



Royal College
of Physicians

Falls and Fragility Fracture
Audit Programme (FFFAP)

National Hip Fracture Database (NHFD) Commissioners' report 2015



In association with:

Commissioned by:



National Hip Fracture Database commissioners' report 2015

This report was prepared by the members of the National Hip Fracture Database (NHFD) workstream delivery team.

Chris Boulton, NHFD project manager

Viv Burgon, NHFD project coordinator

David Cromwell, Royal College of Surgeons of England, Clinical Effectiveness Unit

Antony Johansen, NHFD clinical lead, orthogeriatric medicine

Sunil Rai, FFFAP data coordinator

Roz Stanley, FFFAP programme manager

Carmen Tsang, Royal College of Surgeons of England, Clinical Effectiveness Unit

Rob Wakeman, NHFD clinical lead, orthopaedic surgery

Data analysis by the Royal College of Surgeons of England, Clinical Effectiveness Unit.

NHFD data collection webtool and www.nhfd.co.uk are provided by Crown Informatics <http://crowninformatics.com/>.

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.

Royal College of Physicians

The Royal College of Physicians (RCP) plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. It provides physicians in over 30 medical specialties with education, training and support throughout their careers. As an independent charity representing 30,000 fellows and members worldwide, it advises and works with government, patients, allied healthcare professionals and the public to improve health and healthcare.

Citation for this report: Royal College of Physicians. *National Hip Fracture Database commissioners' report 2015*. London: RCP, 2015.

Copyright

All rights reserved. Applications for the copyright owner's written permission to reproduce significant parts of this publication (including photocopying or storing it in any medium by electronic means and whether or not transiently or incidentally to some other use of this publication) should be addressed to the publisher. Brief extracts from this publication may be reproduced without the written permission of the copyright owner, provided that the source is fully acknowledged.

© Healthcare Quality Improvement Partnership 2015

Published December 2015

ISBN 978-1-86016-589-4

eISBN 978-1-86016-590-0

Royal College of Physicians

11 St Andrews Place

Regent's Park

London NW1 4LE

www.rcplondon.ac.uk

Registered Charity No 210508

Contents

Key recommendations	2
Introduction	2
Care after hip fracture – a marker of quality of NHS care for older people.....	2
Length of stay after hip fracture – understanding the cost of NHS care.....	3
CCG outcomes indicators (CCG OI)	4
CCG OI 3.11 Received collaborative orthogeriatric care.....	4
CCG OI 3.12 Prompt surgery.....	4
CCG OI 3.13 Multifactorial falls risk assessment.....	5
CCG OI 3.10i 3.10ii Recovery of mobility.....	6
CCG OI 3.18 Hip fracture programme.....	7
Outcome indicators for CCGs in England – performance tables	8
A note about information governance	13
References	13

Key recommendations

This report is aimed at clinical commissioning groups (CCGs) in England. In particular, those who commission services for hip fracture, trauma and care for older people. We urge commissioners to use this report alongside provider-level data from the *National Hip Fracture Database (NHFD) annual report 2015*,¹ to fully understand the quality of hip fracture services in their area. In particular:

- CCGs must question whether Hospital Episode Statistics (HES) data are capturing patients' length of stay (LOS) in rehabilitation beds they commission in community hospitals and care homes.
- Three CCGs will need to question why fewer than 20% of hip fracture patients in their local population receive treatment in a hip fracture programme (HFP), the model of care that is central to National Institute for Health and Care Excellence (NICE) guidance.
- A number of CCGs (51) should challenge local providers where fewer than 70% of patients are recorded as receiving the prompt surgery recommended by NICE clinical guideline 124 (CG124).²
- Teams at 19 CCGs will wish to consider why fewer than half of their patients were able to be mobilised out of bed on the day following surgery, and to question whether this reflected poor perioperative fluid and pain management, or a failure to provide the early physiotherapy assessment recommended in NICE quality standard 16 (QS16).
- Where poor performance is highlighted in the summary tables, CCGs should examine their local provider hospitals' performance, as detailed in the *NHFD annual report 2015*¹ and in individual hospital dashboards available at www.nhfd.co.uk.

Introduction

Care after hip fracture – a marker of quality of NHS care for older people

Hip fracture is a clearly defined diagnosis, generally made very soon after a patient presents to accident and emergency (A&E) or the hospital trauma team. This makes it suitable for direct comparisons between hospitals that provide care.

- Hip fracture is common: there are 60,000 such injuries each year across England.
- Hip fracture care takes a frail patient through a complex clinical pathway involving a wide range of specialists, clinical teams, departments and agencies.
- Hip fracture patients face a significant risk of dying or of losing their independence, and prognosis depends on how well hospital and community services work together.

The NHFD is managed by the Clinical Effectiveness and Evaluation Unit (CEEU) of the Royal College of Physicians (RCP), and it grew out of the 2007 collaboration between the British Orthopaedic Association and the British Geriatrics Society.

This report for commissioners provides an analysis of data from the NHFD annual report, broken down for each CCG's local population. It includes analyses to support the Clinical Commissioning Group Outcomes Indicator Set³ (CCG OIS) and the NHS Outcomes Framework³ (NHS OF) indicators for hip fracture, and it should be read alongside the *NHFD annual report 2015* and the dashboard summaries for provider hospitals. These are all available at www.nhfd.co.uk.

Length of stay after hip fracture – understanding the cost of NHS care

The economic impact of hip fracture is primarily dependent on hospital LOS, and previous years' NHFD reports have suggested an encouraging downwards trend in LOS.

The NHFD captures LOS in the acute ward and additional time in subsequent wards. This may include LOS in a rehabilitation ward, but the precise nature of this element of stay will differ between units. The NHFD annual report describes the two elements of LOS separately, so that provider hospitals can understand their service and monitor their performance. Using acute ward and post-acute figures we can profile overall hospital LOS, which allows calculation of the overall number of inpatient beds occupied by patients with hip fracture.

We have adopted an improved method that captures a more complete cohort of patients. The 2014 NHFD figures for England averaged 15.5 days for acute LOS and 3.8 days for post-acute LOS – an overall LOS of 19.3 days, which is slightly improved from 19.8 days in 2013.

