction

The National Hip Fracture Database (NHFD) is a clinically led, web-based quality improvement initiative commissioned by the Healthcare Quality Improvement Partnership (HQIP) and managed by the Royal College of Physicians (RCP).

All 182 eligible hospitals in England, Wales and Northern Ireland regularly submit data to the NHFD, the largest such database in the world, with:

- a third of a million cases recorded since its launch in 2007
- over 95% of all new hip fracture cases being documented
- 5,700 records being added every month.

The NHFD was originally conceived as a way of auditing patient care against standards agreed by the British Orthopaedic Association (BOA) and the British Geriatrics Society (BGS).

As part of the Falls and Fragility Fracture Audit Programme (FFFAP) within the Clinical Effectiveness and Evaluation Unit at the RCP, the NHFD has now developed into a comprehensive quality improvement initiative and combines several elements:

- description of facilities and practice in different units around the country
- audit of practice against the National Institute for Health and Care Excellence (NICE) quality standard for hip fracture (QS16)¹
- performance evaluation to support Monitor's Best Practice Tariff (BPT)
- support for clinical governance in individual hospitals
- metrics to support patient safety monitoring
- identification of outlier hospitals in respect of patient outcomes
- a framework to support local and national audit work
- an infrastructure for scientific and research work
- a resource of specialist information, expertise and networking.

The NHFD annual report was published in September 2014, and is available at www.nhfd.co.uk/2014report.² This gives a detailed description of casemix, care and outcomes for 64,838 people who were admitted with a hip fracture between 1 January 2013 and 31 December 2013. It also includes a casemix-adjusted analysis of 30-day mortality for the three calendar years 2011–13 in acute hospitals across England, Wales and Northern Ireland.

To complement our annual report, we are now releasing this additional report for commissioners. This report provides a reanalysis of the data in the annual report, broken down for the different populations for which each commissioning group is responsible. It also includes new data and analyses that support the Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) and NHS Outcomes Framework (NHS OF) indicators for hip fracture.

2 CCG Outcomes Indicator Set and the NHS Outcomes Framework

The Health and Social Care Information Centre (HSCIC), NHS England, the Department of Health and NICE have collaborated to develop a set of outcomes indicators.³ The detailed specifications of each indicator are available on the NHFD website, www.nhfd.co.uk.

These outcomes indicators are simple measures of the success of care across a range of clinical areas, including:

- cancer
- heart failure
- stroke
- alcohol misuse
- mental health
- hip fracture.

The NHFD is ideally placed to provide information about hip fracture treatment and outcomes, and to present this in a form that clinical commissioners, local authorities, patients and the public can easily understand.

This report presents the results for individual clinical commissioning groups (CCGs), alongside equivalent findings for local health boards (LHBs) in Wales and local commissioning groups (LCGs) in Northern Ireland.

3 CCG outcomes indicators (CCG OI)

3.1 Received collaborative orthogeriatric care (CCG OI 3.11)

This indicator measures the proportion of patients whose care is considered to be provided through collaboration between orthopaedic surgeons and orthogeriatricians, based on the following criteria:

- admitted using a jointly agreed assessment protocol
- admitted under a named orthopaedic surgeon
- admitted under a named orthogeriatrician
- multidisciplinary rehabilitation team assessment performed.

In 2007 the BOA and BGS published their 'blue book', *The care of patients with fragility fracture*.⁴ This established a key principle that has dominated subsequent developments in the care of hip fracture in the UK – that best practice for hip fracture patients requires shared care between orthopaedic and orthogeriatric teams.

This collaborative approach has been central to the standards developed and audited by NHFD, and in 2011 it was reinforced by the NICE guideline *The management of hip fracture in adults* (CG124).⁵ This demonstrated the improved outcomes and huge cost savings achieved by routine involvement of orthogeriatricians in patient assessment and in leading the multidisciplinary management of this frail population.

Findings of NHFD annual report 2014

The influence of 'payment by results' was evident in England, because joint care by an orthopaedic surgeon and an orthogeriatrician is one criterion for receipt of BPT.⁶ In England, 93.6% of patients were being managed in line with this indicator. Figures from Wales (15.4%) and Northern Ireland (77.2%) were significantly lower.

This indicator seeks to ensure that all patients have access to collaborative orthogeriatric care, but it is important to note that it cannot measure the quality of jointly agreed assessment protocols.

The variation in practice around the country demonstrated in the NHFD annual report indicates that commissioners should work with their local hospital teams to ensure that protocols are appropriate.

Each hospital has access to a wealth of local data from the NHFD annual report and from web-based live reporting (Fig 1) of performance data (including rates of orthogeriatric assessment and mortality), which has been specifically designed to support the monthly clinical governance meetings that are key to development of effective collaborative care. For more information, visit www.nhfd.co.uk.

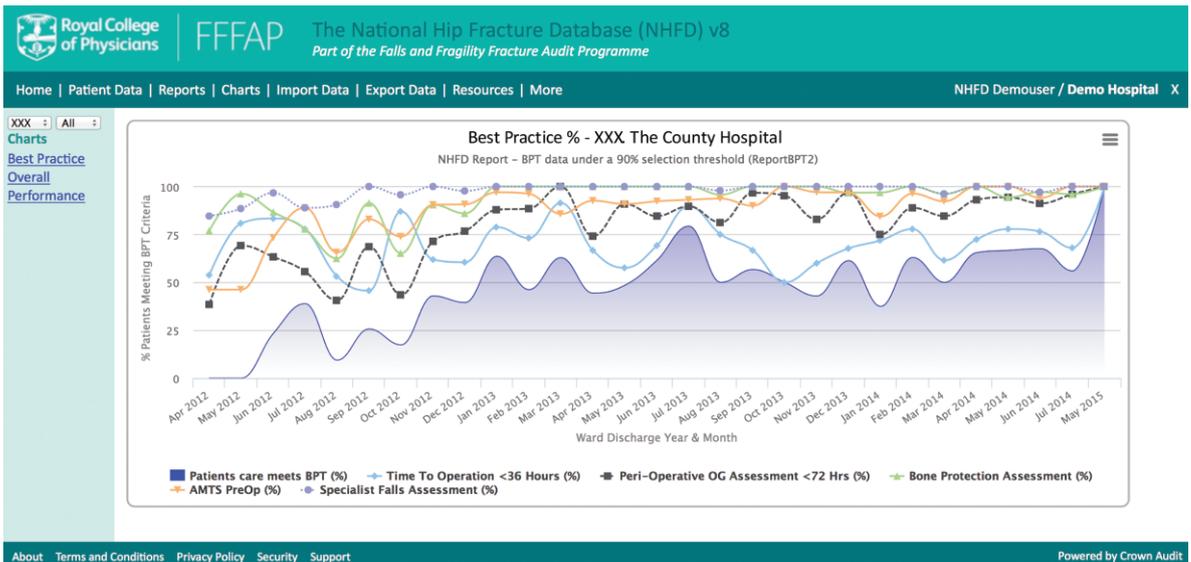
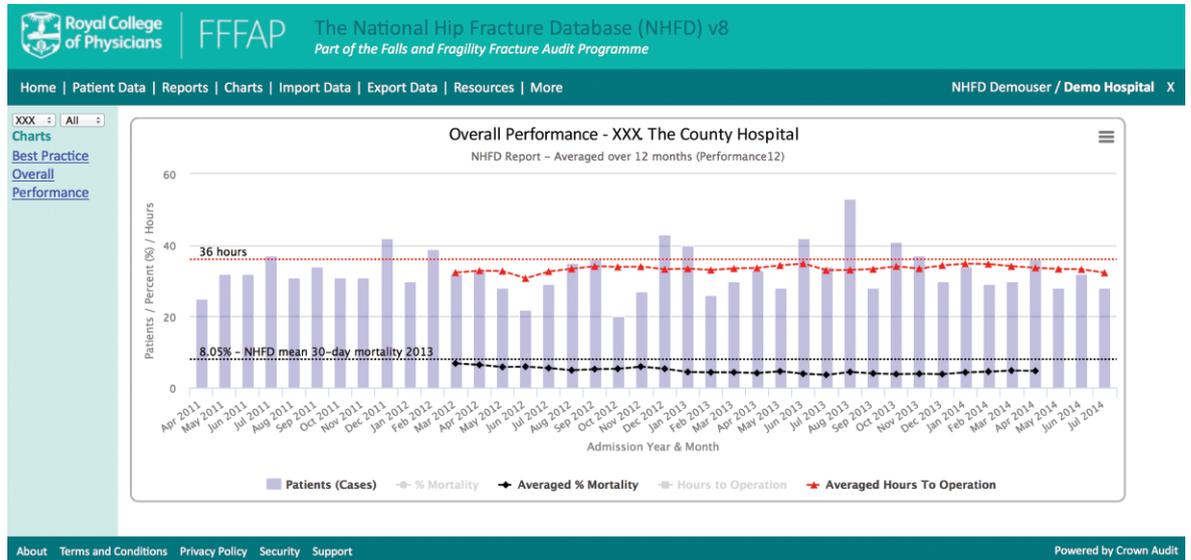


Fig 1 Example of NHFD live online reporting

3.2 Prompt surgery (CCG OI 3.12)

This indicator measures the proportion of patients who received surgery on the day of, or the day following, admission with a hip fracture.

NICE guideline CG124 recognised the benefits of early surgery, particularly in expediting a return to independence, and stated that teams should:

- perform surgery on the day of, or the day after, admission
- identify and treat correctable comorbidities immediately so that surgery is not delayed
- schedule hip fracture surgery on a planned trauma list.

This indicator therefore tests compliance with the NICE recommendation for prompt surgery.

Hip fracture is a serious and painful condition. Early surgical fixation is the most effective way of managing pain and allowing patients to mobilise, so that rehabilitation can support a return to previous levels of independence.

Delay before surgery leaves people in pain and exposed to the complications associated with immobility, including pressure ulcers, infections, delirium and thromboembolism. The frail hip fracture patient population has a high prevalence of coexisting medical problems, which mean that surgery and anaesthesia pose a significant risk. Therefore, assessment of these patients and optimisation of their fitness before surgery require a multidisciplinary approach involving an orthogeriatrician.

Findings of NHFD annual report 2014

This indicator directly measures the NICE standard of surgery on the day of, or day after, admission – which corresponds closely with the criterion for payment by results in England, ie requirement for surgery within 36 hours.

It has long been recognised that some patients will need their operation to be delayed until their fitness has been clinically optimised, but it is anticipated that around 85% of patients would be clinically suitable for surgery on the day of, or the day following, admission.

An increasing number of CCGs have recorded figures of around 85%, and the success of payment by results is demonstrated by the fact that, in England, 74.9% of patients received prompt surgery according to this indicator. However, figures below 60% were recorded for several CCGs, and local commissioners will wish to discuss the reasons for delay in surgery with local providers.

Using this indicator, performance in Wales (64.9%) and Northern Ireland (23.4%) was poorer than that in England. Figures from Northern Ireland demonstrate the effects of a ‘hub-and-spoke’ service model, with hip fracture surgery being centralised in a small number of sites.

3.3 Multifactorial falls risk assessment (CCG OI 3.13)

This indicator measures whether a comprehensive falls risk assessment is performed for patients during their inpatient stay.

Secondary prevention is a proven, cost-effective method of preventing further fragility fractures. This can be achieved in a number of ways, but it is generally accepted that a fracture liaison service (FLS) is the most efficient approach. The design of the FLS will vary between hospitals, but any such service should carry out a number of basic functions:

- identifying patients presenting with a fragility fracture
- assessing whether patients need treatment for osteoporosis (by either imaging or protocol)
- where indicated, treating patients for osteoporosis (by prescribing medication or recommending a treatment to the patient’s GP)

- assessing patients for the risk of future falls
- treating patients (or referring them for treatment) to address underlying conditions that may lead to falls.

Commissioners can monitor local rates of osteoporosis assessment and of antiresorptive therapy provision in a number of ways, including reviewing local rates of bone densitometry, drug prescriptions and quality and outcomes framework (QOF) points, and by reviewing the data for osteoporosis assessment for individual provider hospitals, available in Appendix A.

It is less easy to identify whether secondary prevention of falls is being offered. There is no absolute consensus as to what a 'falls assessment' should involve, but NHTD guidance to participating hospitals suggests that they should:

- provide a systematic assessment by a suitably trained person: an orthogeriatrician or a specialist nurse trained in falls assessment
- address the following domains: falls history (noting previous falls), cause of index fall (including medication review) and risk factors for falling and injury (including fracture)
- use this information to formulate and document a plan of action to prevent further falls.

Findings of NHTD annual report 2014

The report found that 96.9% of patients in England had undergone this type of assessment, compared with 69.3% in Wales and 74.1% in Northern Ireland.

These figures are encouraging in their suggestion that secondary falls prevention is considered for most patients. This represents a major improvement on the figure of just 44% reported in the NHTD preliminary national report 2009.⁷

This indicator does not measure the quality of falls assessment performed, and we encourage commissioners to discuss falls assessment protocols with their providers. Commissioners should ask whether local audit has examined the quality of multifactorial falls risk assessment and whether multidisciplinary intervention is being provided, questioning whether the key points listed above are being addressed by clinical teams in units that claim to provide falls assessment to all patients.

3.4 Recovery of mobility (CCG OI 3.10i and 3.10ii)

This indicator measures whether a patient's mobility returns to their pre-fracture level:

- within 30 days of admission
- within 120 days of admission.

Hip fracture has a lasting impact on patients' mobility, with few able to describe themselves as ever returning to their pre-fracture mobility level. Multidisciplinary rehabilitation seeks to minimise long-term loss of function and the impact of hip fracture on patients' independence.

The NHTD is keen to establish mobility as an outcome measure that is relevant to all patients in order to complement mortality, which is easy to measure and undoubtedly important, but is fortunately relevant for only a small proportion of hip fracture patients.

The NHFD therefore records patients' baseline mobility (before their hip fracture) and asks participating hospitals to assess mobility 30, 120 and 365 days after admission, each time using the following simple scale of mobility categories:

- 1 freely mobile without aids
- 2 mobile outdoors with one aid
- 3 mobile outdoors with two aids or a frame
- 4 some indoor mobility but never goes outside without help
- 5 no functional mobility (using lower limbs).

This pair of outcome indicators describes the proportion of patients whose mobility category at 30 or 120 days was worse than, unchanged from or better than that before admission.

Findings of NHFD annual report 2014

In England, mobility had returned to baseline level for 24.0% of patients at 30 days and for 50.3% at 120 days, with slightly lower figures for Wales (17.4% and 40.5%, respectively) and Northern Ireland (15.6% and 42.5%, respectively).

The NHFD relies on hospitals to follow up their patients to collect these data. However, the most striking finding was the poor completeness of data in these fields. Of 63,247 cases in this analysis, almost 60% had no mobility data at 30 days and almost 40% had no data recorded at 120 days.

Without follow-up data, it is impossible for a trauma service or its commissioners to have any real understanding of the success of the surgical and rehabilitative services that they provide.

The NHFD urges commissioners to work with their provider hospitals and to commission follow-up services for hip fracture patients, which would allow these metrics to be collected. Many units have successfully established follow-up by letter or telephone at minimal cost.

3.5 Best practice

This indicator measures whether a patient's care achieves a series of 'best practice' criteria:

- surgery within 36 hours of admission
- shared care by orthopaedic surgeon and orthogeriatrician
- admission using a care protocol agreed by orthogeriatrician, orthopaedic surgeon and anaesthetist
- assessment by orthogeriatrician within 72 hours of admission
- pre- and postoperative abbreviated mental test score (AMTS) assessment
- orthogeriatrician-led multidisciplinary rehabilitation
- secondary prevention of falls
- bone health assessment.

A consensus of best practice was reached by the BOA and BGS in 2007, and underpinned their 'blue book'⁴ and their joint establishment of the NHFD.

In 2009, these key criteria were adopted as the basis on which hospitals in England would be offered payment by results, ie an uplift in tariff where care is demonstrated to be in line with best practice.

In its 2011 guideline (CG124), NICE recommended implementation of a multidisciplinary 'hip fracture programme' (HFP), which includes all of the following:

- orthogeriatric assessment
- rapid optimisation of fitness for surgery
- early identification of individual goals for multidisciplinary rehabilitation to recover mobility and independence, and to facilitate return to pre-fracture residence and long-term well-being
- continued, coordinated, orthogeriatric and multidisciplinary review
- liaison or integration with related services, particularly mental health, falls prevention, bone health, primary care and social services
- clinical and service governance responsibility for all stages of the pathway of care and rehabilitation, including those delivered in the community.

