Use this form to help you with background understanding of your service. This will help you plan your improvement activities with the CSP Hip Fracture Standards audit cycle.

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| --- | --- |
| **Do you know how good you are?**  (What is working well and why?) |  |
| **Where do you sit relative to other local services?** |  |
| **Do you have any Hip Sprint 1 data?** |  |
| **Do you have any current data?**  (e.g. NHFD, or NHFD-FA, Hip Sprint Local) |  |
| **Where do you think your priority should be?**  (e.g. mobilisation, initial therapy, handover or ongoing rehab?) |  |
| **Which standard would be the most impactful for your service to start with?** |  |
| **Does hip fracture QI work align with organisational priorities?** |  |