

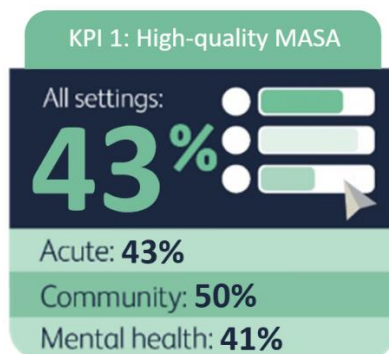
## A comparison of audit data from different inpatient settings

### Report at a glance Data analysed by settings

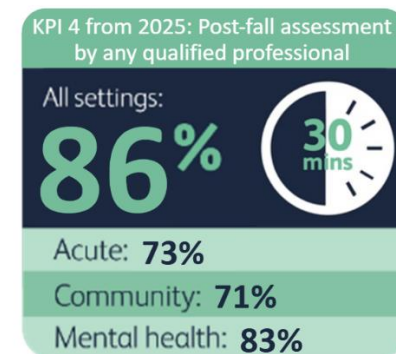
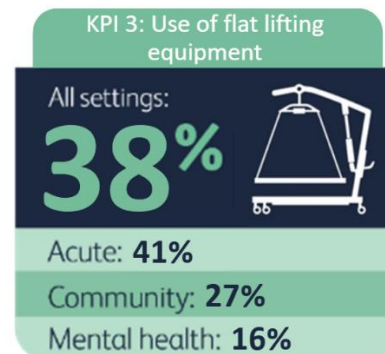
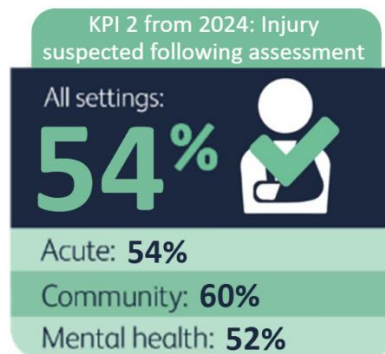
1,626 patients with fall-related inpatient femoral fractures were analysed to compare NAIF audit performance by three inpatient settings: acute, community and mental health.

### KPI 1: Proportions of patients with a high-quality multifactorial assessment to optimise safe activity (MASA)

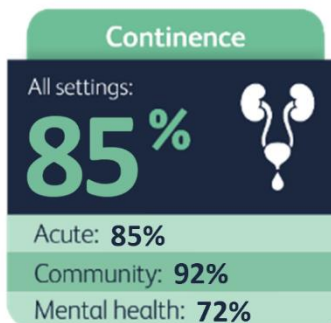
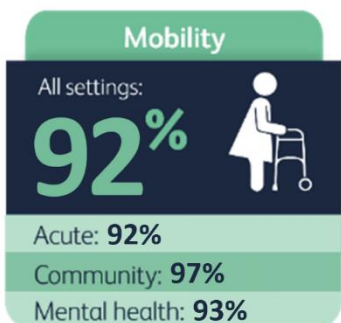
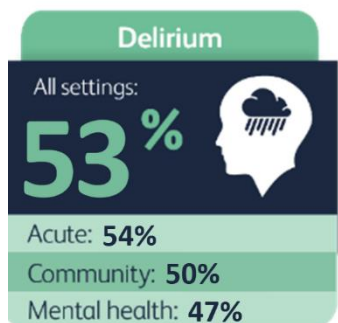
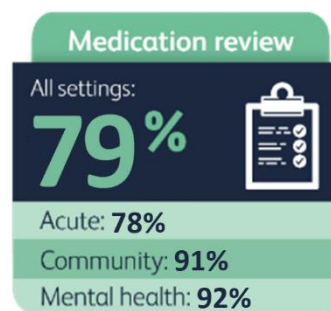
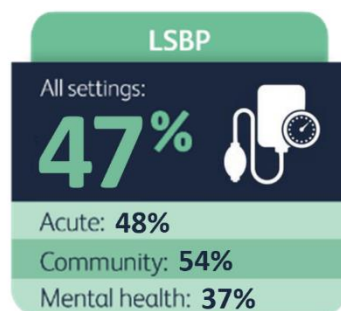
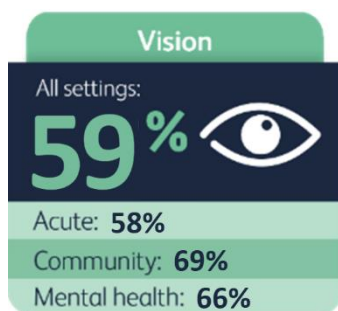
A patient is considered to have had a 'high-quality MASA' if five or more of the six actions below are documented.



### KPIs 2, 3 and 4: Post-fall management



### The MASA six actions - % by settings



### Spotlights on healthcare improvement

- 1 Trusts and health boards review their data to select an area for local improvement from one of the three suggestions detailed in the full report.
- 2 Trusts and health boards to review and refine methods for identifying and inputting cases into the expanded audit.

### Recommendations

- 1 ICBs in England and health boards in Wales to ensure providers undertake a facilities audit in 2026 and review organisational capacity to:
  - a. support patients to move safely while they are in hospital
  - b. effectively and safely manage patients who have fallen while in hospital.
- 2 ICBs and health boards to guarantee that severe harm is always attributed to inpatient fall-related hip fractures.

The spotlights and recommendations in the [main report](#) apply to **all settings**.