This model of care represents the gold standard for hip fracture, but it would not be possible to record whether each element of an HFP was available for each of the approximately 65,000 individuals who sustain a hip fracture in England, Wales and Northern Ireland every year.

However, the experience of NHFD is that only units with a properly configured HFP will consistently be able to deliver best practice, so we believe that performance in this outcome indicator could serve as an effective surrogate marker for the presence of an HFP.

Findings of NHFD annual report 2014

The results demonstrate the success of payment by results in England, where most trusts have achieved real progress in delivering best practice and 61.9% of patients received care that met the criteria for this indicator. There remains considerable variation around the country, however, with several CCGs seeing best practice being offered to over 80% of their hip fracture population, but several others seeing this for fewer than 20% and a small number for fewer than 10% of their patients.

Commissioners in Wales and Northern Ireland will similarly wish to question why people in their populations are not receiving such uncontroversial elements of best practice care. This indicator showed a dramatically different picture from that seen in England, with just 3.0% of people in Wales and 2.4% of people in Northern Ireland receiving care that met the criteria.

Poor performance in this indicator will be viewed with concern by commissioners in different geographical areas, but should also be recognised as an opportunity. The economic modelling that underpinned NICE guideline CG124 demonstrated the considerable cost savings that are achieved by reduced length of inpatient stay and post-discharge care costs if patients are managed by an HFP.

The experience of NHFD is that this indicator serves as a powerful marker for the presence or absence of a comprehensive, multidisciplinary HFP, and we urge all commissioners to work with their provider hospitals to ensure that such care is available for all hip fracture patients in their area.

3.6 Patient safety

Two NHFD indicators of patient safety have been included in this report:

- the proportion of patients developing a pressure sore after admission with hip fracture
- the proportion of patients dying within 30 days of admission with hip fracture.

These measures are not currently part of the NHS OE, but the NHFD routinely collects this information and proposes that it complements the indicators described above.

Commissioners will wish to examine this aspect of outcomes for their local population before deciding whether to challenge local providers on the basis of data that have already been reported for individual provider hospitals in the NHFD annual report.

4 Information governance

Secure database access for staff involved in the treatment of hip fracture is requested by the NHFD lead clinician for each hospital submitting data. Data are entered to a secure website with access via a username and password.

Data are collected and processed with specific approval of the secretary of state for health on the recommendation of the Health Research Authority (HRA) Confidentiality Advisory Group (CAG) under the Health Service (Control of Patient Information) Regulations 2002. This is more commonly referred to as section 251 approval, and references to 'section 251 support or approval' actually refer to approval given under the authority of the regulations.

Section 251 was established to enable the common law duty of confidentiality to be overridden to enable disclosure of confidential patient information for medical purposes, where it is not possible to use anonymised information and where seeking consent is not practical, with regard to the cost and technology available.

The process is different for Northern Ireland, with anonymous data being provided from the Fracture Outcomes Research Database (FORD) system. Local commissioning groups are calculated using a partial postcode.

Personal confidential data items for this audit are processed by Crown Informatics under section 251 approval prior to anonymisation. For England and Wales, the demographic data are validated against data provided by the HSCIC. Once validated, the data are anonymised and securely transferred to the Royal College of Surgeons of England, Clinical Effectiveness Unit for analysis. Reported data and data files released under government transparency guidance are managed in line with UK statistics authority guidance on the handling of small numbers to prevent the identification of individuals. Data for English hospitals included in all provider-level charts in this report can be found at www.data.gov.uk and by accessing the NHS OF and CCG OI files under domain 3 of the HSCIC indicators portal at <http://indicators.ic.nhs.uk/>.

5 How to use this report

This report presents tables that those who are responsible for commissioning hip fracture care can use to measure performance and diagnose problems, and so direct their attention to key areas for development.

More detailed performance charts and further information about the casemix-adjusted 30-day mortality analysis can be found in the NHFD extended report 2014.²

Many hospitals are now reporting extremely high rates for individual indicators. This means that performance data are skewed, and therefore need to be interpreted with care. For instance, 95% of patients in one CCG may be recorded as having received a multifactorial falls risk assessment. This may appear encouraging, but that CCG would still be outperformed by most CCGs in England.

To address this effect and provide clarity for comparisons between CCGs, LHBs and LCGs, we have presented the data in our outcomes indicator tables in two ways.

The patient's perspective

The percentage figure indicates the proportion of people for whom care met the criteria for each indicator.

Note: Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.*

The commissioner's perspective

For each CCG, area team, LHB or LCG, the indicators are colour coded by quintile.

Among the best-performing 20% of CCGs in England	
Among the poorest-performing 20% of CCGs in England	

This colour coding is designed to ease comparison with other CCGs, and to highlight aspects of care that should be of particular focus when hip fracture care is being discussed with local providers.

We urge commissioners to review these findings for their local area, and to use them to identify specific clinical areas where performance or outcomes might benefit from more detailed attention.

Once any area of weakness has been identified, commissioners can use two further sets of data (in the appendices) derived from the NHFD annual report to inform and critically analyse performance and services in discussion with their local providers.

If further local data are needed to inform such discussions, the NHFD annual report contains a large amount of provider-specific detail.² Clinical teams in provider units also have access to 'live' online data and charts that describe current performance and outcomes.

The provider's perspective

The provider's perspective is shown in the appendices.

Key metrics for individual provider hospitals (Appendix A)

Appendix A presents a series of tables from the NHFD annual report 2014,² which demonstrate the performance against a number of metrics for each of the 182 hospitals that participate in the NHFD. These will allow commissioners to cross-reference failings in specific outcomes indicators against the detail of performance in local provider hospitals.

Summary description of provider hospital services (Appendix B)

Appendix B presents a series of tables from the NHFD annual report 2014,² which describe the facilities audit: a hospital-level description of services and staffing relevant to the prevention or treatment of hip fracture.

Commissioners will wish to consider whether any aspect of poor performance in these outcomes indicators warrants attention to key interventions (such as orthogeriatrics and FLSs) that might be poorly developed in their geographical area.

The experience of the NHFD over the past 7 years has been that investment in orthogeriatrics has been a key driver for improved outcomes. In the NHFD annual report 2014, units across the country reported on average 18 hours of consultant time and 14 hours of middle-grade orthogeriatrician time, supporting between four and five ward rounds per week. These figures may be useful if commissioners wish to challenge the adequacy of provision in their geographical area. The Department of Health has acknowledged that FLSs are a key measure to prevent future hip fractures, but many units still have no access to such support for their patients.

6 Outcomes indicators for individual clinical commissioning groups and area teams in England

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
05A	NHS Coventry and Rugby CCG	90.6%	86.0%	100.0%	19.9%	42.7%	63.8%	10.0%	1.8%
05F	NHS Herefordshire CCG	89.7%	71.1%	91.2%	50.0%	100.0%	32.7%	11.5%	1.9%
05J	NHS Redditch and Bromsgrove CCG	98.9%	66.7%	99.4%	0.0%	100.0%	61.5%	9.1%	1.2%
05R	NHS South Warwickshire CCG	95.1%	76.6%	100.0%	22.0%	50.5%	69.4%	6.5%	1.0%
05T	NHS South Worcestershire CCG	90.1%	59.3%	98.5%	20.0%	50.0%	48.9%	6.2%	1.7%
05H	NHS Warwickshire North CCG	98.7%	57.0%	99.5%	37.7%	66.7%	53.5%	6.8%	9.8%
06D	NHS Wyre Forest CCG	93.5%	54.8%	100.0%	100.0%	0%*	49.0%	12.3%	1.6%
Q53	Arden, Herefordshire and Worcestershire area team	93.3%	69.8%	98.4%	23.8%	47.2%	55.8%	8.6%	2.6%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
11E	NHS Bath and North East Somerset CCG	99.6%	84.0%	100.0%	25.8%	53.9%	81.3%	12.6%	1.8%
11M	NHS Gloucestershire CCG	90.7%	70.9%	99.2%	38.3%	62.1%	58.9%	8.9%	2.1%
12D	NHS Swindon CCG	96.1%	83.3%	99.2%	32.8%	52.2%	71.1%	10.8%	2.1%
99N	NHS Wiltshire CCG	99.4%	79.9%	100.0%	30.2%	55.9%	80.4%	8.5%	0.6%
Q64	Bath, Gloucestershire, Swindon and Wiltshire area team	95.5%	77.0%	99.6%	32.4%	57.5%	70.4%	9.5%	1.6%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
13P	NHS Birmingham CrossCity CCG	91.2%	66.5%	97.8%	24.4%	66.7%	48.7%	8.2%	5.5%
04X	NHS Birmingham South Central CCG	97.4%	65.3%	100.0%	0.0%	0%*	54.5%	8.7%	9.6%
05C	NHS Dudley CCG	98.7%	83.0%	99.7%	27.8%	100.0%	79.6%	9.7%	3.4%
05L	NHS Sandwell and West Birmingham CCG	99.3%	75.6%	100.0%	13.1%	66.7%	62.7%	8.8%	5.6%
05P	NHS Solihull CCG	84.0%	55.0%	96.3%	7.7%	80.0%	43.0%	3.5%	2.0%
05Y	NHS Walsall CCG	88.0%	65.8%	99.2%	20.0%	33.3%	49.8%	9.9%	1.2%
06A	NHS Wolverhampton CCG	94.9%	81.6%	94.8%	3.6%	20.5%	68.2%	9.3%	7.7%
Q54	Birmingham, Solihull and the Black Country area team	93.2%	70.5%	98.3%	14.1%	40.0%	57.8%	8.3%	4.7%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
11H	NHS Bristol CCG	97.6%	75.3%	99.4%	24.4%	52.9%	62.8%	8.1%	4.1%
11T	NHS North Somerset CCG	74.5%	75.1%	78.9%	22.9%	51.5%	35.3%	8.8%	4.0%
11X	NHS Somerset CCG	89.2%	80.0%	92.7%	40.1%	54.3%	55.7%	7.6%	2.0%
12A	NHS South Gloucestershire CCG	98.7%	77.9%	100.0%	32.4%	50.6%	76.8%	7.2%	3.7%
Q65	Bristol, North Somerset, Somerset and South Gloucestershire area team	90.2%	77.7%	93.1%	31.2%	52.6%	57.0%	7.9%	3.1%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
01C	NHS Eastern Cheshire CCG	98.4%	68.8%	99.6%	27.8%	50.0%	55.8%	7.0%	0.4%
01R	NHS South Cheshire CCG	83.9%	68.1%	89.5%	50.0%	0%*	27.1%	7.9%	7.3%
02D	NHS Vale Royal CCG	85.0%	65.9%	90.8%	33.3%	50.0%	26.7%	9.4%	9.2%
02E	NHS Warrington CCG	92.0%	78.9%	98.9%	15.5%	47.1%	40.7%	8.4%	3.7%
02F	NHS West Cheshire CCG	86.4%	81.4%	90.1%	27.6%	34.7%	53.5%	10.7%	3.2%
12F	NHS Wirral CCG	93.5%	87.1%	98.3%	27.9%	0.0%	74.9%	7.3%	7.8%
Q44	Cheshire, Warrington and Wirral area team	90.8%	77.0%	95.2%	23.9%	39.1%	51.6%	8.4%	4.8%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
01H	NHS Cumbria CCG	45.2%	70.0%	50.5%	14.6%	100.0%	29.5%	8.2%	3.6%
00F	NHS Gateshead CCG	95.6%	89.0%	100.0%	23.0%	30.2%	75.8%	14.8%	12.7%
00G	NHS Newcastle North and East CCG	97.5%	84.0%	100.0%	20.5%	50.0%	73.9%	6.5%	12.3%
00H	NHS Newcastle West CCG	92.2%	75.8%	100.0%	5.9%	100.0%	72.0%	7.7%	14.7%
99C	NHS North Tyneside CCG	97.9%	87.0%	99.2%	35.2%	0%*	84.9%	5.9%	5.0%
00L	NHS Northumberland CCG	96.9%	89.3%	98.7%	19.0%	0.0%	87.2%	8.2%	1.8%
00N	NHS South Tyneside CCG	98.5%	70.6%	100.0%	33.3%	50.0%	59.3%	8.9%	1.1%
00P	NHS Sunderland CCG	96.7%	76.3%	99.6%	16.3%	51.6%	66.3%	11.9%	4.8%
Q49	Cumbria, Northumberland, Tyne and Wear area team	83.2%	79.5%	86.4%	18.4%	41.2%	64.2%	9.0%	5.3%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
03X	NHS Erewash CCG	97.9%	83.7%	98.7%	0%*	0%*	77.3%	8.0%	2.2%
03Y	NHS Hardwick CCG	97.9%	65.1%	98.5%	100.0%	100.0%	58.1%	8.1%	3.0%
04E	NHS Mansfield and Ashfield CCG	95.2%	76.2%	99.5%	100.0%	0.0%	75.1%	5.3%	0.5%
04H	NHS Newark and Sherwood CCG	95.0%	73.9%	95.2%	10.0%	0.0%	72.1%	8.3%	0.0%
04J	NHS North Derbyshire CCG	97.7%	70.6%	99.4%	0.0%	0.0%	56.7%	2.9%	2.5%
04K	NHS Nottingham City CCG	95.3%	80.0%	98.3%	0%*	0%*	72.5%	12.6%	2.3%
04L	NHS Nottingham North and East CCG	95.3%	78.5%	99.3%	0.0%	100.0%	73.4%	9.3%	2.2%
04M	NHS Nottingham West CCG	91.9%	88.3%	94.0%	100.0%	100.0%	80.2%	11.4%	1.0%
04N	NHS Rushcliffe CCG	95.2%	79.4%	96.8%	100.0%	50.0%	68.4%	15.6%	3.2%
04R	NHS Southern Derbyshire CCG	99.0%	86.5%	100.0%	0.0%	0.0%	79.5%	5.3%	0.7%
Q55	Derbyshire and Nottinghamshire area team	96.6%	77.7%	98.5%	33.3%	22.2%	70.8%	7.5%	1.6%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
11N	NHS Kernow CCG	97.7%	76.0%	99.5%	20.6%	51.2%	69.0%	8.2%	1.1%
99P	NHS Northern, Eastern and Western Devon CCG	93.2%	77.8%	99.3%	18.7%	44.8%	67.5%	7.8%	1.7%
99Q	NHS South Devon and Torbay CCG	100.0%	74.2%	100.0%	19.2%	54.3%	71.9%	10.5%	2.1%
Q66	Devon, Cornwall and Isles of Scilly area team	96.0%	76.6%	99.5%	19.0%	46.2%	68.8%	8.4%	1.6%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
00C	NHS Darlington CCG	98.4%	72.0%	98.3%	20.0%	0.0%	57.3%	7.9%	0.0%
00D	NHS Durham Dales, Easington and Sedgfield CCG	96.2%	70.3%	96.5%	16.1%	50.0%	52.9%	11.8%	1.1%
00K	NHS Hartlepool and Stockton-on-Tees CCG	99.4%	78.1%	100.0%	28.9%	50.0%	70.9%	3.7%	11.5%
00J	NHS North Durham CCG	95.8%	67.0%	96.5%	22.9%	33.3%	48.7%	9.8%	3.1%
00M	NHS South Tees CCG	98.5%	79.8%	99.4%	0.0%	0%*	75.3%	6.0%	2.9%
Q45	Durham, Darlington and Tees area team	97.7%	74.0%	98.2%	21.6%	48.9%	62.0%	7.6%	4.5%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
06H	NHS Cambridgeshire and Peterborough CCG	98.2%	75.5%	99.1%	25.0%	66.7%	62.7%	6.3%	1.9%
06M	NHS Great Yarmouth and Waveney CCG	94.4%	64.8%	100.0%	24.1%	55.7%	54.7%	8.4%	5.6%
06L	NHS Ipswich and East Suffolk CCG	91.8%	70.9%	99.6%	27.6%	47.4%	59.7%	6.6%	0.9%
06V	NHS North Norfolk CCG	88.7%	78.1%	98.6%	25.0%	40.0%	64.2%	7.0%	2.0%
06W	NHS Norwich CCG	92.9%	81.3%	98.0%	50.0%	100.0%	66.5%	7.9%	2.5%
06Y	NHS South Norfolk CCG	86.3%	79.2%	98.2%	55.6%	77.8%	60.7%	7.4%	3.3%
07J	NHS West Norfolk CCG	96.8%	71.7%	94.5%	0.0%	0.0%	49.2%	8.0%	2.1%
07K	NHS West Suffolk CCG	98.3%	79.5%	99.1%	38.6%	36.4%	77.6%	9.1%	4.7%
Q56	East Anglia area team	94.2%	74.9%	98.6%	30.0%	50.3%	61.9%	7.2%	2.5%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
99E	NHS Basildon and Brentwood CCG	98.5%	67.2%	99.2%	23.2%	42.4%	61.7%	4.2%	2.4%
99F	NHS Castle Point and Rochford CCG	96.9%	71.1%	100.0%	14.8%	38.9%	59.3%	5.5%	6.4%
06Q	NHS Mid Essex CCG	97.2%	71.2%	98.9%	16.7%	50.0%	43.2%	6.6%	1.1%
06T	NHS North East Essex CCG	89.3%	66.0%	90.9%	0.0%	50.0%	50.9%	9.3%	0.7%
99G	NHS Southend CCG	97.9%	62.5%	100.0%	5.9%	31.6%	52.9%	7.8%	4.5%
07G	NHS Thurrock CCG	98.5%	66.7%	99.2%	20.0%	45.7%	63.2%	8.0%	3.1%
07H	NHS West Essex CCG	98.6%	79.1%	99.7%	32.9%	52.4%	69.9%	7.6%	4.0%
Q57	Essex area team	96.0%	70.1%	97.4%	23.4%	42.7%	55.6%	7.2%	2.6%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
00T	NHS Bolton CCG	82.6%	55.4%	88.4%	18.4%	42.2%	41.7%	12.3%	1.4%
00V	NHS Bury CCG	93.9%	60.7%	94.1%	6.9%	20.0%	43.6%	7.9%	3.9%
00W	NHS Central Manchester CCG	95.8%	74.3%	100.0%	40.0%	50.0%	69.0%	10.7%	6.3%
01D	NHS Heywood, Middleton and Rochdale CCG	91.6%	63.3%	93.4%	5.6%	0.0%	50.8%	7.2%	4.2%
01M	NHS North Manchester CCG	90.3%	60.1%	93.3%	0.0%	57.1%	38.0%	6.0%	4.3%
00Y	NHS Oldham CCG	93.8%	54.4%	96.2%	0.0%	0.0%	42.2%	11.5%	3.2%
01G	NHS Salford CCG	95.5%	69.8%	97.8%	16.7%	62.5%	62.3%	8.3%	5.2%
01N	NHS South Manchester CCG	97.5%	80.9%	100.0%	9.1%	66.7%	70.6%	5.9%	1.0%
01W	NHS Stockport CCG	98.4%	81.1%	99.3%	25.0%	50.0%	70.4%	7.0%	2.3%
01Y	NHS Tameside and Glossop CCG	97.9%	55.3%	97.2%	0.0%	0.0%	50.9%	9.6%	0.5%
02A	NHS Trafford CCG	91.0%	70.5%	97.4%	23.1%	33.3%	50.7%	6.1%	2.1%
02H	NHS Wigan Borough CCG	91.7%	82.5%	97.0%	10.8%	46.4%	71.3%	13.3%	1.4%
Q46	Greater Manchester area team	93.3%	67.4%	96.0%	13.7%	44.9%	55.6%	8.9%	2.7%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
06F	NHS Bedfordshire CCG	92.2%	77.3%	99.0%	16.1%	25.0%	64.9%	5.3%	1.6%
03V	NHS Corby CCG	92.1%	85.7%	100.0%	0%*	0%*	64.4%	1.6%	1.6%
06K	NHS East and North Hertfordshire CCG	99.4%	70.5%	99.8%	10.7%	35.7%	73.1%	8.3%	2.0%
06N	NHS Herts Valleys CCG	98.3%	81.3%	99.6%	33.0%	66.7%	80.3%	10.6%	1.7%
06P	NHS Luton CCG	98.7%	74.3%	99.3%	17.9%	100.0%	72.9%	7.6%	2.8%
04F	NHS Milton Keynes CCG	90.3%	69.3%	94.0%	25.0%	40.0%	48.9%	9.0%	6.6%
04G	NHS Nene CCG	86.4%	72.7%	94.8%	25.7%	36.5%	43.3%	7.2%	4.0%
Q58	Hertfordshire and the South Midlands area team	94.2%	75.1%	98.0%	21.4%	40.4%	64.3%	8.0%	2.7%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

