



National Falls & Fragility Fracture Audit Programme

UPCARE: Programme name - please do not change this field.*

National Falls & Fragility Fracture Audit Programme

Workstream name (if applicable) - please do not change this field.*

National Hip Fracture Database

Contract status

Ongoing

Audit or non-audit

Audit

HQIP commissioned*

Yes

HQIP AD

PS

HQIP PM

SB

1.0 Included in current NHS Quality Accounts*

Yes

1.1a Geographical coverage - HQIP agreement*

England; Wales

1.1b Geographical coverage - External agreement

Northern Ireland; Isle of Man; Guernsey

1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*

Other (please describe in next question)

1.2b If you selected 'Other' above, please provide details.*

Older people, mortality, surgery, rehabilitation, falls

1.3a Healthcare setting*

NHS secondary or tertiary care

1.4 Inclusion and exclusion criteria*

Includes: patients aged 60 years or over admitted to any eligible NHS hospital in England or Wales with a hip fracture.

There is also a direct arrangement between RCP and Northern Ireland which does not go through HQIP who only commission NCAPOP in England and Wales: four hospitals in Northern Ireland also contribute to data collection and are included in NHFD reporting.

1.5 Methods of data submission*	Bespoke data submission by healthcare provider
1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*	31/01/2024
1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*	31/01/2025
1.7 Data flow diagram	https://www.rcplondon.ac.uk/projects/outputs/fffap-data-processing-statements
1.8 Data quality & analysis plan	<p>The audit is completed by clinical teams using the online webtool.</p> <p>Crown Informatics complete internal data value and range checks, date/time checks and dataset logic checks. The webtool validates data at the point of entry by rejecting invalid responses. Data are reviewed by Crown post extract for validity and dataset consistency.</p> <p>Confounding factors are used to adjust for patient case-mix in the mortality outlier analysis by Oxford NDORMS and they are: ASA grade, age, source of admission (own home/not own home), gender, mobility (freely mobile outdoors, mobile outdoors with 1 aid or 2 aids or frame, some indoor or no functional mobility), fracture type (intracapsular, extracapsular, including others). These are the confounding factors used for the risk adjustment for mortality funnel plots.</p>
1.9 Outlier policy	https://www.rcplondon.ac.uk/file/12301/download
2.1 Outcome measures	<p>length of stay (acute and overall hospital LOS)</p> <p>final discharge destination</p> <p>discharge to original residence within 120 days</p> <p>hip fractures which were sustained as an inpatient</p> <p>pressure ulcer incidence</p> <p>rate of re-operation within 120 days</p> <p>120 day follow up completion</p>

crude and adjusted 30 day mortality rate

2.2 Process measures	<p>nutritional risk assessment on admission</p> <p>bone protection medication plan after fracture</p> <p>specialist falls assessment</p> <p>ASA grading</p> <p>delirium assessment</p> <p>time to orthogeriatrician assessment</p> <p>monitoring contact at 120 day follow up</p>
2.3 Organisational measures	<p>service networks and patient transfers</p> <p>ability to provide orthogeriatrician reviews</p> <p>surgical capability and workforce</p> <p>theatre list timetabling and processes of surgical availability</p> <p>local/regional MDT meeting provision</p> <p>reasons for delay to surgery >36hours</p> <p>surgical kit availability</p> <p>NHFD annual report distribution and use</p>
2.4 Patient reported outcome measures	not currently collected
2.5 Patient reported experience measures	not currently collected
2.6a Do measures align with any of the following sources of evidence (select all that apply)	NICE clinical guideline; NICE quality standard
2.6b Evidence supplemental information	https://www.nice.org.uk/Guidance/CG124
3.1 Results visualisation	Interactive online portal (run charts available); Annual report; Static data files
3.2a Levels of reporting*	National; Trust or health board

3.3 Timeliness of results feedback	Within 3 months; Within 1 year; Within 24 hours
3.4 Link to dynamic reporting*	https://nhfd.co.uk/
2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2023 - 31/12/2023
2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2024 - 31/12/2024
Dataset #1 name	National Hip Database Clinical Dataset
Dataset #1 type*	Clinical audit
Dataset #1 population coverage*	All eligible patients
Dataset #1 items collected (n)	68
Dataset #1 use of existing national datasets	Hospital episode statistics (HES); Office for National Statistics (ONS)
Dataset #1 specification	see attached files
Dataset #2 name	National Hip Database Facilities Survey
Dataset #2 type*	Organisational audit
Dataset #2 items collected (n)	38
Dataset #2 specification	see attached files
Dataset #3 name	Not applicable
Dataset #4 name	Not applicable
National report publication date (within calendar year 01/01 - 31/12/2023)*	September 2023

Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*	September 2024
Planned national report publication date (within calendar year 01/01 - 31/12/2025)*	September 2025
Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance).	03/01/2024
Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*	https://www.rcplondon.ac.uk/projects/outputs/fffap-data-processing-statements
Files	NHFD 2024 main dataset V15 final.docx NHFD 2024 theatre sheet dataset V15 final.docx NHFD 2022 facilities audit final.pdf