# A comparison of audit data from different inpatient settings

## Methods

Data collected from the National Audit of Inpatient Falls (NAIF) between January and December 2024 were broken down and analysed by setting based on the reported location of the fall. For acute, community and mental health trusts, this was done based on reported trust type, while for integrated trusts and Welsh health boards, this was done based on the ward type indicated (as in Table 1 below). The full details of NAIF methods are available in the [main report](#).

As there is no agreed definition as to what constitutes each of the settings considered, this information is based on the trust and ward type reported at audit data entry.

Table 1. Categorisation of setting based on trust/ward type reported			
Response for each NAIF case	Setting	Response for each NAIF case	Setting
Acute trust	Acute	Community trust	Community
All wards		All wards	
Integrated trust and Welsh HB		Integrated trust and Welsh HB	
Emergency department		General community	
Ambulatory care		Continuing healthcare	
Medical admission unit		Palliative care	
Surgical admissions unit			Mental health
Medical		Mental health trusts	
Surgical		All wards	
Trauma/orthopaedics		Integrated trust and Welsh health board	
Older people/frailty		Learning disability	
Other acute		Adult mental health	
		Older adult mental health	

## Audit findings

In 2024, 1,894 cases of fall-related inpatient femoral fracture (IFF) were reported in the National Audit of Inpatient Falls (NAIF), 1,626 specified the setting in which the fall occurred. Most falls (88%) occurred in acute settings, but 113 (7%) occurred in community settings, and 87 (5%) in mental health settings. Table 2 shows the average length of stay for a patient before an IFF. There is a significant increase in the days a person is admitted between each setting from acute (7 days) to mental health (47 days).

Table 2: Length of stay in setting prior to fall			
	Acute	Community	Mental health
Median length of stay in days (IQR)	7 (2–19)	29 (12–52)	47 (22–113)

These data could be used by settings to target timing of completion and frequency of reviewing completion of multifactorial assessments. Many fall-related IFFs do not happen early on in the admission. Average length of stay in an acute hospital is 7.5 days (OECD), suggesting that most IFFs in this setting occur towards the end of an admission, or in people more likely to already be experiencing a longer than average admission. The time between admission and IFF is 3 weeks in community and over one month in mental health settings, emphasising the need for regular review of multifactorial assessments, as the condition of a patient is likely to change over these time periods.

## Falls prevention activity prior to the fall and fracture

The multifactorial assessment for safe activity (MASA) considers six factors that influence safe activity, which are potentially modifiable or require care plans to accommodate. A score of 5 or more is considered high quality and is key performance indicator (KPI) 1 for NAIF. See the [main report](#) for more details.



There has been improvement in the proportion of patients who had a high-quality MASA between 2023 and 2024 in all settings, but this is particularly notable in community settings, with this setting overtaking the acute setting to score most highly in this KPI. Looking at the individual assessment components (Table 3), and comparing performance to 2023, there have been improvements of five or more percentage points (indicated in green) in four of the six MASA components for community settings and mental health settings. Acute setting performance was largely unchanged.

**Table 3: Multifactorial assessment for safe activity completion\***

	All settings 2024 (2023)	Acute 2024 (2023)	Community 2024 (2023)	Mental health 2024 (2023)
Vision assessment completion (%)	59 (57)	58 (57)	69 (64)	<b>66 (59)</b>
Lying and standing BP completion (%)	47 (42)	48 (43)	<b>54 (45)</b>	<b>37 (24)</b>
Medication review completion (%)	79 (78)	78 (78)	<b>91 (76)</b>	<b>92 (86)</b>
Delirium assessment completion (%)	53 (52)	54 (54)	<b>50 (38)</b>	47 (44)
Mobility assessment completion (%)	92 (92)	92 (92)	97 (95)	<b>93 (84)</b>
Continence assessment completion (%)	85 (84)	85 (85)	<b>92 (79)</b>	72 (74)

\* A meaningful difference is considered to be five percentage points above or below the previous year.

## Post-fall management

Table 4 presents the post-fall management (including NAIF KPI 2,3 and 4) data by setting including the previous and new iterations of KPIs 2 and 4.

Table 4: Post-fall management comparison*				
	All settings 2024 (2023)	Acute 2024 (2023)	Community 2024 (2023)	Mental health 2024 (2023)
Injury suspected following assessment (KPI 2 from 2024) (%)	54 (53)	54 (52)	60 (65)	52 (53)
Use of flat lifting equipment (%) (KPI 3)	38 (33)	41 (34)	27 (29)	16 (12)
Post-fall assessment by medical qualified professional (%): (KPI 4)	74 (65)	67 (67)	35 (31)	63 (59)
Post-fall assessment by any qualified professional (%): (KPI: 4 from 2025)	86 (77)	73	71	83
Received analgesic in 30 minutes	28 (26)	27 (26)	49 (41)	31(35)

\* A meaningful difference between 2023 and 2024 is considered to be five percentage points above or below.

There was a reduction in the proportion of effective post fall checks conducted in community settings, although the community continues to perform better than acute and mental health settings (table 4). Between 2023 and 2024, there has been an increase in the use of flat lifting equipment in acute settings, analgesia prescribed within 30 minutes in community settings and post-fall medical examinations in mental health settings.

## Recommendations

The recommendations in the [main report](#) apply to all settings.

> [Glossary of terms](#)