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CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
09C	NHS Ashford CCG	100.0%	73.0%	100.0%	35.7%	100.0%	64.7%	6.3%	6.0%
09E	NHS Canterbury and Coastal CCG	98.8%	77.0%	100.0%	23.5%	0.0%	73.6%	10.2%	5.2%
09J	NHS Dartford, Gravesham and Swanley CCG	96.4%	73.0%	98.9%	14.1%	66.7%	65.5%	14.8%	5.6%
09W	NHS Medway CCG	95.5%	79.8%	97.5%	32.5%	59.4%	68.3%	6.9%	0.0%
10A	NHS South Kent Coast CCG	99.6%	69.9%	100.0%	15.8%	0.0%	66.8%	9.0%	5.7%
10D	NHS Swale CCG	97.2%	72.9%	98.4%	33.3%	38.5%	61.2%	16.0%	0.0%
10E	NHS Thanet CCG	98.9%	77.8%	99.4%	0.0%	100.0%	70.3%	7.1%	4.2%
99J	NHS West Kent CCG	87.3%	75.4%	96.5%	0.0%	66.7%	50.3%	10.1%	8.1%
Q67	Kent and Medway area team	95.3%	75.0%	98.6%	24.5%	56.3%	63.8%	9.8%	5.1%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
00Q	NHS Blackburn with Darwen CCG	100.0%	73.9%	100.0%	15.9%	30.0%	72.4%	12.3%	0.8%
00R	NHS Blackpool CCG	93.9%	61.0%	99.3%	33.3%	66.7%	37.9%	6.7%	1.3%
00X	NHS Chorley and South Ribble CCG	98.6%	69.4%	100.0%	33.3%	47.2%	19.0%	6.0%	1.5%
01A	NHS East Lancashire CCG	99.4%	77.0%	99.4%	13.6%	30.8%	76.0%	10.1%	0.6%
02M	NHS Fylde and Wyre CCG	94.8%	64.4%	100.0%	0%*	0%*	37.9%	6.3%	0.0%
01E	NHS Greater Preston CCG	98.3%	68.5%	99.4%	25.4%	57.1%	13.2%	9.3%	1.9%
01K	NHS Lancashire North CCG	97.5%	70.1%	99.3%	25.0%	0.0%	39.5%	9.2%	3.4%
02G	NHS West Lancashire CCG	43.4%	66.7%	83.5%	8.8%	34.3%	18.5%	8.3%	1.0%
Q47	Lancashire area team	93.6%	69.9%	98.4%	18.7%	37.5%	42.9%	8.7%	1.2%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

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CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
03W	NHS East Leicestershire and Rutland CCG	80.5%	76.4%	93.2%	29.6%	40.0%	54.8%	7.2%	2.1%
04C	NHS Leicester City CCG	76.0%	64.7%	95.5%	20.0%	50.0%	42.5%	8.3%	1.9%
03T	NHS Lincolnshire East CCG	98.9%	88.8%	100.0%	42.7%	61.8%	82.6%	10.8%	2.4%
04D	NHS Lincolnshire West CCG	97.8%	82.5%	98.5%	21.4%	40.5%	56.5%	10.5%	1.9%
99D	NHS South Lincolnshire CCG	97.9%	83.5%	100.0%	38.9%	75.0%	67.5%	5.3%	1.7%
04Q	NHS South West Lincolnshire CCG	66.3%	83.3%	73.9%	7.7%	36.4%	50.5%	4.1%	3.3%
04V	NHS West Leicestershire CCG	86.8%	70.1%	97.6%	26.2%	50.0%	52.9%	9.4%	2.0%
Q59	Leicestershire and Lincolnshire area team	87.2%	77.1%	95.8%	30.1%	52.7%	58.7%	8.4%	2.1%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
07L	NHS Barking and Dagenham CCG	99.2%	69.4%	99.1%	0.0%	25.0%	63.3%	12.2%	3.7%
07M	NHS Barnet CCG	99.1%	79.3%	99.4%	0.0%	37.5%	72.6%	6.9%	3.8%
07N	NHS Bexley CCG	97.2%	74.0%	100.0%	16.1%	33.3%	58.7%	7.8%	0.5%
07P	NHS Brent CCG	100.0%	53.8%	100.0%	0%*	0%*	48.0%	8.7%	4.2%
07Q	NHS Bromley CCG	96.1%	74.3%	100.0%	14.3%	66.7%	43.0%	12.0%	1.8%
07R	NHS Camden CCG	98.0%	75.0%	97.9%	0.0%	0%*	52.9%	0.0%	4.1%
09A	NHS Central London (Westminster) CCG	98.0%	81.4%	100.0%	0.0%	53.8%	73.8%	4.9%	4.3%
07T	NHS City and Hackney CCG	95.9%	73.2%	100.0%	26.7%	46.2%	44.9%	14.7%	9.8%
07V	NHS Croydon CCG	98.0%	74.0%	99.6%	0.0%	50.0%	62.5%	4.7%	14.3%
07W	NHS Ealing CCG	93.2%	62.1%	93.9%	0.0%	0%*	52.8%	5.7%	3.4%
07X	NHS Enfield CCG	99.5%	75.6%	100.0%	12.5%	33.3%	81.2%	10.2%	4.8%
07Y	NHS Hounslow CCG	96.9%	51.3%	98.6%	25.0%	100.0%	37.2%	8.5%	6.0%
08A	NHS Greenwich CCG	98.5%	76.1%	99.1%	16.1%	30.8%	58.5%	3.0%	0.8%
08C	NHS Hammersmith and Fulham CCG	99.1%	71.6%	100.0%	0.0%	50.0%	64.3%	8.3%	5.9%
08D	NHS Haringey CCG	97.3%	88.9%	100.0%	50.0%	100.0%	68.2%	4.5%	2.9%
08E	NHS Harrow CCG	97.5%	55.0%	97.7%	0.0%	0.0%	49.4%	8.5%	2.0%
08F	NHS Havering CCG	100.0%	70.1%	100.0%	16.4%	39.1%	65.1%	5.4%	0.9%
08G	NHS Hillingdon CCG	95.1%	87.3%	97.3%	66.7%	77.8%	80.2%	7.2%	3.2%
08H	NHS Islington CCG	94.5%	84.4%	99.0%	50.0%	0.0%	40.0%	3.7%	1.0%
08J	NHS Kingston CCG	90.6%	84.4%	99.2%	0%*	0%*	71.9%	9.3%	2.2%
08K	NHS Lambeth CCG	69.7%	73.9%	99.1%	55.6%	41.4%	36.3%	2.2%	3.8%
08L	NHS Lewisham CCG	95.3%	69.3%	100.0%	0%*	0.0%	60.4%	8.3%	0.8%
08R	NHS Merton CCG	74.8%	74.8%	100.0%	0%*	100.0%	47.3%	8.6%	1.5%
08M	NHS Newham CCG	88.8%	68.5%	93.7%	0.0%	28.6%	42.9%	16.9%	8.6%
08N	NHS Redbridge CCG	95.4%	77.5%	100.0%	13.8%	64.7%	65.1%	6.3%	3.9%
08P	NHS Richmond CCG	96.1%	61.2%	98.6%	0%*	0%*	57.0%	10.8%	1.4%
08Q	NHS Southwark CCG	80.5%	75.4%	100.0%	77.8%	55.2%	37.5%	7.8%	4.2%
08T	NHS Sutton CCG	98.3%	88.6%	100.0%	0%*	0%*	90.1%	9.5%	4.3%
08V	NHS Tower Hamlets CCG	98.9%	74.7%	98.7%	29.7%	41.7%	66.0%	5.6%	1.3%
08W	NHS Waltham Forest CCG	92.9%	73.0%	100.0%	15.8%	50.0%	59.5%	8.5%	6.9%
08X	NHS Wandsworth CCG	77.0%	74.2%	100.0%	0.0%	50.0%	39.9%	7.6%	4.0%
08Y	NHS West London (K&C & QPP) CCG	95.7%	72.0%	98.1%	40.0%	50.0%	58.8%	5.1%	1.8%
Q71	London area team	94.3%	73.2%	99.1%	21.7%	43.4%	58.8%	7.7%	3.9%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
01F	NHS Halton CCG	93.5%	80.4%	97.7%	5.6%	31.8%	52.4%	6.4%	3.7%
01J	NHS Knowsley CCG	93.1%	87.1%	97.9%	16.7%	14.3%	66.3%	10.4%	2.1%
99A	NHS Liverpool CCG	97.0%	83.6%	100.0%	20.5%	53.2%	78.3%	8.1%	0.5%
01V	NHS Southport and Formby CCG	40.5%	70.6%	82.4%	13.7%	36.4%	12.1%	11.4%	2.0%
01T	NHS South Sefton CCG	90.4%	87.0%	98.8%	50.0%	100.0%	68.8%	6.0%	0.0%
01X	NHS St Helens CCG	92.6%	77.5%	95.8%	6.3%	53.8%	55.7%	9.5%	3.5%
Q48	Merseyside area team	87.7%	81.7%	96.6%	13.3%	42.5%	61.2%	8.5%	1.6%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
02Y	NHS East Riding of Yorkshire CCG	97.6%	69.3%	99.0%	57.1%	33.3%	69.3%	9.4%	1.3%
03D	NHS Hambleton, Richmondshire and Whitby CCG	99.4%	74.4%	100.0%	0.0%	0%*	66.7%	7.2%	3.2%
03E	NHS Harrogate and Rural District CCG	95.2%	80.4%	97.4%	15.4%	0.0%	65.6%	7.6%	2.5%
03F	NHS Hull CCG	97.7%	58.5%	99.7%	0%*	100.0%	62.4%	8.6%	0.3%
03H	NHS North East Lincolnshire CCG	99.3%	57.8%	100.0%	25.7%	57.1%	49.7%	11.8%	13.5%
03K	NHS North Lincolnshire CCG	100.0%	66.9%	100.0%	30.4%	67.5%	61.7%	12.0%	0.0%
03M	NHS Scarborough and Ryedale CCG	98.0%	82.0%	100.0%	11.1%	50.0%	78.7%	9.9%	2.8%
03Q	NHS Vale of York CCG	98.0%	72.7%	99.2%	25.8%	53.8%	69.2%	9.5%	0.8%
Q50	North Yorkshire and Humber area team	98.0%	69.4%	99.4%	25.9%	57.2%	65.8%	9.4%	2.4%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
04Y	NHS Cannock Chase CCG	95.4%	71.3%	94.1%	15.4%	55.6%	57.5%	8.2%	0.8%
05D	NHS East Staffordshire CCG	95.6%	84.7%	100.0%	100.0%	0.0%	73.4%	10.0%	0.0%
05G	NHS North Staffordshire CCG	97.2%	64.5%	99.6%	66.7%	100.0%	56.5%	5.2%	2.1%
05N	NHS Shropshire CCG	72.9%	47.0%	88.3%	22.5%	20.0%	4.1%	5.8%	0.6%
05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	92.8%	74.5%	96.2%	17.6%	44.4%	53.7%	5.5%	5.9%
05V	NHS Stafford and Surrounds CCG	95.0%	77.2%	96.9%	25.0%	39.5%	60.8%	8.5%	1.5%
05W	NHS Stoke-on-Trent CCG	98.6%	64.7%	98.6%	100.0%	50.0%	56.0%	6.8%	2.8%
05X	NHS Telford and Wrekin CCG	6.4%	53.8%	74.0%	0.0%	0%*	1.2%	7.3%	0.0%
Q60	Shropshire and Staffordshire area team	86.6%	64.9%	94.6%	23.9%	43.2%	45.0%	6.8%	1.9%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
02P	NHS Barnsley CCG	99.2%	79.1%	100.0%	75.0%	60.0%	78.9%	10.1%	2.0%
02Q	NHS Bassetlaw CCG	100.0%	79.0%	100.0%	17.9%	47.1%	68.7%	9.8%	0.0%
02X	NHS Doncaster CCG	98.8%	64.0%	100.0%	19.0%	37.1%	55.9%	8.3%	0.9%
03L	NHS Rotherham CCG	98.0%	82.9%	100.0%	11.9%	45.0%	70.8%	12.7%	2.1%
03N	NHS Sheffield CCG	98.0%	84.6%	99.6%	30.0%	60.0%	78.5%	7.7%	4.5%
Q51	South Yorkshire and Bassetlaw area team	98.6%	78.4%	99.9%	19.0%	42.5%	71.0%	9.2%	2.5%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
09D	NHS Brighton and Hove CCG	98.5%	87.7%	99.6%	0.0%	25.0%	83.1%	6.0%	12.3%
09G	NHS Coastal West Sussex CCG	98.7%	81.7%	99.2%	20.1%	53.9%	74.8%	9.4%	2.0%
09H	NHS Crawley CCG	96.9%	71.9%	97.6%	0%*	0%*	64.0%	8.1%	5.7%
09F	NHS Eastbourne, Hailsham and Seaford CCG	99.6%	93.0%	99.6%	0.0%	0%*	79.9%	5.4%	2.3%
09L	NHS East Surrey CCG	97.7%	82.3%	100.0%	0.0%	50.0%	66.1%	7.8%	1.2%
09N	NHS Guildford and Waverley CCG	99.1%	81.9%	99.1%	23.8%	62.5%	82.2%	8.4%	4.6%
09P	NHS Hastings and Rother CCG	97.7%	84.9%	99.6%	25.0%	100.0%	60.3%	8.2%	3.6%
99K	NHS High Weald Lewes Havens CCG	92.9%	81.3%	97.7%	0%*	0%*	69.4%	8.9%	5.6%
09X	NHS Horsham and Mid Sussex CCG	97.8%	82.1%	99.6%	0.0%	60.0%	77.3%	5.3%	7.1%
09Y	NHS North West Surrey CCG	99.4%	82.0%	99.4%	21.6%	85.7%	81.6%	6.1%	3.7%
99H	NHS Surrey Downs CCG	98.0%	88.2%	100.0%	33.3%	64.3%	79.9%	6.9%	1.8%
10C	NHS Surrey Heath CCG	93.2%	84.3%	100.0%	21.9%	52.0%	71.4%	13.2%	13.6%
Q68	Surrey and Sussex area team	98.0%	84.0%	99.4%	21.2%	56.1%	75.3%	7.7%	4.3%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
10Y	NHS Aylesbury Vale CCG	96.2%	75.5%	97.8%	24.5%	51.1%	65.9%	8.3%	1.5%
10G	NHS Bracknell and Ascot CCG	97.6%	80.5%	98.7%	34.8%	65.0%	64.6%	8.0%	0.0%
10H	NHS Chiltern CCG	95.2%	72.0%	96.9%	33.3%	59.7%	59.8%	8.8%	2.2%
10M	NHS Newbury and District CCG	98.5%	75.4%	98.3%	32.0%	50.0%	72.9%	8.8%	3.3%
10N	NHS North and West Reading CCG	100.0%	67.1%	100.0%	21.1%	51.4%	67.3%	5.7%	0.0%
10Q	NHS Oxfordshire CCG	94.4%	74.7%	99.2%	31.0%	55.0%	68.3%	9.6%	2.5%
10T	NHS Slough CCG	95.2%	71.4%	89.5%	0.0%	0.0%	57.4%	11.9%	3.4%
10W	NHS South Reading CCG	100.0%	76.5%	100.0%	36.4%	43.8%	75.9%	7.7%	0.0%
11C	NHS Windsor, Ascot and Maidenhead CCG	97.3%	79.9%	96.3%	23.5%	60.0%	60.1%	6.8%	3.6%
11D	NHS Wokingham CCG	99.2%	68.5%	100.0%	35.2%	46.7%	67.4%	12.4%	0.9%
Q69	Thames Valley area team	96.0%	74.2%	98.2%	30.2%	53.5%	65.7%	9.0%	2.1%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
11J	NHS Dorset CCG	99.3%	81.6%	98.5%	23.5%	55.3%	74.8%	7.4%	2.4%
10K	NHS Fareham and Gosport CCG	99.6%	85.3%	99.0%	42.5%	61.6%	83.5%	7.0%	2.9%
10L	NHS Isle of Wight CCG	93.6%	67.6%	86.4%	0.0%	0*	51.6%	8.1%	1.0%
99M	NHS North East Hampshire and Farnham CCG	97.4%	77.2%	100.0%	27.3%	40.5%	68.2%	7.9%	6.9%
10J	NHS North Hampshire CCG	97.2%	75.3%	100.0%	23.5%	54.5%	68.3%	9.3%	5.4%
10R	NHS Portsmouth CCG	100.0%	82.4%	100.0%	39.2%	71.9%	80.3%	6.1%	0.5%
10X	NHS Southampton CCG	98.2%	77.9%	100.0%	0.0%	100.0%	59.9%	8.6%	2.0%
10V	NHS South Eastern Hampshire CCG	100.0%	82.3%	100.0%	35.8%	64.4%	82.2%	7.6%	1.9%
11A	NHS West Hampshire CCG	98.1%	78.5%	98.9%	20.6%	50.4%	69.7%	8.8%	3.2%
Q70	Wessex area team	98.5%	79.4%	98.2%	29.7%	57.8%	72.3%	7.9%	2.7%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