This picture is complicated by the fact that many acute trusts refer a proportion of patients to community trusts for rehabilitation in community hospitals or in NHS-funded care homes. We have used HES data from 2013 to quantify this additional NHS care, and have identified an additional average LOS of 3.3 days – suggesting an average 'superspell'⁴ of 23.1 days. However, 23.1 days is over a week shorter than superspell for comparable populations in Wales and Northern Ireland, and we believe that this figure still substantially underestimates the rehabilitation component of LOS in England.

- The NHFD and HES recorded that over 19% of hip fracture patients were discharged to rehabilitation in community trusts, community hospitals or NHS-funded care homes.
- In HES, rehabilitation LOS data could only be identified for approximately half of these cases.
- These patients averaged 28.4 days in rehabilitation, which would be consistent with an additional LOS figure that is substantially higher than the 3.3 days captured by HES.
- HES could only provide LOS data for 8.5% of patients being rehabilitated in an NHS-funded care home, and even in a community hospital setting, HES failed to capture superspell data for nearly two-thirds (65.4%) of patients.

If HES does not fully capture LOS in different types of rehabilitation beds, this data source cannot be used reliably to define the overall superspell, bed occupancy and cost of this marker condition.

Development of intermediate care⁵ has led to the commissioning of many additional beds in community hospitals and care homes across the country, but the implications of this drift to increasing use of community rehabilitation beds is not easy to examine. Many of these new beds will

be occupied by patients rehabilitating after hip fracture, even though such a model of care runs contrary to the cost-effectiveness argument made by the economic model for NICE's recommendation of HFPs in CG124.

The hip fracture population provides an ideal model in which to examine the consequences for outcomes, bed occupancy and overall cost of such developments. Future NHFD work on superspell will have major implications for those planning services for frail and older inpatients in all specialties.

We would urge CCGs to carefully consider how effectively quality and LOS are being measured for rehabilitation beds commissioned in community hospitals and care homes.

CCG outcomes indicators (CCG OI)

CCG OI 3.11 Received collaborative orthogeriatric care

This indicator measures the proportion of patients whose care is 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.

Collaborative management was recommended in the NICE guideline *The management of hip fracture in adults* (CG124),² which defined the improved outcomes and cost savings achieved by involvement of orthogeriatricians in patient assessment and in leading the multidisciplinary management of this frail population.

In England, 93.8% of hip fracture patients were being managed in line with this indicator, but it is important to note that it cannot measure the quality of jointly agreed assessment protocols or the time committed to joint care by the respective specialties.

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

CCG OI 3.12 Prompt surgery

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

NICE CG124 recommended surgery on the day of, or the day following, admission because it recognised the benefits of early surgery, particularly in reducing pain and expediting a return to independence.

This frail patient population has a high prevalence of coexisting medical problems, which mean that surgery and anaesthesia pose a significant risk. Prompt assessment and preoperative optimisation requires a multidisciplinary approach involving an orthogeriatrician.

In England, 75.2% of hip fracture patients received prompt surgery according to this indicator. Figures below 70% were recorded for several CCGs, and local commissioners should discuss the reasons for delay in surgery with local providers.

Surgery seeks to control pain and allow patients to start rehabilitation. Since April 2014, we have been monitoring whether patients are successfully mobilised out of bed by the day after surgery. This was achieved in 74.0% of cases, but there is enormous variation between hospitals in respect of this measure. Figures range between 13.8% and 100%, and in 19 CCGs fewer than half of patients were mobilised out of bed by the day after surgery.

We report figures for individual CCGs in the performance tables, and CCGs should question whether delay in the start of rehabilitation reflects problems with pain, transfusion or fluid management in the perioperative period, or difficulties in providing physiotherapist or nursing help to patients who are well enough to get up.

CCG OI 3.13 Multifactorial falls risk assessment

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

NHFD guidance suggests that hospitals should:

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

In England, 97.9% of hip fracture patients were recorded as having received a falls assessment, but this indicator does not measure the quality of the 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, questioning whether the key points listed above are being addressed by clinical teams and whether multidisciplinary intervention is being provided.

CCG OI 3.10i 3.10ii Recovery of mobility

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 patients 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 NHFD records patients' pre-fracture mobility and asks hospitals to assess mobility 30 and 120 days after admission using a 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.

This pair of outcomes indicators describes the proportion of patients whose mobility at 30 or 120 days was worse than, unchanged from, or better than that before admission. In 2014, mobility returned to baseline for 34.3% of patients at 30 days and for 57.6% at 120 days.

The NHFD relies on hospitals to follow up their patients to collect these data, but the poor completeness of data in these fields is a concern. Of 56,409 cases in this analysis, 37,025 cases (65.6%) had no mobility data recorded at 30 days and 46,992 cases (83.3%) had no data at 120 days. Without follow-up, 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.

Many units have successfully established follow-up by letter or telephone at minimal cost. 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.

CCG OI 3.18 Hip fracture programme

This indicator measures whether a patient's care includes the complete set 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.

The 'hip fracture programme' (HFP) was central to CG124, where NICE recommended the provision of a coordinated multidisciplinary programme that includes:

- orthogeriatric assessment
- rapid optimisation of fitness for surgery
- early identification of individual goals for multidisciplinary rehabilitation to recover mobility and independence, and to facilitate a return to pre-fracture residence and long-term wellbeing
- 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 offered to each of the 60,000 people who sustain a hip fracture in England every year. However, provider hospitals will not be able to consistently deliver best practice unless they have an HFP, so we believe that performance in a composite outcome indicator of best practice should serve as an effective surrogate marker for the presence of an HFP.

The figures reported in the following performance tables demonstrate the success of payment by results in England, where most trusts have achieved progress in delivering best practice and 63.3% of hip fracture patients received care that met the criteria for this indicator.

However, there remains considerable variation around the country. Some CCGs will see best practice being offered to over 80% of their hip fracture patients. Several others should question why fewer than 20% of their patients receive this model of care, and a small number of CCGs will wish to investigate figures of less than 10% for this outcome indicator.

