



Case Study: NHFD Pelvic Fracture Data Collection Implementation
John Radcliffe Hospital

Background:

The planned expansion of the NHFD audit to include pelvic fractures was communicated in October 2025, with a commencement date of 1st January 2026. The patient group was not actively being identified for any specific audit or project at the time. It was agreed that there would be benefits to understanding the patient group in terms of raw numbers initially, and that could in turn lead to further analysis and understanding of their care.

Aim

The planned outcome was to identify 100% of patients aged over 60yrs with a pelvic fracture, and to submit the required data points to the NHFD.

There was little advanced warning of the introduction pelvic fracture to the NHFD dataset. The communication was received on 16th October 2025, and accounting for the time of year there was little time available to plan in a project management sense. The data was due to start being collected from 1st January 2026

Target: To develop a process enabling the identification of patients aged over 60yrs with a pelvic fracture, and to submit the required data points to the NHFD.

Process

There was a shared understanding that the project had potential to bring benefits to the patient group. The project was presented and discussed at monthly (Fragility Fracture Meeting) and quarterly (Fragility Fracture Improvement Group) MDT meetings.

The initial actions were carried forward by the Divisional Data and Information Office (DDIO) team who are responsible for the NHFD audit. The DDIO team liaised with a Fracture Prevention Nurse, Trauma Consultant and Information Analyst, as well as the NHFD and Fragility Fracture Orthogeriatrics Lead to validate the initial dataset.

The DDIO team are responsible for several audits, including the NHFD and the National Major Trauma Registry (NMTR). Co-location of responsibility for these audits in the DDIO team was highly beneficial, as existing patient identification processes could be adapted to identify patients with pelvic fractures. Existing screening processes include reviewing daily ED and trauma admissions, ICU and direct admissions to specific wards, and weekly lists of ICD-10 codes post-discharge.

The first step was to establish a baseline. During the month of November 2025 we aimed to identify as many eligible pelvic fracture patients as possible using existing screening methods. Through liaising with the Information Team, we were able to establish an expected number of patients based on ICD10 coding at discharge over a wider historical time-period. By comparing these 2 datasets with the patients known to the Fracture Prevention and Trauma services, we were confident of having a high capture rate.

To submit the required details for pelvic fracture patients to the NHFD, the DDIO team have been required to adapt how they work. It was, and continues to be, challenging to maintain this additional data burden. We are seeking support for additional resource to try and sustain what we're delivering. Audit requirements grow each year, with invaluable goals. The inclusion of pelvic fracture patients in the NHFD audit has been a substantial but worthwhile addition.

Outcomes

There is a complete and clearly defined dataset of patients aged 60+ with a pelvic fracture in the NHFD. It's possible to identify where these patients are meeting fragility fracture best practice metrics, and compare this to the hip and femur fracture patient group. From this we can use the data to inform MDT meetings and consider any ways in which we can improve care to the patient group.

Impact on patient care

The data is available for a 6-month period, and we're starting to identify any areas where patient care can potentially be improved. As an example, we're monitoring whether these patients are routinely being seen by the GO team. Analysis is also required to better understand how these patients are cohorted. Having a solid evidence base may highlight the need for additional support in caring for these patients, and the data could be used to inform future business cases.

Key Learning

In terms of developing a process to identify patients aged over 60yrs with a pelvic fracture and to submit the required data points to the NHFD, there is nothing we'd have done differently. Having an established Data team was critical to the success of the project. The process was efficiently created based on existing methods and excellent support from different the teams and their representatives involved. Further analysis is required to maximize the benefits of the data, which will be completed in the months ahead.

The key learning points for other units are:

- > Having an established Data team enabled existing processes to be adapted to respond to this change. The Data team also acted as the hub to co-ordinate and progress the project.
- > Having a regular, engaging and well attended MDT meeting ensured this project could be picked up quickly, and the appropriate stakeholders engaged early.