Where an indicator value represents 0/0 (no cases eligible for analysis), this is shown as 0%.

CCG code	CCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
02N	NHS Airedale, Wharfedale and Craven CCG	97.3%	78.0%	100.0%	0.0%	0.0%	76.6%	11.1%	3.6%
02W	NHS Bradford City CCG	100.0%	92.9%	100.0%	16.7%	42.9%	85.7%	10.7%	0.0%
02R	NHS Bradford Districts CCG	95.4%	77.4%	96.8%	20.8%	47.7%	77.2%	13.2%	0.5%
02T	NHS Calderdale CCG	38.5%	59.6%	28.0%	25.5%	20.0%	8.8%	7.6%	0.5%
03A	NHS Greater Huddersfield CCG	43.3%	69.9%	33.2%	21.4%	40.0%	12.9%	10.7%	2.8%
02V	NHS Leeds North CCG	96.5%	63.4%	98.9%	12.5%	100.0%	57.9%	10.6%	3.8%
03G	NHS Leeds South and East CCG	93.4%	62.1%	96.5%	10.6%	33.3%	53.1%	11.1%	6.0%
03C	NHS Leeds West CCG	95.2%	63.2%	96.9%	8.3%	80.0%	57.9%	11.7%	5.7%
03J	NHS North Kirklees CCG	92.7%	75.6%	93.5%	10.5%	50.0%	64.5%	8.5%	4.0%
03R	NHS Wakefield CCG	100.0%	71.9%	99.6%	5.6%	29.4%	69.1%	6.0%	4.4%
Q52	West Yorkshire area team	83.4%	69.1%	82.0%	14.3%	39.9%	54.2%	10.1%	3.4%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

7 Outcomes indicators for local health boards in Wales and local commissioning groups in Northern Ireland

Health services in Wales and Northern Ireland are not organised into CCGs, but we have analysed patterns of performance for the individual LHBs and LCGs.

Payment by results does not operate in Wales and Northern Ireland, so their hospitals do not have the tariff incentive to reward participation in the NHFD. In spite of this, all of these hospitals are routinely contributing data to the NHFD. Indeed, local clinical enthusiasm means that average completion rates for follow-up data in these countries exceed those seen in England.

Just 3.0% of hip fracture patients in Wales and just 2.4% of those in Northern Ireland were reported to be receiving care that met the criteria for the best practice indicator. The establishment of routine data collection for criteria that are specific to payment by results may still lag behind that in England, and this may have contributed to the poorer results seen for this outcomes indicator in Wales and Northern Ireland. However, the other outcomes indicators also show a consistent pattern of worse performance in Wales and Northern Ireland than in England.

Recording of the date and time of operation is consistently good across all hospitals that participate in the NHFD, and would not be subject to recording bias. Performance for CCG OI 3.12 (prompt surgery) shows that just 64.9% of patients in Wales and 23.4% of those in Northern Ireland received the prompt surgery that was achieved for 74.9% of patients in England.

Commissioners in Wales and Northern Ireland will wish to question why records show that significant proportions of their populations have not received these uncontroversial elements of effective and efficient hip fracture care.

LHB code	LHB name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
7A3	Abertawe Bro Morgannwg University LHB	2.3%	62.3%	82.9%	20.6%	44.2%	1.2%	8.1%	2.1%
7A6	Aneurin Bevan LHB	10.9%	62.3%	73.6%	10.7%	38.4%	1.7%	7.6%	2.2%
7A1	Betsi Cadwaladr University LHB	30.2%	72.7%	60.7%	27.1%	27.8%	7.6%	7.4%	1.8%
7A4	Cardiff and Vale University LHB	2.4%	61.6%	95.8%	10.9%	41.7%	1.5%	12.3%	1.7%
7A5	Cwm Taf LHB	35.8%	68.9%	40.4%	45.5%	80.0%	1.3%	9.0%	2.7%
7A2	Hywel Dda LHB	1.0%	62.3%	54.7%	20.0%	16.7%	0.9%	7.0%	2.2%
7A7	Powys Teaching LHB	40.9%	55.1%	78.5%	20.5%	39.3%	6.4%	6.4%	0.0%
	Wales	15.4%	64.9%	69.3%	17.4%	40.5%	3.0%	8.2%	2.0%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

LCG code	LCG name	3.11: Collaborative care	3.12: Prompt surgery	3.13: Falls assessment	3.10i: Mobility at 30 days	3.10ii: Mobility at 120 days	Best practice	Mortality (unadjusted)	Pressure ulcer rate
ZC010	Belfast	97.4%	14.7%	96.6%	18.0%	29.8%	2.0%	NA	2.2%
ZC020	Northern	73.2%	19.5%	73.6%	16.5%	41.1%	1.1%	NA	1.5%
ZC040	South Eastern	99.2%	16.7%	86.0%	14.6%	36.0%	4.9%	NA	4.8%
ZC030	Southern	97.4%	30.6%	95.5%	19.3%	53.3%	1.3%	NA	0.3%
ZC050	Western	3.0%	38.2%	4.1%	4.9%	51.6%	0.0%	NA	3.6%
	Northern Ireland	77.2%	23.4%	74.1%	15.6%	42.5%	2.4%	NA	2.4%
	England	93.6%	74.9%	96.9%	24.0%	50.3%	61.9%	8.0%	3.0%

NA, not available. We report 30-day mortality data only where we have been able to validate these independently. The absence of Office for National Statistics data meant that it was not possible to present mortality data for Northern Ireland in the NHFD annual report 2014,² and these data are therefore omitted from the table above.

References

- 1 National Institute for Health and Care Excellence, 2012. Quality standard for hip fracture (QS16). www.nice.org.uk/guidance/QS16 [Accessed 9 July 2014]
- 2 Royal College of Physicians, 2014. National Hip Fracture Database annual report 2014. www.nhfd.co.uk/2014report [Accessed 20 October 2014]
- 3 NHS England, 2012. NHS outcomes framework and CCG outcomes indicators. www.england.nhs.uk/wp-content/uploads/2012/12/oi-data-table.pdf [Accessed 9 July 2014]
- 4 British Orthopaedic Association and British Geriatrics Society, 2007. The care of patients with fragility fracture. www.nhfd.co.uk [Accessed 9 July 2014]
- 5 National Institute for Health and Care Excellence, 2011. The management of hip fracture in adults – clinical guideline CG124. www.nice.org.uk/guidance/CG124 [Accessed 9 July 2014]
- 6 NHS England, 2013. Payment by results guidance. www.gov.uk/government/uploads/system/uploads/attachment_data/file/214902/PbR-Guidance-2013-14.pdf [Accessed 9 July 2014]
- 7 The National Hip Fracture Database, 2009. The National Hip Fracture Database preliminary national report 2009. [www.nhfd.co.uk/20/hipfractureR.nsf/vwcontent/2009ReportDownload/\\$File/NHFD2009Report.pdf](http://www.nhfd.co.uk/20/hipfractureR.nsf/vwcontent/2009ReportDownload/$File/NHFD2009Report.pdf) [Accessed 20 October 2014]

Appendix A

Key metrics for individual provider hospitals

This appendix presents a series of tables from the NHFD annual report 2014 that demonstrate the performance against a number of metrics for each of the 182 hospitals participating in the NHFD.

These tables will allow commissioners to cross-reference failings in specific outcomes indicators against the detail of performance in local provider hospitals.

Colour coding allows readers to ascertain quickly whether their local hospital is performing better (green) or worse (red) than the national result (amber), and closer analysis allows provider units to benchmark their practice against regional and national performance.

For ease of reference, the NHFD regionalises provider hospitals (based on previous strategic health authorities). The following tables reflect the performance of individual hospitals within each region over various key measures of hip fracture care.

Notes on calculations:

- 1 Senior geriatric review within 72 hours of admission (%)
Derived from 'Date and time assessed by geriatrician' and 'Geriatrician grade' fields.
Numerator: Date and time within 72 hours of 'admission to A&E' or 'seen by trauma team' if already in hospital. Geriatrician 'consultant', staff associate specialist ('SAS') or 'ST3+' grade.
- 2 Abbreviated mental test (AMTS) performed (%)
Numerator: Valid AMTS 1 or AMTS 2. (Note: Unlike this measure, BPT is derived from valid records of both AMTS 1 and AMTS 2.)
Exclusions: Record of 'not done', 'patient refused' or missing AMTS 1 or AMTS 2.
- 3 Specialist falls assessment performed (%)
Numerator: Yes – performed on this admission, yes – awaits, or yes – no further action.
- 4 Bone health medication assessment performed (%)
Numerator: Continued from pre-admission, started on this admission, awaits dual-energy X-ray absorptiometry (DXA) scan, awaits bone clinic assessment, or assessed – no bone protection medication needed/appropriate.
- 5 BPT attainment (%)
Cases that met all nine criteria. Calculations for England only. Excludes Noble's Hospital, Isle of Man.
- 6 Crude and casemix-adjusted mortality – national figure for England and Wales only. Excludes Northern Ireland as data unavailable. Crude mortality rates in Northern Ireland are provided locally by each hospital and are not validated against third-party sources.
- 7 Crude and casemix-adjusted mortality/return home from home within 30 days – regional rates not calculated.
- 8 Mean length of total trust stay (acute plus post-acute) (days).
Only if between 0 and 365 days.
- 9 30-day follow-up completion rate (%)
Includes admissions between 1 December 2012 and 30 November 2013.
Corrects discharge destination data for two hospitals (NHFD codes DER and SEH).
Exclusions: Discharge from trust destination 'dead', residential status 'dead', difference between date of admission and date of discharge from trust is less than 30 days, and residential status 'dead' and died within 30 days of admission.