Outcome indicators for CCGs in England – performance tables

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

Quartile (national)	Colour grading
Top 25%	Dark Green
2nd quartile	Light Green
3rd quartile	Light Red
Lowest 25%	Dark Red

We have colour coded the table for two indicators (prompt surgery and management under an HFP) where data quality and spread of data make this a useful presentation of performance. This approach highlights hospitals that are in the ‘top performing quarter of hospitals’ (dark green), and those in the ‘worst performing quarter of hospitals’ (dark red). The table (left) shows how the colour coding system works.

This method of colour coding and grading allows readers to ascertain how their CCG is performing and in which quartile their level of practice lies when compared with national CCG performance. It also highlights aspects of care that should be of particular focus when hip fracture care is being discussed with local providers. We would urge commissioners to review these findings for their local area, using them to identify specific areas where performance or outcome might benefit from more detailed attention.

Once any areas of weakness have been identified, commissioners can use two further sets of data from our annual report and individual provider-level dashboard reports (available at www.nhfd.co.uk) to inform and critically analyse performance and services, in discussion with their local provider. Clinical teams in provider units also have access to live online data and charts that describe current performance and outcome.

Some results presented in the tables should be interpreted with caution due to there being a small number of cases in some CCGs for individual indicators. Where the results are affected by small numbers, this has been indicated in the tables with an asterisk. Where there were no eligible cases, this has been indicated by ‘No data’ in the tables.

The total number of hip fracture cases for each CCG is provided in the third column of the tables. However, the denominator for individual indicators might contain fewer cases depending on the indicator specification.

CCG code	CCG name	Number of hip fractures	3.11: Collaborative care (%)	3.12: Prompt surgery (%)	3.13: Falls assessment (%)	3.10i: Mobility at 30 days (%)	3.10ii: Mobility at 120 days (%)	3.18 Hip fracture programme (%)	Overall hospital LOS (days)	Superspell LOS (days)	Patients discharged to rehab (%)	Mobilised out of bed (%)
00C	NHS Darlington CCG	138	98.5	68.4	99.2	21.3	No data	55.6	20.1	18.8	3.7	74.5
00D	NHS Durham Dales, Easington and Sedgfield CCG	282	96.1	72.3	98.8	18.5	33.3	54.6	24.5	24.8	2.5	69.3
00F	NHS Gateshead CCG**	289	96.4	80.5	99.2	48.2	57.3	72.3	19.4	21.0	8.4	88.5
00G	NHS Newcastle North and East CCG**	324	97.4	77.2	100.0	15.3	No data	67.8	27.1	31.1	1.6	70.6
00H	NHS Newcastle West CCG**	33	97.0	81.3	100.0	18.2	No data	70.7	30.0	32.6	9.4	50.0
00J	NHS North Durham CCG	272	94.7	69.1	96.7	18.4	100.0*	45.3	23.4	26.3	1.5	63.4
00K	NHS Hartlepool and Stockton-on-Tees CCG	409	99.3	79.8	99.7	43.4	55.5	74.4	21.5	19.2	9.5	96.8
00L	NHS Northumberland CCG	432	98.6	87.9	99.2	17.4	0.0*	85.1	27.7	31.9	3.7	90.5
00M	NHS South Tees CCG	333	99.7	74.7	100.0	33.3*	100.0*	68.7	15.1	26.9	44.6	91.9
00N	NHS South Tyneside CCG	214	99.1	76.6	99.5	20.0*	50.0*	66.0	28.7	27.4	0.5	61.9
00P	NHS Sunderland CCG	290	99.0	83.9	100.0	30.2	47.5	72.1	21.8	24.6	9.4	78.7
