



## National Falls & Fragility Fracture Audit Programme

<b>UPCARE: Programme name - please do not change this field.*</b>	National Falls & Fragility Fracture Audit Programme
<b>Workstream name (if applicable) - please do not change this field.*</b>	National Hip Fracture Database
<b>Contract status</b>	Ongoing
<b>Audit or non-audit</b>	Audit
<b>HQIP commissioned*</b>	Yes
<b>HQIP AD</b>	PS
<b>HQIP PM</b>	SB
<b>1.0 Included in current NHS Quality Accounts*</b>	Yes
<b>1.1a Geographical coverage - HQIP agreement*</b>	England; Wales; Isle of Man; Guernsey
<b>1.1b Geographical coverage - External agreement*</b>	Northern Ireland; Isle of Man; Guernsey
<b>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.*</b>	Falls
<b>1.2b If you selected 'Other' above, please provide details.*</b>	Older people, mortality, surgery, rehabilitation, falls
<b>1.3a Healthcare setting*</b>	NHS secondary or tertiary care
<b>1.4 Inclusion and exclusion criteria*</b>	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.

<b>1.5 Methods of data submission*</b>	Bespoke data submission by healthcare provider; Extraction from existing data source(s)
<b>1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*</b>	31/01/2024
<b>1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*</b>	31/01/2025
<b>1.7 Data flow diagram</b>	<a href="https://www.rcplondon.ac.uk/projects/outputs/fffap-data-processing-statements">https://www.rcplondon.ac.uk/projects/outputs/fffap-data-processing-statements</a>
<b>1.8 Data quality &amp; analysis plan</b>	<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>
<b>1.9 Outlier policy</b>	<a href="https://www.rcp.ac.uk/media/ocbpqsfw/nhfd-outlier-policy-2024-5-final-april-2024.pdf">https://www.rcp.ac.uk/media/ocbpqsfw/nhfd-outlier-policy-2024-5-final-april-2024.pdf</a>
<b>2.1 Outcome measures</b>	<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

<b>2.2 Process measures</b>	<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>
<b>2.3 Organisational measures</b>	<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 &gt;36hours</p> <p>surgical kit availability</p> <p>NHFD annual report distribution and use</p>
<b>2.4 Patient reported outcome measures</b>	not currently collected
<b>2.5 Patient reported experience measures</b>	not currently collected
<b>2.6a Do measures align with any of the following sources of evidence (select all that apply)</b>	NICE clinical guideline; NICE quality standard
<b>2.6b Evidence supplemental information</b>	<a href="https://www.nice.org.uk/Guidance/CG124">https://www.nice.org.uk/Guidance/CG124</a>
<b>3.1 Results visualisation</b>	Interactive online portal (run charts available); Annual report; Static data files
<b>3.2a Levels of reporting*</b>	National; Trust or health board; Integrated care system (ICS); NHS region or other geographic area; Hospital or specialist unit

<b>3.3 Timeliness of results feedback</b>	Within 3 months; Within 1 year; Within 24 hours
<b>3.4 Link to dynamic reporting*</b>	<a href="https://nhfd.co.uk/">https://nhfd.co.uk/</a>
<b>2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*</b>	01/01/2024 - 31/12/2024
<b>2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*</b>	01/01/2024 - 31/12/2024
<b>Dataset #1 name</b>	National Hip Fracture Database Clinical Dataset
<b>Dataset #1 type*</b>	Clinical audit
<b>Dataset #1 population coverage*</b>	All eligible patients
<b>Dataset #1 items collected (n)</b>	62
<b>Dataset #1 items from existing national datasets (n)</b>	1
<b>Dataset #1 use of existing national datasets</b>	Office for National Statistics (ONS)
<b>Dataset #1 specification</b>	see attached files
<b>Dataset #2 name</b>	National Hip Database Facilities Survey
<b>Dataset #2 type*</b>	Organisational audit
<b>Dataset #2 items collected (n)</b>	38
<b>Dataset #2 specification</b>	see attached files
<b>Dataset #3 name</b>	Not applicable
<b>Dataset #4 name</b>	Not applicable
<b>When was your healthcare quality</b>	15/01/2024

<p><b>improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).</b></p>	
<p><b>National report publication date (within calendar year 01/01 - 31/12/2023)*</b></p>	September 2023
<p><b>Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*</b></p>	September 2024
<p><b>Planned national report publication date (within calendar year 01/01 - 31/12/2025)*</b></p>	September 2025
<p><b>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).</b></p>	03/01/2024
<p><b>Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*</b></p>	<a href="https://www.rcp.ac.uk/improving-care/national-clinical-audits/falls-and-fragility-fracture-audit-programme-fffap/fffap-data-processing-statements/">https://www.rcp.ac.uk/improving-care/national-clinical-audits/falls-and-fragility-fracture-audit-programme-fffap/fffap-data-processing-statements/</a>