East Midlands

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Chesterfield Royal Hospital	CHE	408	52.4	68.1	88.5	97.1	100.0	100.0	2.6	55.8	5.0	4.7	41.4	41.8	20.0	0.0
Derbyshire Royal Infirmary, Derby	DER	525	59.5	84.0	92.4	98.5	99.0	99.6	1.0	79.2	6.2	6.5	22.6	22.2	12.8	0.0
Grantham & District Hospital	GRA	99	70.6	82.8	47.5	80.8	54.3	45.7	4.3	30.9	5.8	6.2	56.9	59.3	13.6	0.0
Kettering General Hospital	KGH	335	74.1	83.6	74.6	97.0	99.7	93.7	4.4	56.6	6.9	6.2	45.1	44.7	21.0	0.0
King's Mill Hospital, Sutton in Ashfield	KMH	375	70.9	76.0	95.2	98.9	99.4	100.0	0.3	75.9	9.4	10.1	42.3	42.3	25.7	5.0
Leicester Royal Infirmary	LER	808	25.1	66.6	92.2	97.9	96.8	88.8	1.7	47.4	8.7	8.1	44.5	45.5	17.3	16.0
Lincoln County Hospital	LIN	328	66.9	81.7	78.0	98.2	100.0	100.0	1.3	58.7	8.9	9.9	56.4	52.9	18.1	67.4
Northampton General Hospital	NTH	364	24.8	64.0	66.5	97.5	89.2	94.9	3.9	30.5	8.1	7.7	50.0	49.7	28.4	90.9
Pilgrim Hospital, Boston	PIL	334	78.1	94.9	96.1	99.7	100.0	99.0	2.0	92.6	8.8	9.7	76.2	75.9	12.7	78.4
University Hospital Nottingham	UHN	728	79.5	80.8	93.7	99.0	96.7	97.2	2.2	71.8	9.7	8.1	43.7	48.2	17.3	0.0
EAST MIDLANDS		4,304	57.7	76.9	87.0	97.8	96.7	95.1	2.1	62.0	N/A	N/A	N/A	N/A	18.5	22.9
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

East of England

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Addenbrooke's Hospital, Cambridge	ADD	460	62.4	67.2	96.7	99.1	99.3	99.3	2.0	66.4	6.8	7.6	62.3	62.3	15.0	0.0
Basilston and Thurrock University Hospital	BAS	398	13.8	64.8	94.7	99.5	99.5	99.5	2.7	61.2	7.1	6.8	56.0	57.6	16.6	82.4
Bedford Hospital	BED	215	60.2	72.6	75.8	95.8	95.2	95.2	2.9	61.3	7.0	8.0	67.3	63.1	18.0	0.5
Broomfield Hospital, Chelmsford	BFH	443	82.7	69.6	92.3	74.3	100.0	97.6	1.2	39.7	7.2	7.2	83.5	83.2	15.7	0.0
Colchester General Hospital	COL	535	48.0	67.1	70.7	98.9	90.8	91.6	1.0	49.3	9.5	8.8	60.6	61.8	14.6	0.0
East & North Herts Hospital	ENH	455	71.7	64.8	96.7	99.3	99.8	99.5	1.2	65.4	11.1	11.8	51.7	50.7	19.8	45.4
Hinchingbrooke Hospital	HIN	205	53.0	77.6	93.2	100.0	98.5	99.5	2.6	69.8	5.7	5.9	61.3	61.0	22.8	0.0
Ipswich Hospital	IPS	466	85.1	67.6	95.3	97.9	99.8	98.6	0.7	55.5	7.2	6.4	62.1	62.6	16.4	17.4
James Paget University Hospital, Great Yarmouth	JPH	352	40.7	65.1	91.8	99.1	99.4	99.4	5.5	53.7	8.7	8.0	57.5	58.9	19.8	81.5
Luton and Dunstable Hospital	LDH	310	19.6	74.5	98.4	98.7	100.0	100.0	1.4	72.5	12.6	12.7	46.3	48.0	18.7	44.4
Norfolk and Norwich University Hospital	NOR	798	43.3	79.2	86.6	99.7	97.8	97.8	2.6	61.2	7.6	9.0	48.0	46.5	15.8	0.0
The Princess Alexandra Hospital, Harlow	PAH	359	29.6	80.5	91.9	99.4	99.7	99.1	5.1	72.0	9.0	10.9	63.1	61.1	16.6	94.7
Peterborough City Hospital	PET	435	63.6	82.3	78.2	93.8	99.8	99.8	0.7	55.4	7.2	8.8	70.1	66.6	15.8	0.5
Queen Elizabeth Hospital, King's Lynn	QKL	375	32.5	70.7	77.9	97.3	95.2	94.6	1.7	47.5	7.9	7.3	48.0	49.7	12.5	0.3
Southend University Hospital	SEH	420	75.1	66.4	89.5	93.6	100.0	99.5	4.3	53.4	8.2	9.5	63.4	60.4	12.7	45.4
Watford General Hospital	WAT	427	53.4	84.3	99.3	99.8	100.0	100.0	1.0	84.1	10.8	11.7	44.5	43.3	13.9	20.3
West Suffolk Hospital, Bury St. Edmunds	WSH	337	66.4	84.6	99.4	99.7	99.4	100.0	3.6	81.9	7.4	6.2	73.9	75.3	18.1	66.8
EAST OF ENGLAND		6,990	53.5	72.8	89.6	96.8	98.4	98.2	2.3	60.9	N/A	N/A	N/A	N/A	16.3	26.7
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

London

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Barnet Hospital	BNT	304	38.7	82.6	95.7	98.0	100.0	100.0	3.2	76.3	8.1	9.2	43.4	42.6	22.9	0.7
Princess Royal University Hospital, Bromley	BRO	371	20.6	74.9	70.4	98.9	100.0	100.0	1.6	40.0	9.8	10.4	50.3	52.6	21.4	0.0
Chase Farm Hospital	CHS	157	0.0	86.6	99.4	100.0	99.3	99.3	3.5	84.6	9.9	11.6	46.4	46.5	No data	2.6
Ealing Hospital	EAL	140	12.3	65.7	87.1	90.7	86.5	97.6	2.4	50.8	7.0	6.8	52.5	51.6	20.5	0.0
St George's Hospital, London	GEO	247	25.2	69.6	32.0	81.0	99.5	95.9	2.7	17.0	8.5	6.8	42.6	46.0	22.2	0.0
Queen Elizabeth Hospital, Woolwich	GWH	279	12.4	75.3	86.4	94.3	99.6	99.2	0.4	59.0	6.1	5.3	76.7	82.9	22.3	68.2
Hillingdon Hospital	HIL	190	57.5	89.5	95.8	98.9	97.1	100.0	5.2	81.1	8.8	8.7	60.1	59.4	22.9	36.1
Homerton Hospital, London	HOM	89	1.1	68.5	92.1	93.3	100.0	97.5	10.1	38.1	9.6	10.1	67.1	69.9	27.6	74.1
King's College Hospital, London	KCH	154	37.2	76.0	78.6	61.7	99.3	98.6	1.4	14.5	6.0	6.6	60.0	58.8	29.2	35.2
Kingston Hospital	KTH	322	14.1	84.2	95.0	99.1	99.7	100.0	1.7	72.7	6.8	8.8	53.8	52.2	16.3	0.4
University Hospital, Lewisham	LEW	185	38.6	71.4	96.2	100.0	100.0	100.0	0.6	68.2	10.6	12.7	38.5	38.4	23.3	0.0
The Royal London Hospital	LON	162	14.5	68.5	97.5	98.1	99.3	99.3	0.7	60.0	6.4	5.2	58.7	56.2	28.4	66.7
Croydon University Hospital, London	MAY	286	10.7	73.1	93.4	100.0	98.5	98.5	15.0	64.4	7.2	8.1	70.4	68.4	21.6	0.0
North Middlesex University Hospital	NMH	139	47.7	78.4	96.4	99.3	100.0	100.0	4.7	76.0	8.0	9.4	57.3	54.5	18.1	7.6
Northwick Park Hospital, London	NPH	288	42.5	51.4	94.8	99.0	99.2	99.2	3.4	47.4	7.6	8.2	46.6	47.9	20.2	0.0
Newham General Hospital, London	NWG	99	17.5	64.6	87.9	96.0	96.7	97.8	7.8	47.0	9.8	10.7	46.1	45.5	17.2	25.0
Queen's Hospital, Romford	OLD	540	40.1	69.8	90.0	99.8	99.6	99.6	2.2	63.6	7.8	9.0	66.7	68.4	23.6	54.0
Royal Free Hospital, London	RFH	171	50.0	71.9	97.1	97.7	99.4	100.0	1.3	58.3	8.6	8.1	47.1	48.2	16.8	0.7
St Helier Hospital, Carshalton	SHC	484	16.6	88.2	98.1	100.0	99.5	99.5	2.6	87.4	10.1	9.8	59.5	61.5	22.0	0.0
St Thomas' Hospital, London	STH	207	79.1	65.2	88.4	93.2	100.0	97.4	4.6	44.6	5.0	6.6	86.1	74.0	16.2	0.0
St. Mary's Hospital, Paddington	STM	309	24.1	70.6	91.3	97.4	100.0	99.6	1.4	66.3	7.5	8.5	64.5	63.4	18.4	0.0
University College Hospital	UCL	117	63.7	74.4	64.1	81.2	96.4	93.6	3.6	33.3	6.0	6.0	54.6	51.2	17.8	5.0
Chelsea and Westminster Hospital	WES	176	0.6	69.3	91.5	100.0	98.2	99.4	7.2	56.2	5.7	6.4	41.6	39.9	27.9	5.1
Whipps Cross University Hospital	WHC	281	20.1	79.0	96.1	99.6	99.6	99.2	5.2	67.1	8.8	8.7	41.1	43.5	25.8	47.7
Whittington Hospital, London	WHT	137	18.3	91.2	81.0	90.5	100.0	100.0	3.1	37.1	6.1	7.0	60.4	62.5	15.9	1.5
West Middlesex University Hospital, Isleworth	WMU	224	38.6	44.6	67.0	96.4	97.5	98.5	5.9	30.6	9.6	10.9	83.8	85.4	15.9	0.0
LONDON		6,058	28.4	73.7	87.4	96.1	99.0	99.1	3.6	58.5	N/A	N/A	N/A	N/A	21.3	16.4
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

North East

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Wansbeck Hospital	ASH	328	63.3	90.9	99.1	100.0	100.0	100.0	1.0	90.0	8.6	8.8	54.3	53.6	29.1	84.8
Darlington Memorial Hospital	DAR	345	60.4	61.7	85.5	99.4	98.4	98.7	0.3	46.8	9.3	7.5	51.1	52.1	19.3	36.1
University Hospital of North Durham, Darlington	DRY	344	51.9	67.7	73.8	98.8	95.8	95.8	1.6	48.9	8.2	7.3	47.1	50.1	25.1	46.4
University Hospital of North Tees, Stockton on Tees	NTG	389	82.6	76.3	88.9	99.2	100.0	98.9	11.1	68.6	5.6	4.6	70.2	69.6	20.0	56.3
North Tyneside General Hospital, North Shields	NTY	323	58.6	87.6	96.6	100.0	99.3	99.3	2.8	85.4	9.5	9.9	53.1	50.0	23.1	77.9
Queen Elizabeth Hospital, Gateshead	QEG	299	72.1	86.0	92.0	99.0	100.0	99.2	10.1	71.2	12.0	10.7	64.3	64.3	18.2	97.1
Royal Victoria Hospital, Newcastle	RVN	410	40.2	80.2	93.4	98.0	99.7	100.0	12.7	69.7	6.8	6.1	59.5	62.7	26.4	92.1
James Cook University Hospital, Middlesbrough	SCM	460	77.3	79.1	93.7	99.3	100.0	99.5	3.3	72.3	6.8	6.5	35.4	34.9	13.5	10.9
South Tyneside District Hospital, South Shields	STD	214	67.3	68.2	90.2	100.0	100.0	100.0	1.1	55.5	8.6	9.0	45.6	45.8	26.5	0.0
Sunderland Royal Hospital	SUN	397	75.8	73.0	88.7	99.5	99.7	99.7	4.2	64.9	12.2	9.9	52.8	54.0	22.4	59.3
NORTH EAST		3,509	65.2	77.2	90.2	99.3	99.3	99.1	5.1	67.7	N/A	N/A	N/A	N/A	21.9	56.9
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

North West

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Royal Albert Edward Infirmary, Wigan	AEI	317	17.0	81.1	95.9	100.0	99.6	100.0	3.6	72.8	11.5	11.4	53.3	53.9	16.2	96.9
Royal Blackburn Hospital	BLA	456	53.5	75.4	97.1	99.6	100.0	100.0	0.5	73.8	10.7	9.6	53.1	54.1	22.8	98.3
Royal Bolton Hospital	BOL	343	81.5	53.9	77.8	98.5	85.8	100.0	1.6	40.9	10.8	9.9	47.1	50.3	17.8	77.0
Cumberland Infirmary, Carlisle	CMI	413	54.2	67.3	14.0	89.1	19.8	59.3	2.8	10.0	7.1	6.8	49.2	48.7	14.8	89.7
Countess of Chester Hospital	COC	345	48.7	79.1	76.5	98.8	89.2	98.7	3.7	52.6	9.2	10.2	52.5	49.4	25.2	93.8
University Hospital Aintree	FAZ	382	38.0	85.1	91.4	96.1	100.0	98.6	0.6	69.3	8.9	9.1	52.1	51.3	24.7	0.0
Furness General Hospital, Barrow-in-Furness	FGH	156	46.6	76.3	91.7	98.1	100.0	100.0	6.5	66.4	6.0	5.5	49.6	51.1	24.6	1.4
Leighton Hospital, Crewe	LGH	290	63.4	65.2	50.3	96.9	91.3	91.3	8.3	24.3	8.0	6.4	48.0	48.9	17.6	0.8
Macclesfield General Hospital	MAC	250	78.6	65.2	93.2	96.8	100.0	100.0	0.4	51.3	7.9	6.6	43.9	42.6	27.3	8.8
Manchester Royal Infirmary	MRI	172	57.2	68.0	72.7	94.2	97.2	98.6	3.4	54.2	7.9	9.1	37.8	36.6	28.4	100.0
North Manchester General Hospital	NMG	364	57.9	60.4	81.3	98.9	91.9	97.0	4.5	39.0	10.8	9.5	50.7	52.3	19.9	27.6
Noble's Hospital, Isle of Man	NOB	98	84.9	80.6	1.0	99.0	100.0	75.5	2.1	No data	7.7	7.7	50.0	45.5	16.6	85.0
Royal Oldham Hospital	OHM	373	58.6	56.8	95.4	98.1	96.4	99.4	3.9	47.3	9.6	10.5	57.8	55.6	19.5	19.4
Royal Lancaster Infirmary	RLI	253	74.8	70.4	71.9	93.3	100.0	97.0	3.0	39.3	9.6	7.7	48.6	49.1	24.7	0.0
Royal Liverpool University Hospital	RLU	404	46.1	83.2	99.0	100.0	100.0	100.0	0.5	82.4	7.1	8.2	58.3	55.9	18.3	32.2
Royal Preston Hospital	RPH	417	59.6	67.3	26.1	94.2	100.0	100.0	1.3	14.7	7.3	7.7	52.1	49.4	20.9	56.4
Stepping Hill Hospital, Stockport	SHH	369	69.1	81.3	85.9	97.8	99.1	98.2	1.8	68.3	7.7	6.9	41.9	42.8	22.1	0.0
Hope Hospital, Salford	SLF	258	64.5	72.1	95.0	97.7	99.1	97.8	5.2	69.0	10.8	10.4	33.3	34.4	17.6	0.0
Southport District General Hospital	SOU	300	49.7	66.0	11.7	57.3	82.5	29.4	0.4	7.4	6.5	7.5	50.2	51.5	18.7	88.0
Tameside General Hospital, Manchester	TGA	264	52.4	53.0	89.8	100.0	98.4	99.6	0.4	47.9	10.6	12.0	38.2	35.4	16.1	0.0
Trafford General Hospital, Manchester	TRA	78	73.5	61.5	60.3	94.9	98.6	94.6	0.0	20.5	10.3	10.1	58.2	57.5	31.9	22.1
Victoria Hospital, Blackpool	VIC	426	44.6	65.3	66.2	100.0	99.7	99.5	0.8	41.2	5.8	5.5	55.3	54.2	23.6	0.0
Warrington Hospital	WDG	343	56.0	78.1	75.5	81.3	99.7	92.9	3.4	41.6	6.4	6.2	46.2	47.6	24.3	85.8
Whiston Hospital, Prescot	WHI	386	20.3	79.0	90.9	98.7	96.6	98.6	3.4	59.7	10.9	11.0	43.5	43.0	23.3	0.0
Arrowe Park Hospital, Wirral	WIR	451	65.8	86.3	94.5	99.3	97.6	97.9	6.4	72.9	9.0	9.4	53.2	52.1	22.9	32.9
Wythenshawe Hospital, Manchester	WYT	294	20.4	80.3	90.1	100.0	100.0	100.0	1.5	75.8	7.5	8.0	63.2	60.8	24.9	25.0
NORTH WEST		8,202	53.4	72.0	74.9	95.5	92.8	93.6	2.7	50.5	N/A	N/A	N/A	N/A	21.3	40.4
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

Northern Ireland

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Mortality 2013 – crude (%) Locally supplied by provider hospitals	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Altnagelvin Area Hospital	ALT	359	26.9	37.3	17.3	42.3	0.9	53.1	2.9	4.0	44.7	41.7	24.8	100.0
Craigavon Hospital, Portadown	CRG	277	52.3	35.4	32.9	91.7	96.5	100.0	0.0	4.6	58.2	56.3	24.3	100.0
Ulster Hospital, Belfast	NUH	391	49.7	16.8	34.8	77.7	84.5	98.9	7.2	5.5	50.0	47.8	22.4	100.0
Royal Victoria Hospital, Belfast	RVB	890	43.4	13.6	27.3	62.8	97.0	85.6	1.5	4.5	57.7	55.7	19.5	100.0
NORTHERN IRELAND		1,917	45.0	21.9	27.8	66.2	76.3	84.2	2.7	N/A	N/A	N/A	21.8	100.0
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9		52.6	52.6	19.8	39.7