00Q	NHS Blackburn with Darwen CCG	148	98.6	71.4	100.0	21.4	34.7	59.7	22.1	21.4	0.7	75.4
00R	NHS Blackpool CCG	164	50.3	54.4	99.3	50.0*	100.0*	20.8	28.1	27.3	0.0	100.0
00T	NHS Bolton CCG	274	97.7	71.9	99.2	29.0	48.3	65.6	16.5	17.9	28.5	82.3
00V	NHS Bury CCG	184	86.9	57.0	89.0	22.7	50.0	43.2	20.7	20.0	3.8	60.9
00W	NHS Central Manchester CCG	87	98.8	76.7	100.0	12.0	38.5	48.8	37.9	34.3	5.1	80.7
00X	NHS Chorley and South Ribble CCG	186	98.9	74.5	100.0	38.2	53.1	59.5	17.0	21.4	17.3	97.9
00Y	NHS Oldham CCG	222	96.8	65.0	96.5	23.6	40.9	50.0	19.4	21.1	0.9	89.9
01A	NHS East Lancashire CCG	323	99.7	71.5	99.6	24.3	42.9	67.8	23.6	25.7	1.6	75.7
01C	NHS Eastern Cheshire CCG	249	99.2	82.4	100.0	37.5*	0.0*	70.3	29.6	26.2	8.1	66.8
01D	NHS Heywood, Middleton and Rochdale CCG	184	95.5	68.5	97.0	23.9	60.0	54.9	19.7	19.6	2.2	82.9
01E	NHS Greater Preston CCG	197	98.5	68.7	100.0	37.9	57.5	57.1	18.5	21.3	19.8	98.0
01F	NHS Halton CCG	116	93.0	72.6	97.1	40.0*	100.0*	58.8	22.2	26.6	26.7	64.1
01G	NHS Salford CCG	263	98.0	77.1	99.1	35.8	65.0	69.1	16.9	18.4	34.9	57.3
01H	NHS Cumbria CCG	591	73.5	76.2	78.1	17.3	66.7*	44.5	18.0	27.9	35.1	78.0
01J	NHS Knowsley CCG	156	94.7	77.3	97.0	50.0*	100.0*	62.4	22.5	21.4	18.6	63.0
01K	NHS Lancashire North CCG	181	92.5	63.1	98.7	41.7	40.0*	51.5	26.1	27.0	1.1	88.7
01M	NHS North Manchester CCG	112	92.5	74.8	94.8	23.8	60.0	62.4	22.0	21.0	0.9	61.0
01N	NHS South Manchester CCG	135	99.2	80.5	100.0	33.3*	66.7*	70.2	32.0	30.2	10.7	63.8
01R	NHS South Cheshire CCG	191	91.3	68.7	97.1	0.0*	50.0*	30.2	18.7	19.0	23.8	59.3
01T	NHS South Sefton CCG	198	94.8	89.1	96.6	36.4	57.1*	72.8	21.0	27.5	4.1	56.6
01V	NHS Southport and Formby CCG	215	78.1	70.0	93.4	50.4	42.5	25.1	19.2	19.5	7.0	93.7
01W	NHS Stockport CCG	328	93.4	80.3	98.3	25.0*	No data	60.9	24.1	23.4	23.9	51.4
01X	NHS St Helens CCG	235	91.7	73.5	96.7	23.1	25.0*	58.9	24.9	26.7	16.1	64.8
01Y	NHS Tameside and Glossop CCG	250	98.4	50.9	98.1	16.7*	No data	43.1	18.8	18.7	46.5	87.9
02A	NHS Trafford CCG	222	98.6	80.2	100.0	46.2	50.0*	74.9	27.5	31.7	1.4	64.5
02D	NHS Vale Royal CCG	96	87.2	66.3	96.3	0.0*	50.0*	31.3	18.7	18.4	25.0	47.4
02E	NHS Warrington CCG	201	99.5	77.7	100.0	25.0	66.7*	69.1	23.9	22.7	22.9	59.5
02F	NHS West Cheshire CCG	284	88.8	78.7	99.1	41.8	56.9	60.1	29.3	29.9	8.6	53.7
02G	NHS West Lancashire CCG	75	89.9	78.8	100.0	38.2	51.9	40.0	18.2	18.4	8.0	87.0
02H	NHS Wigan Borough CCG	347	95.8	76.9	99.7	17.3	40.4	69.0	17.1	17.4	32.1	92.0
02M	NHS Fylde and Wyre CCG	228	54.2	62.4	100.0	40.0	50.0	20.8	27.3	26.6	0.9	100.0
02N	NHS Airedale, Wharfedale and Craven CCG	194	97.9	71.9	100.0	100.0*	No data	57.9	18.3	22.4	18.7	85.7
02P	NHS Barnsley CCG	247	99.2	79.6	100.0	No data	100.0*	76.0	15.9	24.8	30.0	91.3
02Q	NHS Bassetlaw CCG	152	98.6	78.8	100.0	40.0	56.4	79.2	15.7	17.2	5.9	94.0
02R	NHS Bradford Districts CCG	324	98.1	81.2	99.3	30.0	62.8	76.3	13.8	17.3	42.6	95.5
02T	NHS Calderdale CCG	194	73.7	62.2	72.8	21.1	50.0*	34.2	23.4	23.9	11.0	80.3
02V	NHS Leeds North CCG	173	96.4	72.9	98.0	28.6	33.3*	59.6	22.7	21.3	22.0	16.0
02W	NHS Bradford City CCG	37	97.1	88.6	100.0	21.1	66.7	81.1	13.3	14.2	43.2	93.1
02X	NHS Doncaster CCG	434	77.8	66.2	99.7	26.0	51.3	44.5	24.3	24.6	8.0	72.1
02Y	NHS East Riding Of Yorkshire CCG	359	93.5	57.7	96.0	62.5	81.8	55.2	18.8	19.4	2.6	83.6
03A	NHS Greater Huddersfield CCG	246	71.3	58.9	75.8	23.1	0.0*	28.3	27.0	22.1	10.8	72.3
03C	NHS Leeds West CCG	302	98.3	68.9	99.3	18.8	50.0*	56.0	19.9	24.6	27.2	13.8
	England	56406	93.8	75.2	97.9	34.3	57.6	63.3	19.4	23.4	19.9	74.0

