



National Falls & Fragility Fracture Audit Programme

UPCARE: 0.01	National Falls & Fragility Fracture Audit Programme
Programme name - please do not change this field.*	
0.02 Workstream name (if applicable) - please do not change this field.*	National Hip Fracture Database
0.1 Contract status	Ongoing
0.2 Audit or non- audit	Audit
0.3 HQIP commissioned*	Yes
0.41 HQIP AD	PS
0.42 HQIP PM	SB
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales; Jersey
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.*	Falls
1.2b If you selected 'Other' above, please provide details.*	Older people, mortality, surgery, rehabilitation
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; Extraction from existing data source(s)
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
1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*	31/01/2026
1.7 Data flow diagram	https://www.rcp.ac.uk/improving-care/national-clinical-audits/falls-and-fragility-fracture-audit-programme-fffap/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 University of Bristol 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>
1.9a Link to the outlier policy*	https://www.rcp.ac.uk/media/infhynu0/nhfd-outlier-policy-2025-6-final-august-2025.pdf
1.9b Link to the cause for concern policy*	We have used the HQIP one to challenge sites.
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

nutritional risk assessment on admission

bone protection medication plan after fracture

specialist falls assessment

ASA grading

delirium assessment

time to orthogeriatrician assessment

monitoring contact at 120 day follow up

2.3 Organisational measures

service networks and patient transfers

ability to provide orthogeriatrician reviews

surgical capability and workforce

theatre list timetabling and processes of surgical availability

local/regional MDT meeting provision

reasons for delay to surgery >36hours

surgical kit availability

NHFD annual report distribution and use

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; Professional society; Other (please describe in next question)

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; Integrated care system (ICS); NHS region or other geographic area; Hospital or specialist unit

3.3 Timeliness of results feedback

Within 3 months; Within 1 year; Within 24 hours

3.4 Link to dynamic reporting*<https://www.nhfd.co.uk/>

4.01 2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2024 - 31/12/2024
4.02 2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2024 - 31/12/2024
4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2025 - 31/12/2025
4.10 Dataset #1 name	National Hip Fracture Database Clinical Dataset
4.11 Dataset #1 type	Clinical audit
4.12 Dataset #1 population coverage*	All eligible patients
4.13 Dataset #1 items collected (n)	48
4.14 Dataset #1 items from existing national datasets (n)	1
4.15 Dataset #1 use of existing national datasets	Office for National Statistics (ONS)
4.16 Dataset #1 specification	see attached files
4.20 Dataset #2 name	National Hip Database Facilities Survey
4.21 Dataset #2 type	Organisational audit
4.23 Dataset #2 items collected (n)	27
4.24 Dataset #2 items from existing national datasets (n)	none
4.26 Dataset #2 specification	https://forms.office.com/Pages/ResponsePage.aspx?id=DQSIkWdsW0yxEjajBLZtrQAAAAAAAAAAAAAO_d4VWmdUQkdBRk1RTIpGSEM0UFhEMjNNRUVFTVM3Qi4u

4.30 Dataset #3 name	Not applicable
4.40 Dataset #4 name	Not applicable
5.00 When was your healthcare quality 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).	15/01/2024
5.10 When were your clinical performance indicators (referred to as metrics) signed off by funders? Please upload under 'Files' below using the HQIP template and naming convention (click on response to see pop-up help text).	30/09/2025 16:27
5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*	https://www.nhfd.co.uk/
5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*	September 2023
5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*	September 2024

5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*	September 2025
5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*	September 2026
6.0 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).	17/11/2025
6.1 Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*	https://www.rcp.ac.uk/improving-care/national-clinical-audits/falls-and-fragility-fracture-audit-programme-fffap/fffap-data-processing-statements/
Files	<p>NHFD 2026 main dataset V16 1711.pdf</p> <p>NHFD 2026 theatre sheet dataset V16 1711.pdf</p> <p>20240502 Metric FFFAP NHFD.xlsx</p> <p>FFFAP healthcare improvement strategy 2023-26v FINAL.docx</p> <p>2025 09 25 - CAG Letter of support - NHFD dataset amendment.docx</p>