South Central

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Horton Hospital, Banbury	HOR	189	47.3	87.3	98.4	99.5	100.0	100.0	0.0	85.8	11.1	No data	42.8	48.0	14.1	0.0
St Mary's Hospital, Isle of Wight	IOW	253	55.4	67.6	81.4	99.6	85.2	100.0	0.4	50.8	9.0	9.5	28.3	29.0	16.9	1.3
Milton Keynes General Hospital	MKH	233	30.8	71.7	82.4	99.1	94.1	97.7	5.0	51.1	8.1	8.1	55.4	56.4	22.8	50.7
Basingstoke & N. Hants Hospital	NHH	253	47.7	72.3	96.4	99.2	99.1	98.3	4.3	62.9	8.8	8.5	61.2	61.5	22.7	85.5
Queen Alexandra Hospital, Portsmouth	QAP	787	75.3	82.6	99.9	100.0	100.0	100.0	1.4	82.5	6.3	6.0	72.2	76.2	18.5	99.3
John Radcliffe Hospital, Oxford	RAD	566	42.6	68.0	88.9	97.5	97.9	98.1	3.1	57.7	9.1	6.9	32.5	36.1	14.1	0.0
Royal Berkshire Hospital, Reading	RBE	438	18.6	72.6	97.3	99.5	100.0	100.0	0.7	71.7	7.5	8.0	52.5	52.6	18.1	70.9
Royal Hampshire County Hospital, Winchester	RHC	238	43.2	87.0	95.0	100.0	100.0	100.0	2.3	83.0	8.3	8.7	57.1	58.9	24.8	97.2
Southampton General Hospital	SGH	574	33.3	75.1	92.9	97.2	98.7	99.4	3.3	55.9	8.1	7.4	47.0	46.0	20.7	0.0
Stoke Mandeville Hospital, Aylesbury	SMV	413	11.1	71.9	95.6	99.5	99.5	99.5	0.8	66.8	7.5	7.6	69.2	67.1	21.6	61.1
Wexham Park Hospital, Slough	WEX	350	16.8	73.7	82.6	93.7	92.0	93.3	3.4	50.3	9.2	8.3	48.8	50.4	18.6	3.6
SOUTH CENTRAL		4,294	40.3	75.3	92.8	98.6	97.6	98.8	2.2	66.9	N/A	N/A	N/A	N/A	19.0	45.9
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

South East

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Conquest Hospital, Hastings	CGH	327	28.1	83.8	72.5	99.7	100.0	99.0	3.7	61.4	10.6	10.4	53.3	51.4	18.7	1.0
Eastbourne Hospital	DGE	405	28.3	91.9	89.4	99.8	99.2	99.2	2.4	81.8	6.9	7.1	64.0	65.8	18.7	3.4
Darent Valley Hospital, Dartford	DVH	340	18.2	71.8	91.8	97.6	98.7	98.7	3.9	63.6	10.7	11.1	42.5	44.7	19.5	92.9
East Surrey Hospital, Redhill	ESU	492	33.8	75.6	84.8	97.8	98.7	98.7	3.6	60.4	8.5	9.6	33.2	31.9	21.9	0.4
Frimley Park Hospital, Camberley	FRM	417	28.1	75.1	88.7	94.7	100.0	98.4	6.1	63.6	9.9	12.0	60.4	57.6	19.7	84.7
Medway Maritime Hospital	MDW	354	47.7	76.0	83.3	100.0	98.1	98.1	0.3	63.8	9.7	11.5	56.2	54.9	17.4	94.7
Queen Elizabeth the Queen Mother Hospital, Margate	QEQ	437	61.2	74.4	94.3	99.8	99.7	99.7	5.0	68.9	8.4	8.0	59.1	63.3	16.6	0.0
Royal Sussex County Hospital, Brighton	RSC	525	41.8	88.0	97.3	99.8	99.8	99.8	10.4	83.5	6.4	6.6	41.8	41.8	18.1	0.0
Royal Surrey County Hospital, Guildford	RSU	341	17.0	82.4	97.4	99.7	100.0	100.0	4.8	81.1	7.7	6.8	51.0	52.0	19.0	85.8
St Peter's Hospital, Chertsey	SPH	374	58.8	81.0	99.5	100.0	99.7	99.7	4.8	80.0	5.9	7.8	56.9	52.5	21.3	90.5
St Richard's Hospital, Chichester	STR	392	3.5	81.6	94.9	98.7	97.8	96.9	0.3	68.4	9.1	9.9	59.5	62.6	13.9	87.1
Maidstone & Tunbridge Wells	TUN	512	55.8	73.2	72.9	90.6	95.8	95.4	8.8	48.4	8.2	8.2	53.1	52.6	21.1	3.8
William Harvey Hospital, Ashford	WHH	453	33.1	72.8	97.6	99.6	99.8	99.5	5.1	67.2	10.0	11.1	58.3	60.8	19.8	34.3
Worthing & Southlands Hospital	WRG	479	61.1	76.4	97.9	100.0	100.0	100.0	2.8	76.8	10.8	9.7	52.3	55.0	21.9	78.5
SOUTH EAST		5,848	38.1	78.8	90.2	98.3	99.1	98.8	4.7	69.1	N/A	N/A	N/A	N/A	19.2	43.5
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

South West

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Royal United Hospital, Bath	BAT	574	47.5	79.8	99.7	99.3	100.0	100.0	1.2	80.0	9.4	9.1	52.8	53.2	14.4	91.1
Bristol Royal Infirmary	BRI	370	18.2	71.9	71.4	100.0	100.0	99.7	4.9	52.2	9.4	10.1	57.4	56.0	26.3	97.9
Cheltenham General Hospital	CHG	278	65.4	53.6	93.9	99.6	100.0	100.0	1.1	35.7	8.0	8.0	55.7	57.4	15.2	37.5
Frenchay Hospital, Bristol	FRY	454	17.3	80.6	97.1	99.6	100.0	99.8	4.8	77.9	9.0	10.0	62.4	62.1	25.8	91.4
Gloucestershire Royal Hospital, Gloucester	GLO	441	65.4	79.1	89.1	96.8	97.5	97.7	2.8	69.8	10.6	11.4	62.0	62.6	16.6	32.5
Musgrove Park Hospital, Taunton	MPH	384	67.8	84.4	93.0	98.4	100.0	100.0	0.6	62.1	8.9	9.2	61.1	61.2	14.5	68.8
North Devon District Hospital, Barnstaple	NDD	286	84.2	71.0	58.7	88.5	100.0	93.9	4.5	41.1	8.9	9.4	56.0	56.5	22.2	92.5
Poole General Hospital	PGH	855	58.2	78.5	99.5	99.6	99.9	99.9	2.8	77.2	5.8	6.1	54.6	54.5	12.4	95.6
Derriford Hospital, Plymouth	PLY	567	55.0	75.0	90.1	98.8	98.9	98.9	0.7	64.8	7.4	7.5	36.3	35.2	12.6	85.9
The Great Western Hospital, Swindon	PMS	405	40.9	83.0	94.1	98.0	99.5	99.5	1.6	72.8	9.0	10.1	57.4	55.0	20.1	75.8
The Royal Cornwall Hospital, Triliske	RCH	601	68.6	75.2	95.8	99.2	99.6	99.6	1.1	71.4	9.3	9.5	41.5	41.3	14.2	3.2
Royal Devon & Exeter Hospital, Exeter	RDE	563	66.3	80.1	97.2	99.8	100.0	99.8	0.8	77.1	5.8	7.2	57.4	55.5	12.8	98.0
Salisbury District Hospital	SAL	287	70.9	77.4	96.2	99.7	100.0	100.0	1.9	78.1	8.8	9.8	77.8	79.7	18.1	65.4
Torbay District General Hospital	TOR	430	38.1	72.6	99.3	99.3	99.8	99.8	2.2	71.2	8.3	8.0	35.6	36.0	9.0	19.8
Dorset County Hospital, Dorchester	WDH	271	62.5	88.4	90.0	100.0	100.0	83.2	0.8	67.8	8.9	8.5	35.3	38.7	13.4	0.0
Weston General Hospital, Weston-Super-Mare	WGH	309	52.5	72.5	49.8	95.8	71.2	81.1	2.1	23.8	6.8	5.9	45.2	46.3	21.6	0.0
Yeovil District Hospital	YEO	293	39.2	72.0	60.8	96.9	80.0	88.4	2.9	41.0	7.3	7.8	38.8	38.6	15.8	7.5
SOUTH WEST		7,368	53.8	76.8	89.6	98.5	97.7	97.6	2.1	66.1	N/A	N/A	N/A	N/A	16.0	61.9
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

Wales

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Bronglais Hospital, Aberystwyth	BRG	99	51.1	42.4	73.7	45.5	16.5	97.9	5.2	2.7	2.0	47.4	49.8	24.3	9.7
Glan Clwyd Hospital, Rhyl	CLW	353	39.1	72.2	0.3	39.4	0.0	96.1	1.6	9.4	8.8	43.4	44.4	34.1	75.5
Royal Gwent Hospital, Newport	GWE	358	11.2	55.3	15.9	52.5	85.2	85.2	1.6	7.2	8.5	50.0	49.5	39.0	94.1
Gwynedd Ysbyty, Bangor	GWY	295	62.6	70.8	65.4	72.2	97.1	97.4	1.1	4.9	4.8	51.9	49.4	30.3	4.9
Morrison Hospital, Swansea	MOR	521	24.8	61.8	52.6	90.6	89.0	88.5	1.3	7.3	8.3	40.5	38.8	38.1	79.7
Nevill Hall Hospital, Abergavenny	NEV	281	21.1	68.3	68.3	76.5	74.1	85.6	0.8	9.5	9.2	43.3	43.5	31.5	96.6
Prince Charles Hospital, Merthyr Tydfil	PCH	228	34.1	67.1	1.8	21.9	0.0	30.5	7.4	9.2	8.3	48.8	50.5	37.0	15.1
Princess of Wales Hospital, Bridgend	POW	240	14.5	57.9	1.7	40.0	65.1	76.9	3.8	9.4	9.3	64.2	63.7	27.2	51.7
Royal Glamorgan Hospital, Llantrisant	RGH	222	25.4	66.7	12.6	32.9	63.2	76.2	0.5	8.9	9.8	50.3	48.1	29.9	0.0
University Hospital of Wales, Cardiff	UHW	516	9.8	59.3	10.3	41.9	99.3	98.4	1.4	10.2	10.7	48.4	49.4	33.7	84.5
Maelor Hospital, Wrexham	WRX	253	68.2	67.2	38.3	70.0	89.2	41.4	2.2	6.4	5.8	45.6	47.4	29.2	0.4
West Wales General Hospital, Carmarthen	WWG	309	51.7	69.9	71.2	90.0	89.7	97.2	0.7	7.7	7.7	42.3	43.4	25.3	0.0
Withybush Hospital, Haverford West	WYB	176	65.1	61.4	1.1	42.6	14.9	96.1	3.2	8.4	9.4	47.9	45.9	26.5	0.0
WALES		3,851	33.0	63.8	31.1	58.1	67.8	83.8	2.0	N/A	N/A	N/A	N/A	32.6	49.2
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	8.4		52.6		19.8	39.7

West Midlands

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Queens Hospital, Burton upon Trent	BRT	268	56.6	83.6	83.6	100.0	98.8	99.2	0.0	70.4	9.2	No data	34.6	30.4	16.8	0.0
Birmingham Heartlands	EBH	478	37.3	52.3	94.4	91.2	96.3	97.9	1.2	39.1	7.3	6.6	53.7	61.0	27.4	2.4
Good Hope Hospital, Birmingham	GHS	356	27.7	71.3	79.5	94.7	96.4	97.0	2.4	44.6	8.5	8.9	59.7	61.5	16.3	65.6
County Hospital, Hereford	HCH	295	33.7	70.5	62.4	94.9	89.7	91.2	1.9	31.3	10.4	10.3	60.6	58.1	16.3	0.0
New Cross Hospital, Wolverhampton	NCR	391	29.9	79.0	91.6	96.2	94.7	96.9	9.8	65.3	8.0	6.9	43.8	45.9	16.4	91.8
George Eliot Hospital, Nuneaton	NUN	288	28.2	57.6	93.1	98.6	100.0	100.0	10.9	53.8	9.2	9.6	67.9	67.7	21.6	42.0
Queen Elizabeth Hospital, Birmingham	QEB	426	56.2	64.8	92.0	97.7	99.7	99.7	14.2	52.9	5.9	4.6	35.1	36.3	23.9	0.0
Alexandra Hospital, Redditch	RED	262	53.1	66.0	90.1	99.6	100.0	100.0	0.4	57.6	7.2	7.8	35.1	34.7	19.4	0.9
Royal Shrewsbury Hospital	RSS	369	47.1	40.5	59.9	36.9	92.9	93.7	0.3	0.0	7.5	7.9	46.1	44.8	17.9	33.7
Russells Hall Hospital, Dudley	RUS	493	32.2	83.2	96.1	100.0	99.8	99.8	4.0	81.2	7.7	10.8	45.7	43.1	18.1	5.3
Sandwell General Hospital	SAN	356	56.6	75.6	86.2	95.5	99.7	99.4	3.1	57.4	8.6	9.8	67.3	69.9	21.9	73.0
Staffordshire General Hospital, Stafford	SDG	216	43.3	74.1	76.4	98.1	93.0	99.0	0.0	51.9	6.7	7.4	67.8	65.2	20.7	86.4
University Hospital of North Staffordshire, Stoke-on-Trent	STO	602	56.6	65.1	93.2	95.3	99.5	99.8	2.6	57.1	6.3	5.7	30.1	30.1	9.7	0.2
Princess Royal Hospital, Telford	TLF	156	60.0	46.8	0.0	94.9	63.1	77.9	0.0	0.0	6.5	6.8	48.0	51.3	19.2	0.0
University Hospital Coventry	UHC	489	42.2	84.7	74.6	100.0	100.0	95.3	0.9	62.7	8.6	9.0	63.6	63.5	23.4	91.6
Warwick Hospital	WAR	300	56.9	77.3	94.3	99.3	99.6	99.3	0.7	68.2	5.7	5.9	65.4	63.8	25.3	91.7
Manor Hospital, Walsall	WMH	319	20.7	64.9	66.1	88.7	99.3	92.0	0.7	47.0	9.4	9.0	40.7	41.3	18.0	0.0
Worcestershire Royal Hospital, Worcester	WRC	446	33.7	52.7	84.5	93.9	99.5	96.5	1.0	47.0	6.6	6.4	31.9	31.5	16.1	4.3
WEST MIDLANDS		6,510	42.3	67.6	82.3	92.9	97.0	97.0	3.2	51.6	N/A	N/A	N/A	N/A	19.1	31.8
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