*This indicator value is based on a denominator of fewer than 10 cases. Care should be taken in interpretation.

**Now merged and represented by NHS Newcastle Gateshead CCG 13T

CCG code	CCG name	Number of hip fractures	3.11: Collaborative care (%)	3.12: Prompt surgery (%)	3.13: Falls assessment (%)	3.10i: Mobility at 30 days (%)	3.10ii: Mobility at 120 days (%)	3.18 Hip fracture programme (%)	Overall hospital LOS (days)	Superspell LOS (days)	Patients discharged to rehab (%)	Mobilised out of bed (%)
03D	NHS Hambleton, Richmondshire and Whitby CCG	161	98.7	76.7	99.3	40.0	No data	71.0	16.1	28.1	40.0	83.5
03E	NHS Harrogate and Rural District CCG	246	95.4	83.5	96.9	26.9	66.7	58.0	18.7	24.7	8.2	82.1
03F	NHS Hull CCG	314	87.9	47.3	94.7	50.0*	No data	40.9	17.6	19.0	2.6	81.6
03G	NHS Leeds South and East CCG	268	98.5	66.7	100.0	13.2	20.0*	57.1	22.1	23.2	25.6	19.1
03H	NHS North East Lincolnshire CCG	169	96.4	70.3	100.0	61.4	75.0	57.3	16.0	14.8	10.1	52.3
03J	NHS North Kirklees CCG	175	94.7	62.9	93.1	12.9	30.0	57.2	21.2	19.9	29.1	55.0
03K	NHS North Lincolnshire CCG	172	99.4	58.5	100.0	66.7	77.2	47.3	12.2	12.4	9.3	89.5
03L	NHS Rotherham CCG	295	98.3	79.2	100.0	38.1	63.2	68.0	20.8	19.9	24.8	50.2
03M	NHS Scarborough and Ryedale CCG	159	98.7	82.1	100.0	50.0	40.0*	79.4	17.5	20.2	15.7	89.0
03N	NHS Sheffield CCG	590	95.8	81.3	98.6	42.1	66.7*	67.7	22.8	24.7	20.7	52.9
03Q	NHS Vale of York CCG	282	98.2	77.5	100.0	34.7	62.8	72.6	17.4	26.4	29.9	72.2
03R	NHS Wakefield CCG	366	99.7	62.1	99.4	14.4	28.6	58.7	21.4	30.8	30.9	39.5
03T	NHS Lincolnshire East CCG	385	99.7	90.0	100.0	47.5	69.7	84.5	14.8	16.3	14.1	63.4
03V	NHS Corby CCG	72	91.3	78.3	92.3	0.0*	No data	56.3	23.4	32.0	25.7	53.6
03W	NHS East Leicestershire and Rutland CCG	323	83.9	68.2	92.3	0.0*	50.0*	46.2	14.5	26.1	33.1	78.8
03X	NHS Erewash CCG	118	97.4	74.8	97.2	No data	No data	65.5	18.4	27.3	29.1	47.9
03Y	NHS Hardwick CCG	94	75.8	75.6	95.2	No data	No data	48.0	22.4	32.1	9.8	54.7
04C	NHS Leicester City CCG	278	83.5	64.0	89.7	100.0*	100.0*	44.7	14.5	26.3	34.2	73.8
04D	NHS Lincolnshire West CCG	263	98.1	85.3	98.3	31.5	57.0	80.2	19.0	18.3	3.4	69.9
04E	NHS Mansfield and Ashfield CCG	208	39.5	77.0	85.9	No data	No data	24.0	27.5	27.7	1.0	93.8
04F	NHS Milton Keynes CCG	173	97.0	79.6	100.0	50.0*	100.0*	65.9	23.1	24.9	11.7	81.3
04G	NHS Nene CCG	604	93.2	71.9	96.9	28.1	51.1	58.1	22.6	26.6	26.8	57.3
04H	NHS Newark and Sherwood CCG	153	55.9	70.6	88.0	50.0	77.8*	36.3	24.2	21.2	5.3	86.0
04J	NHS North Derbyshire CCG	362	98.9	72.5	99.7	50.0*	No data	58.6	21.9	32.2	28.3	42.0
04K	NHS Nottingham City CCG	261	95.3	75.0	99.6	0.0*	100.0*	65.7	17.3	25.2	14.6	63.2
04L	NHS Nottingham North and East CCG	175	89.5	77.6	97.6	No data	No data	67.0	20.5	23.6	16.6	72.5
04M	NHS Nottingham West CCG	139	96.4	76.1	100.0	No data	No data	66.7	20.6	25.6	20.1	77.2
04N	NHS Rushcliffe CCG	143	93.6	71.2	99.2	100.0*	No data	68.1	17.2	25.5	24.8	69.5
04Q	NHS South West Lincolnshire CCG	95	74.5	90.4	82.0	42.9	42.1	59.8	17.3	17.0	2.5	67.2
04R	NHS Southern Derbyshire CCG	577	95.0	86.8	98.9	33.3*	No data	76.4	17.3	27.6	18.4	46.9
04V	NHS West Leicestershire CCG	369	88.2	61.8	94.0	22.2*	No data	42.9	15.4	26.5	33.3	70.1
04X	NHS Birmingham South and Central CCG	176	98.3	67.4	100.0	50.0*	50.0*	57.4	24.7	30.6	23.4	58.3
04Y	NHS Cannock Chase CCG	121	94.1	80.0	96.1	50.0	46.2	61.0	19.1	20.0	10.7	58.1
05A	NHS Coventry and Rugby CCG	496	93.0	72.8	99.1	43.1	46.1	61.7	23.6	24.6	2.0	94.5
05C	NHS Dudley CCG	408	96.0	76.9	99.2	40.0	100.0*	69.8	17.9	18.5	30.7	74.2
05D	NHS East Staffordshire CCG	143	98.6	82.6	99.2	0.0*	No data	70.8	19.3	27.9	30.8	45.9
05F	NHS Herefordshire CCG	255	99.2	76.1	97.7	51.5	62.3	52.9	23.5	24.7	3.1	80.7
05G	NHS North Staffordshire CCG	252	99.6	76.1	99.6	0.0*	No data	68.4	10.3	23.7	54.8	90.6
05H	NHS Warwickshire North CCG	209	98.0	71.6	100.0	18.0	28.6*	63.8	19.3	24.0	5.3	84.6
05J	NHS Redditch and Bromsgrove CCG	208	99.0	58.6	98.9	0.0*	0.0*	49.3	19.0	31.4	33.2	71.9
05L	NHS Sandwell and West Birmingham CCG	427	97.6	71.4	99.7	16.7	No data	65.9	17.8	22.8	3.8	76.0
05N	NHS Shropshire CCG	314	94.7	56.3	97.3	57.4	77.5	47.4	16.0	26.3	31.4	83.1
05P	NHS Solihull CCG	229	87.3	58.8	99.5	40.0	37.5*	49.4	23.3	29.0	9.2	91.7
05Q	NHS South East Staffs and Seisdon Peninsular CCG	203	89.4	72.4	98.4	66.7	100.0*	62.3	17.9	23.4	26.2	75.4
05R	NHS South Warwickshire CCG	333	90.0	75.1	99.3	34.9	60.3	61.1	20.6	22.8	8.3	83.6
05T	NHS South Worcestershire CCG	349	97.6	62.7	99.7	50.0*	55.6*	58.5	13.3	22.7	36.7	69.2
05V	NHS Stafford and Surrounds CCG	160	98.7	78.5	96.5	38.4	80.0	64.3	17.1	19.1	15.3	70.3
05W	NHS Stoke-on-Trent CCG	281	97.8	74.1	98.9	33.3*	0.0*	65.1	9.7	25.8	50.2	88.1
05X	NHS Telford and Wrekin CCG	119	9.4	65.0	67.0	75.0*	100.0*	5.1	12.2	22.8	10.2	75.0
05Y	NHS Walsall CCG	334	93.9	57.2	98.7	50.0	75.0*	46.0	21.6	18.8	9.3	71.3
06A	NHS Wolverhampton CCG	278	89.4	85.0	81.5	67.7	87.5	46.2	19.5	25.1	17.6	75.9
06D	NHS Wyre Forest CCG	145	99.3	60.4	99.2	0.0*	100.0*	59.0	20.2	24.1	7.8	67.6
06F	NHS Bedfordshire CCG	322	96.9	78.5	99.0	51.1	66.7*	72.3	17.2	19.1	24.1	71.8
	England	56406	93.8	75.2	97.9	34.3	57.6	63.3	19.4	23.4	19.9	74.0

*This indicator value is based on a denominator of fewer than 10 cases. Care should be taken in interpretation.

CCG code	CCG name	Number of hip fractures	3.11: Collaborative care (%)	3.12: Prompt surgery (%)	3.13: Falls assessment (%)	3.10i: Mobility at 30 days (%)	3.10ii: Mobility at 120 days (%)	3.18 Hip fracture programme (%)	Overall hospital LOS (days)	Superspell LOS (days)	Patients discharged to rehab (%)	Mobilised out of bed (%)
06H	NHS Cambridgeshire and Peterborough CCG	793	98.3	82.9	99.9	44.4	33.3	73.3	16.5	17.4	15.1	90.1
06K	NHS East and North Hertfordshire CCG	546	98.7	77.2	100.0	26.8	20.0*	73.6	17.3	23.0	24.1	88.1
06L	NHS Ipswich and East Suffolk CCG	493	97.1	76.1	100.0	49.7	68.6	67.7	16.6	20.4	20.3	92.1
06M	NHS Great Yarmouth and Waveney CCG	370	98.1	64.6	100.0	29.7	54.5	56.9	22.4	19.9	12.6	44.9
06N	NHS Herts Valleys CCG	586	98.6	79.3	99.8	31.7	50.0	76.3	15.4	25.0	34.0	72.2
06P	NHS Luton CCG	136	99.3	72.4	100.0	40.5	No data	72.6	14.1	20.9	25.0	54.8
06Q	NHS Mid Essex CCG	436	32.5	79.0	99.5	41.0	75.0	17.4	16.2	16.6	4.6	93.6
06T	NHS North East Essex CCG	445	93.3	69.1	94.4	41.5	33.3*	48.8	17.5	19.8	3.2	72.6
06V	NHS North Norfolk CCG	314	83.3	72.9	99.0	0.0*	20.0*	54.6	15.1	24.0	26.4	89.9
06W	NHS Norwich CCG	220	83.8	71.1	99.0	0.0*	100.0*	59.6	15.4	26.8	27.1	93.5
06Y	NHS South Norfolk CCG	310	86.8	79.2	98.6	50.0	56.3	63.5	15.6	21.5	23.6	91.3
07G	NHS Thurrock CCG	136	99.3	59.8	100.0	40.2	51.2	55.1	18.1	24.6	39.3	95.8
07H	NHS West Essex CCG	335	90.3	77.1	100.0	19.6	26.7	67.9	18.8	20.3	22.9	91.0
07J	NHS West Norfolk CCG	281	98.2	80.2	84.5	25.0*	75.0*	51.8	12.3	16.7	27.2	76.2
07K	NHS West Suffolk CCG	251	98.0	87.8	99.5	30.8	54.7	80.5	17.5	18.7	13.2	84.7
07L	NHS Barking and Dagenham CCG	125	99.2	67.7	99.1	19.4	0.0*	60.0	27.0	23.7	2.4	96.6
07M	NHS Barnet CCG	303	98.3	79.5	99.5	33.3	48.3	75.4	23.7	18.9	24.3	58.5
07N	NHS Bexley CCG	244	97.5	81.6	100.0	23.2	38.7	65.9	24.2	26.9	13.4	83.8
07P	NHS Brent CCG	128	100.0	72.9	100.0	50.0*	No data	68.5	24.3	22.0	15.7	43.0
07Q	NHS Bromley CCG	325	97.2	69.4	99.1	50.0*	75.0*	40.1	22.5	20.5	16.1	65.0
07R	NHS Camden CCG	88	97.7	82.1	100.0	50.0*	66.7*	68.2	19.3	26.8	37.5	84.8
07T	NHS City and Hackney CCG	76	91.9	80.7	98.1	25.0*	60.0*	59.7	26.4	29.7	8.5	46.8
07V	NHS Croydon CCG	301	94.5	79.3	99.6	25.0	50.0*	68.2	22.0	21.4	11.3	56.6
07W	NHS Ealing CCG	188	97.3	68.2	98.1	66.7*	0.0*	59.8	27.2	22.2	20.1	41.5
07X	NHS Enfield CCG	236	98.7	83.2	100.0	37.0	42.1	74.7	20.7	21.1	21.7	77.4
07Y	NHS Hounslow CCG	159	98.7	38.7	98.6	0.0*	No data	23.9	18.5	17.8	1.9	79.5
08A	NHS Greenwich CCG	154	95.4	79.9	100.0	23.8	30.8	65.8	23.5	22.4	14.1	88.0
08C	NHS Hammersmith and Fulham CCG	84	97.6	73.1	98.6	66.7*	No data	53.7	20.3	23.4	20.7	49.2
08D	NHS Haringey CCG	127	96.0	81.3	100.0	22.6	30.0	68.8	18.5	23.8	15.0	83.3
08E	NHS Harrow CCG	160	96.1	74.7	97.2	16.7*	50.0*	70.0	19.8	21.3	14.6	55.2
08F	NHS Havering CCG	314	99.0	64.0	100.0	19.4	66.7*	58.2	26.0	25.5	0.6	93.6
08G	NHS Hillingdon CCG	198	95.3	79.3	93.9	47.6	80.0*	65.0	22.5	25.4	13.3	80.7
08H	NHS Islington CCG	102	95.9	81.7	100.0	25.0	57.1*	69.0	20.4	23.9	29.0	72.0
08J	NHS Kingston CCG	133	98.5	85.3	100.0	16.7*	100.0*	81.8	16.9	22.9	24.8	86.3
08K	NHS Lambeth CCG	129	78.1	73.3	100.0	35.7	40.0	41.5	22.0	25.8	9.7	73.6
08L	NHS Lewisham CCG	147	94.6	71.6	99.2	25.0*	50.0*	61.0	24.2	23.6	26.2	71.8
08M	NHS Newham CCG	124	99.2	78.3	100.0	17.9	50.0*	66.7	20.2	18.7	14.9	86.2
08N	NHS Redbridge CCG	187	98.9	72.3	99.4	26.6	30.0	65.2	23.2	25.3	27.2	85.3
08P	NHS Richmond CCG	140	97.1	56.1	99.2	No data	No data	48.0	14.7	18.2	10.7	83.7
08Q	NHS Southwark CCG	109	82.4	82.4	98.9	37.5	45.5	49.6	20.7	26.6	1.9	77.3
08R	NHS Merton CCG	117	89.7	85.0	100.0	23.5	No data	59.3	20.2	28.2	24.1	80.4
08T	NHS Sutton CCG	184	98.9	90.8	100.0	35.4	No data	84.4	21.3	23.7	22.3	80.9
08V	NHS Tower Hamlets CCG	95	96.8	65.9	100.0	22.5	66.7	59.0	29.6	30.5	0.0	44.8
08W	NHS Waltham Forest CCG	145	97.2	69.4	100.0	23.8	33.3	55.6	31.0	27.9	36.6	78.7
08X	NHS Wandsworth CCG	171	75.6	78.0	100.0	50.0*	100.0*	39.3	21.1	26.8	23.5	63.0
08Y	NHS West London (Kensington and Chelsea; and Queen's Park and Paddington) CCG	128	98.4	76.0	100.0	66.7*	100.0*	60.2	21.9	25.7	24.2	49.4
09A	NHS Central London (Westminster) CCG	89	100.0	74.4	100.0	40.0*	100.0*	58.4	20.3	25.0	25.0	57.3
09C	NHS Ashford CCG	138	100.0	78.7	100.0	No data	100.0*	71.5	16.9	16.2	26.8	68.8
09D	NHS Brighton and Hove CCG	257	94.1	87.5	97.2	33.3*	50.0*	79.3	19.0	18.4	32.4	87.6
09E	NHS Canterbury and Coastal CCG	258	98.8	70.6	99.6	0.0*	100.0*	62.9	16.5	22.9	12.0	60.3
09F	NHS Eastbourne, Hailsham and Seaford CCG	316	99.0	88.5	99.7	50.0*	100.0*	84.8	16.6	23.1	6.5	64.5
09G	NHS Coastal West Sussex CCG	829	98.9	78.5	99.2	27.9	60.3	72.5	17.7	20.6	19.0	68.1
09H	NHS Crawley CCG	85	100.0	79.8	100.0	40.0	No data	77.6	18.0	20.5	48.8	90.8
	England	56406	93.8	75.2	97.9	34.3	57.6	63.3	19.4	23.4	19.9	74.0