Yorks & the Humber

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Surgery on the day of or day after admission (%)	Senior geriatric review within 72 hours of admission (%)	Abbreviated mental test performed (%)	Specialist falls assessment performed (%)	Bone health medication assessment performed (%)	Patients developing pressure ulcers (%)	Best practice tariff attainment (%)	Mortality 2011 to 2013 – crude (%)	Mortality 2011 to 2013 – casemix adjusted (%)	Return home from home within 30 days – crude (%)	Return home from home within 30 days – casemix adj. (%)	Mean length of total trust stay [acute + post-acute] (days)	30 day follow-up completion rate (%)
Airdale General Hospital	AIR	260	37.1	77.7	92.3	99.2	100.0	99.6	3.1	72.2	9.7	9.6	55.2	54.3	20.7	0.0
Barnsley Hospital	BAR	270	62.4	78.1	93.3	100.0	99.6	99.6	1.2	80.1	9.2	7.7	35.9	35.3	16.6	0.0
Bradford Royal Infirmary	BRD	315	56.2	77.8	97.5	100.0	98.9	98.6	0.4	77.1	13.3	10.7	47.2	48.6	14.5	95.9
Bassetlaw Hospital	BSL	195	41.9	76.9	91.8	99.5	100.0	100.0	0.0	72.5	10.2	9.3	55.3	59.4	15.6	83.9
Doncaster Royal Infirmary	DID	416	42.8	63.5	81.5	99.8	99.7	99.5	0.8	53.7	8.3	8.2	57.9	57.6	20.9	88.7
Diana Princess of Wales Hospital, Grimsby	GGH	254	58.3	60.2	84.6	90.2	100.0	99.1	10.9	47.1	12.1	10.7	60.4	64.3	13.1	56.0
Harrogate District Hospital	HAR	275	83.4	79.6	81.8	98.9	96.9	97.7	3.8	64.1	6.2	7.1	57.7	53.9	20.8	26.1
Hull Royal Infirmary	HRI	545	50.3	59.4	93.4	99.3	99.8	99.8	0.6	63.4	8.5	9.3	77.3	72.4	17.7	0.0
Huddersfield Royal Infirmary	HUD	484	56.2	62.4	65.9	93.4	24.6	84.1	2.1	6.7	10.5	11.0	48.6	47.8	24.0	54.2
Leeds General Infirmary	LGI	634	50.6	58.2	87.9	94.5	97.3	94.7	5.7	51.4	9.9	9.1	52.6	55.6	22.3	46.2
Northern General Hospital, Sheffield	NGS	566	63.7	84.1	94.2	100.0	99.6	99.0	5.1	79.1	8.0	6.6	48.5	49.6	21.8	0.0
Pinderfields General Hospital, Wakefield	PIN	558	26.0	69.0	97.3	100.0	100.0	100.0	5.3	67.4	9.1	9.3	56.7	54.4	19.4	87.8
Rotherham District General Hospital	ROT	309	77.2	80.3	92.6	96.8	100.0	98.9	3.6	69.6	10.9	10.5	47.7	49.7	16.8	40.4
Scarborough General Hospital	SCA	294	53.4	85.4	92.9	99.7	98.2	97.8	2.5	80.1	7.8	7.5	41.9	40.7	16.0	0.0
Scunthorpe General Hospital	SCU	228	69.3	64.9	90.8	96.9	100.0	99.5	0.5	55.0	9.1	7.3	71.6	74.0	11.0	50.7
York Hospital	YDH	384	83.8	71.9	94.0	99.2	99.4	100.0	0.8	66.6	6.4	7.7	68.7	64.2	16.1	97.2
YORKS & THE HUMBER		5,987	55.5	70.5	89.3	97.9	93.2	97.6	3.1	61.3	N/A	N/A	N/A	N/A	18.7	44.9
ENGLAND		58,972	48.3	73.8	86.8	96.9	96.8	97.3	3.0	60.6	N/A	N/A	N/A	N/A	19.0	38.9
OVERALL		64,838	47.4	71.7	81.6	93.7	94.6	96.1	2.9	60.6	8.4		52.6		19.8	39.7

Appendix B

Summary description of provider hospital services

This appendix presents a series of tables from the NHFD annual report 2014 describing the facilities audit: a hospital-level description of services and staffing relevant to the prevention or treatment of hip fracture.

Commissioners will wish to consider whether any aspect of poor performance in the outcomes indicators for their local population warrants attention to key interventions (such as orthogeriatric and FLSs) that might be poorly developed in their geographical area.

Hospital code	No. of hip fractures treated/annum	Trauma service description ^a	Hours of designated trauma/week	No. of WTE ^b orthopaedic consultants	No. of WTE orthopaedic middle grades	Orthogeriatric consultant hours/week	Orthogeriatric middle grade hours/week	Orthogeriatric ward rounds/week	No. of WTE fragility fracture nurses	No. of WTE fracture liaison nurses	Specific clerking proforma	Falls clinic ^c	DXA on-site facility	Data collected by	Data entered by ^d	Enhanced recovery programme	Early supported discharge service	Access to rehabilitation beds
ADD	480	Both	120	22	11	75	0	5	1	1	Yes	Con	Axial	Doctors	Nurses	No	Yes	Yes
AEI	330	Both	52	12	8	20	0	5	0	0	Yes	Con	Axial	Nurses	Nurses	No	No	Yes
AIR	290	DGH	20	7	6	9	0	3	1	0	Yes	Con	Axial	Nurses	Admin	No	Yes	Yes
ALT	378	DGH	45.5	10	2	37.5	0	5	1	1	Yes	None	Axial	Nurses	Nurses	Yes	Yes	Yes
ASH	340	DGH	44	10	8	8	40	2	1	0	No	Con	None	Nurses	Nurses	Yes	No	No
BAR	250	DGH	31.5	8	9	20	16	5	2.9	0	Yes	Con	Axial	Nurses	Audit	No	Yes	Yes
BAS	400	DGH	44	12	13	25	24	5	1	1.4	No	Con	Axial	Nurses	Nurses	No	No	No
BAT	520	DGH	73	15	16	26	32	5	1	0	Yes	Con	None	Nurses	Admin	No	Yes	Yes
BED	200	DGH	20	7	8	24	30	7	0	0	Yes	Nurse	Axial	HCA's	HCA's	No	No	Yes
BFH	468	DGH	46.5	12	10	10	0	2	1.8	2	Yes	Con	Axial	Nurses	Nurses	No	No	No
BLA	450	DGH	76	16	15	20	4	5	0	2	Yes	Con	Axial	Nurses	Nurses	No	Yes	Yes
BNT	450	DGH	55.5	15	16	24	40	5	0	2	No	Con	Axial	Nurses	Nurses	No	Yes	No
BOL	390	DGH	52	12	6	40	12	5	0	0	Yes	Con	None	Nurses	Nurses	Yes	No	Yes
BRD	330	DGH	60	15	9	15	0	5	0	0	Yes	Con	Axial	Admin	Admin	No	Yes	Yes
BRG	101	DGH	15	3	4	33	0	5	1	1	Yes	Con	Axial	Nurses	Nurses	No	No	Yes
BRI	380	Both	46	14	15	32	0	5.5	1	0.74	Yes	Con	Axial	Nurses	Nurses	Yes	No	Yes
BRO	380	DGH	56	7	13	8	5	5	1	0	Yes	Con	Axial	Nurses	Nurses	No	Yes	Yes
BRT	257	DGH	44	9	8	15	15	5	0	0	Yes	Con	Peri	Audit	Audit	No	No	No
BSL	150	DGH	28	6	6	5	0	5	1	0	Yes	Con	Axial	Nurses	Admin	Yes	Yes	Yes
CGH	278	DGH	28	8	7	8	0	4	0	0	Yes	Con	None	Admin	Admin	Yes	No	Yes
CHE	410	DGH	38.5	9	7.3	16	0	4	0.6	0	Yes	Con	Axial	Admin	Admin	No	No	No
CHG	260	DGH	28	11	11	8	30	5	2	1.1	No	Con	Axial	Nurses	Nurses	No	No	Yes
CHS	219	DGH	17.5	7.5	9	12	32	2	0	0	*	Con	None	Nurses	Nurses	*	*	*
CLW	365	DGH	56	9	9	0	0	0	0.3	0	Yes	None	Peri	Nurses	Nurses	No	No	No

Hospital code	No. of hip fractures treated/annum	Trauma service description ^a	Hours of designated trauma/week	No. of WTE ^b orthopaedic consultants	No. of WTE orthopaedic middle grades	Orthogeriatric consultant hours/week	Orthogeriatric middle grade hours/week	Orthogeriatric ward rounds/week	No. of WTE fragility fracture nurses	No. of WTE fracture liaison nurses	Specific clerking proforma	Falls clinic ^c	DXA on-site facility	Data collected by	Data entered by ^d	Enhanced recovery programme	Early supported discharge service	Access to rehabilitation beds
CMI	450	DGH	52.5	10	10	15	15	1	1	0	No	Nurse	None	Nurses	Nurses	No	No	Yes
COC	351	DGH	41	8	8	7	3	5	2	1	Yes	Con	Peri	Nurses	Nurses	No	No	No
COL	550	DGH	56	12	10	8	2	5	0	0	Yes	Con	Axial	Nurses	Nurses	Yes	No	Yes
CRG	250	DGH	45	6	6	20	30	5	0	0.8	Yes	Con	None	Nurses	Admin	Yes	Yes	Yes
DAR	370	DGH	34.5	9	9	6	0	5	1.8	2.5	Yes	None	Axial	Nurses	Audit	No	No	No
DER	585	DGH	84	20	20	12	0	5	0	1	Yes	Con	Axial	Nurses	Admin	No	No	No
DGE	425	DGH	35	7	8	20	0	5	1	0	Yes	Con	None	Nurses	Nurses	Yes	Yes	Yes
DID	350	DGH	56	12	15	16	8	5	6	0	Yes	Con	Axial	Nurses	Admin	Yes	No	Yes
DRY	352	DGH	45	9	9	6	0	3	1	0	Yes	Con	Axial	Nurses	Admin	No	No	No
DVH	363	DGH	28	7	11	40	40	5	1	0	Yes	Con	Peri	Nurses	Audit	Yes	No	Yes
EAL	160	DGH	20	4.5	6	12	2	2	1	1	Yes	Con	None	Nurses	Nurses	Yes	Yes	Yes
EBH	480	DGH	49	11	12	28	12	6	0	0	Yes	Con	None	Admin	Admin	No	Yes	No
ENH	480	DGH	60	10	3	12	40	5	1	0	Yes	Con	Axial	Nurses	Nurses	No	No	Yes
ESU	540	DGH	55	9	9	34	40	5	0.6	0.9	Yes	Con	Axial	Nurses	Nurses	No	Yes	No
FAZ	400	DGH	56	13	7	15	0	5	0	0	Yes	Con	Axial	Doctors	Admin	Yes	Yes	Yes
FGH	127	DGH	*	6	7	8	0	3	0	0	Yes	Con	None	Admin	Admin	Yes	Yes	No
FRM	330	DGH	64	19.2	18	40	40	5	0	0	Yes	Con	Axial	Nurses	Nurses	Yes	No	Yes
FRY	450	Tertiary	60	14	12	38	0	7.5	1.4	1	Yes	Con	Axial	Nurses	Nurses	Yes	Yes	No
GEO	265	Both	100	16	26	20	25	7	0	37.5	Yes	Con	Axial	Nurses	Nurses	Yes	Yes	Yes
GGH	269	DGH	24	6	7	9	9	3	1	1	Yes	Con	Axial	Nurses	Admin	No	No	No
GHS	370	DGH	20	8	8	15	3	5	0	0	Yes	Con	Axial	Admin	Admin	No	Yes	No
GLO	440	DGH	67.3	12	9	18	8	5	0	1	Yes	Con	Axial	Admin	Admin	No	No	Yes
GRA	130	DGH	28	5	5	17	*	5	*	1	Yes	Con	None	Doctors	Admin	No	No	Yes
GWE	368	DGH	46	16	15	6	0	2	4	0.5	Yes	Con	Axial	Nurses	Nurses	No	No	No

Hospital code	No. of hip fractures treated/annum	Trauma service description ^a	Hours of designated trauma/week	No. of WTE ^b orthopaedic consultants	No. of WTE orthopaedic middle grades	Orthogeriatric consultant hours/week	Orthogeriatric middle grade hours/week	Orthogeriatric ward rounds/week	No. of WTE fragility fracture nurses	No. of WTE fracture liaison nurses	Specific clerking proforma	Falls clinic ^c	DXA on-site facility	Data collected by	Data entered by ^d	Enhanced recovery programme	Early supported discharge service	Access to rehabilitation beds
GWH	286	DGH	48	9	6	13	0	5	0	2	Yes	Con	Axial	Nurses	Nurses	No	Yes	Yes
GWY	260	DGH	52.5	10	11	8	0	2	1	1	Yes	Con	Axial	Doctors	Audit	No	Yes	Yes
HAR	277	DGH	20	10	10	20	0	4	0.8	0	Yes	Con	Axial	Nurses	Nurses	Yes	No	Yes
HCH	360	DGH	24	10	9	6	6	5	0.5	0	Yes	Con	Axial	Nurses	HcAs	No	No	No
HIL	230	DGH	56	6	9	20	14	3	0	0	Yes	None	None	Doctors	Audit	No	No	No
HIN	200	DGH	40	6	5	20	0	5	0	1	Yes	Con	Axial	Doctors	Nurses	No	No	Yes
HOM	86	DGH	0	6	6	12	0	3	0	0	Yes	Nurse	Axial	Nurses	Nurses	No	Yes	Yes
HOR	175	DGH	0	5	6	25	0	4	0	0.2	No	Nurse	None	Admin	Doctors	No	Yes	Yes
HRI	550	DGH	90	27	15	16	0	5	1	4	Yes	Con	Axial	Audit	Audit	No	No	Yes
HUD	510	DGH	49	18	13	8	6	2	0	0	Yes	Con	Peri	Nurses	Admin	No	No	Yes
IOW	260	DGH	17.5	6	4	0	0	0	1	1	Yes	Con	Axial	Nurses	Nurses	No	Yes	Yes
IPS	438	DGH	35	14	9	20	0	2	1	1	Yes	Con	Axial	Nurses	Nurses	No	No	Yes
JPH	380	DGH	22.5	6	6	9	0	3	0	0	Yes	None	Axial	Nurses	Nurses	Yes	Yes	No
KCH	160	Both	36	16	20	8	30	5	1	1	Yes	Con	Peri	Doctors	Nurses	Yes	Yes	Yes
KGH	350	DGH	44	8	11	24	12	5	5	0	Yes	Con	Peri	Nurses	Nurses	No	Yes	Yes
KMH	370	DGH	44	13	12	20	20	6	0	0	Yes	Con	Axial	Admin	Admin	No	No	No
KTH	350	DGH	48	11	8	40	0	5	0	0	Yes	Con	Axial	Nurses	Nurses	No	No	Yes
LDH	320	DGH	49.5	11	14	40	40	5	0	0	No	Con	Axial	Admin	Admin	Yes	Yes	Yes
LER	800	Both	96	20	10	32	0	5	0	0.5	Yes	Con	Axial	Nurses	Audit	No	Yes	No
LEW	180	DGH	24	8	8	10	10	7	0	0.5	Yes	Con	Axial	Doctors	Audit	Yes	Yes	Yes
LGH	280	DGH	32	8.5	8	7	0	3	0	0	Yes	None	Axial	Nurses	Nurses	No	No	Yes
LGI	680	Both	136	16	27	32	40	8	1	0	Yes	Con	Axial	Nurses	Audit	No	No	No
LIN	350	DGH	59.5	12	10	13	0	3	0	0	No	Con	Axial	Nurses	Admin	No	Yes	Yes

Hospital code	No. of hip fractures treated/annum	Trauma service description ^a	Hours of designated trauma/week	No. of WTE ^b orthopaedic consultants	No. of WTE orthopaedic middle grades	Orthogeriatric consultant hours/week	Orthogeriatric middle grade hours/week	Orthogeriatric ward rounds/week	No. of WTE fragility fracture nurses	No. of WTE fracture liaison nurses	Specific clerking proforma	Falls clinic ^c	DXA on-site facility	Data collected by	Data entered by ^d	Enhanced recovery programme	Early supported discharge service	Access to rehabilitation beds
LON	162	Both	66	16	20	19	0	4	0	0	Yes	Con	Axial	Nurses	Nurses	No	No	No
MAC	236	DGH	32	7	7	8	12	5	0	0	Yes	None	Axial	Audit	Audit	Yes	Yes	Yes
MAY	300	DGH	40	8	9	20	10	4	0	0	Yes	Con	Axial	Doctors	Doctors	No	Yes	Yes
MDW	375	DGH	60	12	11	20	42.5	5	0	4	Yes	Con	Axial	Nurses	Admin	Yes	Yes	Yes
MKH	250	DGH	44	7	10	15.5	0	5	1	0	Yes	Con	Peri	Nurses	Nurses	No	No	Yes
MOR	450	Both	70	20	13	15	18.8	4	8	0	Yes	Con	Axial	Nurses	Audit	No	Yes	Yes
MPH	380	DGH	52	8.3	1	14	6	2	0	0	Yes	Con	Axial	Nurses	Nurses	Yes	No	No
MRI	250	DGH	66	16	17	18	4	4	2.8	0	Yes	Con	Axial	Nurses	Nurses	Yes	Yes	Yes
NCR	375	DGH	56	15	10	0	11	1	1.3	0.8	Yes	Con	Axial	Nurses	Nurses	No	Yes	No
NDD	275	DGH	22.5	7	7	16	8	5	0	0	No	None	Axial	Nurses	Nurses	No	No	No
NEV	278	DGH	24.5	9	9	7.5	30	2	0	0	Yes	Con	Peri	Nurses	Nurses	No	No	No
NGS	620	Both	66.5	25	12	72	40	10	0	0	Yes	Con	Axial	Nurses	Admin	No	Yes	Yes
NHH	230	DGH	32	10	10	8	24	4	0	0	Yes	Con	Peri	Nurses	Nurses	No	No	No
NMG	408	DGH	49	12	11	40	0	2	1	1	Yes	None	Axial	Nurses	Nurses	No	Yes	No
NMH	250	DGH	35	6	6	15	20	5	0	0	No	Con	None	Doctors	Doctors	Yes	Yes	Yes
NOB	101	DGH	14	4	*	0	0	0	0	0	No	Nurse	Axial	Nurses	Audit	No	No	No
NOR	800	DGH	84	16	9	30	20	2	0.6	0	No	Con	Axial	Admin	Admin	Yes	No	Yes
NPH	313	DGH	78	8	12	20	4	2	0	0	Yes	Con	Axial	Admin	Admin	Yes	Yes	*
NTG	402	DGH	54.5	15	14	26	28	5	0	0.6	Yes	Con	Axial	Nurses	Admin	No	Yes	Yes
NTH	364	DGH	53	11	10	20	0	5	0	0	Yes	Con	Axial	Nurses	Nurses	No	No	No
NTY	340	DGH	40	9	10	4	32	1	1	0	No	Con	Axial	Nurses	Nurses	Yes	No	Yes
NUH	380	DGH	56	4	5	2	84	5	0.5	1	Yes	Nurse	Axial	Audit	Audit	No	Yes	Yes
NUN	300	DGH	28	6	7	10	40	5	0	0	Yes	Con	Axial	Audit	Audit	Yes	Yes	Yes