*This indicator value is based on a denominator of fewer than 10 cases. Care should be taken in interpretation.

CCG code	CCG name	Number of hip fractures	3.1.1: Collaborative care (%)	3.1.2: Prompt surgery (%)	3.1.3: Falls assessment (%)	3.1.0i: Mobility at 30 days (%)	3.1.0ii: Mobility at 120 days (%)	3.1.8 Hip fracture programme (%)	Overall hospital LOS (days)	Superspell LOS (days)	Patients discharged to rehab (%)	Mobilised out of bed (%)
09J	NHS Dartford, Gravesham and Swanley CCG	277	98.1	83.3	99.6	27.3	58.5	67.5	18.4	18.4	39.3	76.2
09L	NHS East Surrey CCG	194	98.4	84.2	100.0	36.7	100.0*	74.6	20.0	28.3	29.9	92.0
09N	NHS Guildford and Waverley CCG	192	99.5	89.5	100.0	24.5	59.7	85.4	17.2	27.7	26.2	63.8
09P	NHS Hastings and Rother CCG	268	99.6	87.2	100.0	0.0*	100.0*	83.0	20.3	22.7	1.5	55.1
09W	NHS Medway CCG	224	96.4	78.5	97.0	33.3	50.0	67.7	18.4	20.0	27.7	90.8
09X	NHS Horsham and Mid Sussex CCG	240	96.6	86.4	100.0	20.0	80.0*	77.6	20.9	21.4	30.1	84.0
09Y	NHS North West Surrey CCG	370	99.5	81.7	99.7	28.4	66.7*	79.7	18.3	26.9	18.0	71.8
10A	NHS South Kent Coast CCG	272	99.6	70.8	100.0	No data	100.0*	62.1	16.2	20.9	24.6	75.4
10C	NHS Surrey Heath CCG	116	99.1	80.0	99.1	53.4	60.6	68.9	21.8	23.5	13.8	92.6
10D	NHS Swale CCG	95	95.6	72.8	98.8	34.2	38.1	66.0	15.7	34.3	34.7	93.0
10E	NHS Thanet CCG	215	97.6	64.2	99.5	0.0*	0.0*	53.9	16.3	20.5	7.0	45.5
10G	NHS Bracknell and Ascot CCG	104	97.0	82.5	100.0	40.0	57.1	70.4	22.1	20.5	7.7	83.8
10H	NHS Chiltern CCG	306	98.3	77.1	98.5	31.5	51.1	70.0	23.3	24.1	8.9	83.1
10J	NHS North Hampshire CCG	231	96.9	80.7	99.1	40.6	65.4	71.6	23.1	24.2	3.5	75.9
10K	NHS Fareham and Gosport CCG	236	99.6	85.5	99.6	40.3	65.3	84.4	20.7	25.9	1.3	89.8
10L	NHS Isle Of Wight CCG	229	29.9	66.4	50.7	0.0*	No data	20.0	17.8	19.9	1.3	91.6
10M	NHS Newbury and District CCG	102	92.1	76.8	100.0	42.3	67.9	68.0	18.5	22.0	34.3	63.1
10N	NHS North and West Reading CCG	95	100.0	80.0	100.0	41.9	63.6	77.9	21.4	24.9	29.5	52.1
10Q	NHS Oxfordshire CCG	693	98.4	75.4	99.2	48.6	50.0	70.8	15.8	29.6	37.6	45.5
10R	NHS Portsmouth CCG	216	100.0	85.6	100.0	50.3	79.1	86.7	14.9	24.5	25.5	94.8
10T	NHS Slough CCG	72	98.6	78.6	100.0	31.4	50.0	63.5	26.3	20.9	4.2	80.8
10V	NHS South Eastern Hampshire CCG	280	100.0	82.5	100.0	43.7	71.5	82.1	19.8	23.4	2.9	89.0
10W	NHS South Reading CCG	57	100.0	84.2	100.0	63.0	61.5	83.3	17.7	16.8	21.1	53.3
10X	NHS Southampton CCG	252	98.0	73.6	98.6	33.3*	66.7*	62.1	22.9	28.7	25.0	92.2
10Y	NHS Aylesbury Vale CCG	221	96.8	75.1	99.5	34.8	59.6	67.1	19.1	24.2	10.0	88.1
11A	NHS West Hampshire CCG	685	98.4	78.3	99.3	44.7	71.8	67.7	21.9	25.2	13.1	82.8
11C	NHS Windsor, Ascot and Maidenhead CCG	132	100.0	81.7	100.0	41.9	73.3	74.1	22.4	19.4	5.3	78.4
11D	NHS Wokingham CCG	153	100.0	75.0	100.0	41.4	61.9	71.7	18.0	19.9	27.2	62.2
11E	NHS Bath and North East Somerset CCG	220	100.0	75.8	100.0	24.3	57.6	78.7	14.4	23.5	49.1	26.7
11H	NHS Bristol CCG	326	99.4	79.1	100.0	26.0	59.2	74.4	26.5	29.5	5.9	83.0
11J	NHS Dorset CCG	1230	98.7	81.7	99.5	33.2	55.3	78.5	13.1	25.3	36.3	96.1
11M	NHS Gloucestershire CCG	662	85.9	72.1	99.2	44.6	60.3	55.2	16.5	22.7	28.4	58.3
11N	NHS Kernow CCG	703	99.1	72.2	99.5	36.2	38.5	68.2	13.2	26.8	52.9	57.2
11T	NHS North Somerset CCG	291	94.0	69.8	93.8	30.8	63.6	55.7	22.4	24.4	8.3	76.7
11X	NHS Somerset CCG	759	89.6	76.8	96.1	45.5	72.1	59.8	15.9	26.2	37.9	56.8
12A	NHS South Gloucestershire CCG	316	99.4	84.1	100.0	31.3	56.5	82.0	22.7	27.2	2.9	83.2
12D	NHS Swindon CCG	199	95.4	86.6	100.0	40.0	73.3	77.0	15.1	19.8	32.1	80.1