Hospital code	No. of hip fractures treated/annum	Trauma service description ^a	Hours of designated trauma/week	No. of WTE ^b orthopaedic consultants	No. of WTE orthopaedic middle grades	Orthogeriatric consultant hours/week	Orthogeriatric middle grade hours/week	Orthogeriatric ward rounds/week	No. of WTE fragility fracture nurses	No. of WTE fracture liaison nurses	Specific clerking proforma	Falls clinic ^c	DXA on-site facility	Data collected by	Data entered by ^d	Enhanced recovery programme	Early supported discharge service	Access to rehabilitation beds
NWG	120	DGH	24	6	9	6	0	2	0	0	No	Con	None	Doctors	Admin	No	Yes	No
OHM	435	DGH	52.5	10	9	40	40	5	2	0	Yes	Con	Axial	Nurses	Admin	Yes	Yes	No
OLD	550	DGH	22	14	28	8	56	7	0	0.8	Yes	Con	Axial	Doctors	HCA's	No	Yes	No
PAH	370	DGH	32	12	10	25	32	5	0	0	Yes	None	None	Nurses	Nurses	Yes	No	Yes
PCH	220	DGH	17.5	7	7	0	0	0	0	0	Yes	None	Peri	Audit	Audit	No	No	No
PET	460	DGH	40	16	5	0	0	0	0	1	Yes	Con	Axial	Nurses	Nurses	Yes	Yes	Yes
PGH	886	DGH	140.5	10	8	64.5	16	22	0	1.6	Yes	None	None	Nurses	Admin	Yes	Yes	Yes
PIL	345	DGH	37.5	7	9	15	0	5	0	0	Yes	Con	Axial	Nurses	Admin	No	No	Yes
PIN	600	DGH	96	16	12	32	4	5	0	0	Yes	None	Axial	HCA's	HCA's	No	Yes	Yes
PLY	481	Tertiary	91.5	21	14	20	34	5	0	0	Yes	Con	Axial	Nurses	Nurses	No	No	Yes
PMS	375	DGH	87.5	12.8	17.6	28	72	5	0	0	Yes	Con	Axial	Doctors	Audit	No	No	Yes
POW	275	DGH	6	9	8	0	0	0	1	3	Yes	Nurse	Axial	Audit	Audit	Yes	Yes	Yes
QAP	736	DGH	84	21.67	22.1	30.5	39.5	5	1.8	0	Yes	Con	Axial	Nurses	Audit	No	No	Yes
QEB	427	DGH	28	12	16	16	5	5	4	1	Yes	Con	Axial	Nurses	Audit	Yes	Yes	Yes
QEG	320	DGH	48	8	10	9	24	5	0	0.6	Yes	Con	Axial	Doctors	Nurses	No	Yes	No
QEQ	456	DGH	37	9.5	27.2	30	40	5	0	1	Yes	Con	None	Doctors	Audit	Yes	Yes	Yes
QKL	420	DGH	30	8	7	4	0	2	0	0	Yes	Con	None	Nurses	Nurses	No	No	Yes
RAD	534	Both	119	9.51	10	36	32	5	0	4.3	Yes	Con	Axial	Audit	Audit	No	Yes	Yes
RBE	449	DGH	56	8	13	30	40	5	1.5	0	Yes	Con	None	Doctors	Admin	Yes	Yes	No
RCH	577	DGH	108	17	13	20	10	5	0	0	Yes	Con	Axial	Nurses	Nurses	Yes	No	No
RDE	581	DGH	56	12	7	22	15	5	0	0	Yes	None	Axial	Nurses	Nurses	No	Yes	Yes
RED	250	DGH	20	10	8	10	0	5	1	0	Yes	Con	None	Nurses	Nurses	No	No	No
RFH	170	DGH	24	6	7	20	10	5	0.5	0	Yes	Con	Axial	Nurses	Doctors	No	Yes	No
RGH	250	DGH	16.5	6.5	5	3	0	1.5	0	0	Yes	None	Axial	Nurses	Nurses	No	No	No

Hospital code	No. of hip fractures treated/annum	Trauma service description ^a	Hours of designated trauma/week	No. of WTE ^b orthopaedic consultants	No. of WTE orthopaedic middle grades	Orthogeriatric consultant hours/week	Orthogeriatric middle grade hours/week	Orthogeriatric ward rounds/week	No. of WTE fragility fracture nurses	No. of WTE fracture liaison nurses	Specific clerking proforma	Falls clinic ^c	DXA on-site facility	Data collected by	Data entered by ^d	Enhanced recovery programme	Early supported discharge service	Access to rehabilitation beds
RHC	275	DGH	20	9.5	8.8	28	0	6	1	0	Yes	Con	None	Nurses	Nurses	Yes	Yes	Yes
RLI	264	DGH	38	9.4	12	9	0	4	0	0	Yes	Con	Axial	Nurses	Audit	Yes	No	No
RLU	360	Both	106	25	12	29	4	6	1	0	Yes	Con	Axial	Nurses	Nurses	Yes	No	Yes
ROT	300	DGH	36	12.2	9.5	8	0	1	0	0	Yes	Con	None	Nurses	Admin	No	No	Yes
RPH	430	Both	66	12	11	49	0	7	1	0	Yes	Con	None	Nurses	Nurses	No	No	No
RSC	530	Tertiary	130	27	15	28	0	7	0	2	Yes	Nurse	Axial	Audit	Audit	Yes	Yes	Yes
RSS	400	DGH	50	5	5	10	37.5	5	*	37.5	Yes	Con	None	Nurses	Nurses	No	No	Yes
RSU	330	DGH	24	15	10	24	40	5	1	1	Yes	Con	None	Nurses	Nurses	No	No	Yes
RUS	512	DGH	56	11	10	16	80	3	3.8	0	Yes	Con	Axial	Nurses	Nurses	Yes	No	Yes
RVB	947	Both	148	16	14	26	76	7	0	1	No	Con	None	Audit	Admin	No	Yes	Yes
RVN	450	Both	70	7.5	8	12	10	5	1.16	1.4	Yes	Con	Axial	Nurses	Admin	No	Yes	Yes
SAL	278	DGH	30	10	8	20	44	6	1	0	Yes	Con	Peri	Nurses	Admin	No	No	Yes
SAN	380	DGH	72	11.5	15	22	0	5	1.5	0	No	Con	Axial	Nurses	Audit	Yes	No	Yes
SCA	308	DGH	21	6	6	15	0	5	0	0	Yes	Con	Axial	Admin	Admin	Yes	Yes	Yes
SCM	512	Both	65	22	16	37.5	0	5	1	2	Yes	None	Axial	Admin	Admin	Yes	Yes	Yes
SCU	212	DGH	32	6	8	3.5	0	5	0	0	Yes	Con	Axial	Nurses	Admin	No	No	Yes
SDG	240	DGH	29	10	7	0	8	5	2	1	Yes	None	Peri	Nurses	Nurses	No	No	No
SEH	400	DGH	32	15.3	11	75	37.5	5	1	0.2	Yes	Con	Axial	Nurses	Admin	No	No	Yes
SGH	674	Both	115	20	20	26	80	5	0	0	Yes	Con	Axial	Admin	Admin	No	Yes	Yes
SHC	400	DGH	62.5	16	12	26	26	5	0.8	0	Yes	None	None	Nurses	Audit	No	Yes	Yes
SHH	379	DGH	59.5	18	11	18	0	6	0	0	Yes	Con	Axial	Nurses	Audit	No	Yes	Yes
SLF	280	Both	63	12.4	11	40	0	5	0.5	0.5	Yes	Con	Axial	Doctors	Doctors	Yes	Yes	Yes
SMV	400	DGH	56	13	13.5	20	8	3	0	1	Yes	Con	None	Nurses	Nurses	No	Yes	Yes

Hospital code	No. of hip fractures treated/annum	Trauma service description ^a	Hours of designated trauma/week	No. of WTE ^b orthopaedic consultants	No. of WTE orthopaedic middle grades	Orthogeriatric consultant hours/week	Orthogeriatric middle grade hours/week	Orthogeriatric ward rounds/week	No. of WTE fragility fracture nurses	No. of WTE fracture liaison nurses	Specific clerking proforma	Falls clinic ^c	DXA on-site facility	Data collected by	Data entered by ^d	Enhanced recovery programme	Early supported discharge service	Access to rehabilitation beds
SOU	312	DGH	45	8	8	10	6	5	1	0	Yes	Con	Axial	Nurses	Nurses	Yes	Yes	Yes
SPH	392	Both	45	14	14	17	2	4	1	1	Yes	Con	Axial	Nurses	Nurses	Yes	Yes	Yes
STD	220	DGH	17.5	5	6	3	10	5	1	0	No	Con	Axial	Nurses	Nurses	Yes	No	No
STH	210	Tertiary	44	8	8	14	8	5	1	1	Yes	Con	Axial	Doctors	Admin	No	Yes	Yes
STM	320	Both	84	14	18	28	28	5	0	0	No	Nurse	Axial	Audit	Audit	Yes	Yes	Yes
STO	620	Both	68	19	18	15	0	3	2	1	Yes	Nurse	Axial	Nurses	Nurses	No	Yes	Yes
STR	375	DGH	40	12	8	10	1	5	0	0	Yes	Con	Axial	Nurses	Admin	No	No	No
SUN	410	DGH	52.5	14	8	8	0	5	1.9	2	No	Con	Axial	Nurses	Nurses	No	No	No
TGA	350	DGH	53	8	6	2	3	5	0	0	Yes	Con	Axial	Nurses	Nurses	Yes	Yes	Yes
TLF	230	DGH	17.5	10	7	0	0	0	1	0	Yes	Nurse	Peri	Doctors	Nurses	No	No	No
TOR	450	DGH	53.5	12	7.5	20	40	3	2	2	No	Con	Axial	Doctors	Nurses	No	No	Yes
TRA	110	DGH	20	6	5	8	0	2	1	0	*	Con	None	Nurses	Nurses	*	*	*
TUN	520	Both	70	16	13	32.5	0	5	0	0	Yes	Con	Axial	Audit	Audit	Yes	Yes	No
UCL	142	Both	28	11.5	11	8	2	2	1	0	Yes	None	Axial	Nurses	Nurses	No	Yes	Yes
UHC	522	Both	108	26	15	15	0	5	4	0	Yes	None	Axial	Nurses	Admin	No	No	Yes
UHN	800	Both	166	12	16	25	25	5	1.2	1.2	Yes	Con	Axial	Audit	Audit	No	No	Yes
UHW	500	Both	92	14	15	34	26	10	3	0	Yes	None	Axial	Nurses	Nurses	No	Yes	No
VIC	450	DGH	55.5	8	9	14	0	2	2	2	Yes	Nurse	Peri	Nurses	Admin	Yes	Yes	Yes
WAR	365	DGH	30	9.15	9	16	40	3	6.3	0	Yes	Con	Axial	Nurses	Nurses	No	Yes	No
WAT	450	DGH	60	10	18	24	40	5	1	0.5	Yes	Con	None	Nurses	Admin	No	No	No
WDG	350	DGH	48	12	8	37.5	0	5	0	0	Yes	None	Peri	Nurses	Nurses	No	No	Yes
WDH	270	DGH	20.3	8	9	8	8	2	1	1	Yes	Con	Axial	Nurses	Admin	Yes	Yes	Yes
WES	180	Both	26	12	7	7	3	3	1	0	Yes	Con	Axial	Nurses	Nurses	No	Yes	Yes

Hospital code	No. of hip fractures treated/annum	Trauma service description ^a	Hours of designated trauma/week	No. of WTE ^b orthopaedic consultants	No. of WTE orthopaedic middle grades	Orthogeriatric consultant hours/week	Orthogeriatric middle grade hours/week	Orthogeriatric ward rounds/week	No. of WTE fragility fracture nurses	No. of WTE fracture liaison nurses	Specific clerking proforma	Falls clinic ^c	DXA on-site facility	Data collected by	Data entered by ^d	Enhanced recovery programme	Early supported discharge service	Access to rehabilitation beds
WEX	365	DGH	33	11	12	4	37.5	5	0	0	Yes	Con	None	Nurses	Admin	Yes	No	No
WGH	350	DGH	24	7	9	5	0	0	0.4	0.4	Yes	None	Axial	Audit	Audit	No	No	No
WHC	320	DGH	40	9	9	17	0	2	1	0	Yes	Con	None	Nurses	Nurses	No	No	Yes
WHH	441	DGH	45	10	12	10	40	4	4	2	Yes	Con	None	Audit	Audit	Yes	Yes	Yes
WHI	385	DGH	56	11	11	8	8	3	0	0	Yes	Con	Axial	Nurses	Audit	No	No	Yes
WHT	150	DGH	20	8	8	15	0	5	0	0	Yes	Con	Axial	Doctors	Nurses	Yes	Yes	Yes
WIR	450	DGH	81	16	9	20	40	7	1	0	Yes	None	Axial	Audit	Audit	Yes	No	Yes
WMH	360	DGH	22	9	10	12	0	5	0	0	Yes	Nurse	None	Nurses	Nurses	No	No	Yes
WMU	200	DGH	30	5	9	6	4	3	1	0	Yes	Con	Peri	Nurses	Nurses	Yes	Yes	No
WRC	420	DGH	10	8	8	5	3	4	0	1	Yes	Con	Axial	Nurses	Nurses	No	No	No
WRG	518	DGH	43.5	8	16	16	4	7	0	0	Yes	Con	None	Admin	Admin	No	No	Yes
WRX	235	DGH	27	10	6	10	12	2	0	1	Yes	Con	None	Nurses	Nurses	Yes	Yes	No
WSH	300	DGH	20	10	10	20	10	3	2	0	Yes	Con	None	Doctors	Audit	Yes	No	Yes
WWG	350	DGH	17.5	10	9	4	5	1	1	0	Yes	None	None	Nurses	Audit	Yes	No	No
WYB	200	DGH	12	5	5	0	0	0	0	0.8	Yes	None	None	Admin	Audit	No	No	Yes
WYT	300	Both	48	12	11	25	6	5	0	0	Yes	Con	Axial	Nurses	Nurses	No	Yes	No
YDH	360	DGH	36	11	10	18	0	4	1	0	Yes	Con	None	Doctors	Audit	No	No	No
YEO	320	DGH	36	8	9	8	40	2	0	0.5	Yes	None	Axial	Nurses	Nurses	No	No	No

* No data submitted.

a Both, DGH that provides specialist medical services to a number of surrounding DGHs; DGH, primary general hospital within a geographical area; tertiary hospital, specialty hospital providing advanced medical treatments, eg a major trauma centre.

b WTE, whole-time equivalent.

c Con, consultant.

d HCA, healthcare assistant.

Falls and Fragility Fracture Audit Programme (FFFAP)

A suite of linked national clinical audits, driving improvements in care; managed by the Royal College of Physicians

- > **Falls Pathway Workstream**
- > **Fracture Liaison Service Database (FLS-DB)**
- > **National Hip Fracture Database (NHFD)**