12F	NHS Wirral CCG	430	93.4	87.6	98.7	30.4	33.3*	80.5	21.0	23.9	9.9	62.0
13P	NHS Birmingham Crosscity CCG	562	88.5	62.2	99.8	66.7*	100.0*	51.6	23.4	25.3	17.9	84.0
13T	NHS Newcastle Gateshead CCG	646	97.0	78.8	99.6	32.2	57.3	70.0	24.0	27.4	5.1	78.2
99A	NHS Liverpool CCG	482	97.4	80.1	98.4	37.5	60.0	73.8	20.2	23.3	20.5	70.9
99C	NHS North Tyneside CCG	250	97.9	90.0	100.0	20.7	100.0*	84.1	23.2	26.6	30.2	94.2
99D	NHS South Lincolnshire CCG	191	100.0	85.3	99.4	63.6	85.7	76.5	13.0	16.6	14.7	79.4
99E	NHS Basildon and Brentwood CCG	280	92.1	64.4	99.6	33.8	60.6	55.7	20.5	24.9	21.8	93.1
99F	NHS Castle Point and Rochford CCG	136	94.1	65.9	100.0	60.0*	60.0	47.9	13.0	12.3	15.6	88.2
99G	NHS Southend CCG	142	95.0	70.0	100.0	0.0*	20.0*	42.1	12.9	13.3	23.4	85.6
99H	NHS Surrey Downs CCG	348	98.5	88.9	99.7	37.1	83.3*	83.5	18.7	22.5	21.3	83.0
99J	NHS West Kent CCG	474	98.7	80.0	98.9	0.0*	33.3*	72.2	23.3	23.9	7.2	62.4
99K	NHS High Weald Lewes Havens CCG	179	95.5	84.1	98.2	0.0*	No data	70.9	19.7	27.4	19.8	69.1
99M	NHS North East Hampshire and Farnham CCG	208	98.5	85.3	99.5	46.0	61.2	71.6	17.0	22.7	26.9	94.5
99N	NHS Wiltshire CCG	551	98.7	80.3	99.6	39.9	55.5	77.2	18.9	24.6	17.2	64.0
99P	NHS Northern, Eastern and Western Devon CCG	1093	99.7	76.7	99.5	29.9	50.5	68.8	14.8	23.9	30.6	83.6
99Q	NHS South Devon and Torbay CCG	468	100.0	67.6	99.8	23.0	52.0	66.7	9.0	18.1	50.4	82.0
	England	56406	93.8	75.2	97.9	34.3	57.6	63.3	19.4	23.4	19.9	74.0

*This indicator value is based on a denominator of fewer than 10 cases. Care should be taken in interpretation.

A note about information governance

Secure database access for staff involved in the treatment of hip fracture is requested by the NHFD lead clinician for each hospital that is 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's (HRA's) 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.

Personal confidential data items for this audit are processed by Crown Informatics under section 251 approval prior to anonymisation. Demographic data are validated against data provided by the Health and Social Care Information Centre (HSCIC). Once validated, the data are anonymised and securely transferred to the Royal College of Surgeons' Clinical Effectiveness Unit (RCS CEU) 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 OIS files under domain 3 of the HSCIC indicators portal at <http://indicators.ic.nhs.uk/>.

References

- 1 Royal College of Physicians. *National Hip Fracture Database annual report 2015*. London: RCP, 2015. www.nhfd.co.uk/2015report [Accessed 1 October 2015].
- 2 National Institute for Health and Care Excellence. *The management of hip fracture in adults*. Clinical guideline CG124. London: NICE, 2011. www.nice.org.uk/guidance/CG124 [Accessed 1 October 2015].
- 3 NHS England. *NHS outcomes framework and CCG outcomes indicators: data availability table*. London: NHS England, 2012. www.england.nhs.uk/wp-content/uploads/2012/12/oi-data-table.pdf [Accessed 1 October 2015].
- 4 Bottle A, Jarman B, Aylin P. Strengths and weaknesses of hospital standardised mortality ratios. *BMJ* 2011;342. Data supplement. www.bmj.com/content/bmj/suppl/2011/01/21/bmj.c7116.DC1/bota77326.ww1_default.pdf [Accessed 17 July 2015].
- 5 NHS Benchmarking Network. *National Audit of Intermediate Care provider report*. London, 2015. www.nhsbenchmarking.nhs.uk/National-Audit-of-Intermediate-Care/year-three.php [Accessed 17 July 2015].

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)**

