

Beyond hip fracture: reporting on the expansion to include other injuries for the first time – methodology

Version 1.0 – October 2026

Methodology of the audit creation and setup

The Falls and Fragility Audit Programme (FFFAP) is a suite of continuous clinical audits. There are three audits covering the following workstreams – the National Hip Fracture Database, the National Audit of Inpatient Falls (NAIF) and the Fracture Liaison Service Database (FLS-DB).

NAIF is a clinically-led, web-based audit of inpatient falls prevention care and post-fall management in acute, mental health, community and specialist trusts in England and Wales. It audits the delivery and quality of care for patients over 65 who fall and sustain any fracture, spinal or head injury as a result of an inpatient fall.

This is the first NAIF report to use the new case ascertainment method and include inpatient fall-related injuries beyond hip fractures.

Audit questions and data entry

The datasets, user guides and other useful documents for the NAIF can be accessed online in the resources section.

Services are required to enter data via the audit programme's bespoke webtool, created by Crown Informatics LTD at fffap.org.uk.

Data entry to the audit is reviewed by the NAIF team annually. This year, NAIF will be introducing a new outlier identification process, outlining **four** proposed outlier types:

1. **Non-participating organisations:** no injuries reported or not registered to participate.
2. **Significant discrepancies between NAIF and NHFD reported hip fracture case submissions:** more than 15 fewer hip fractures in NAIF compared with either NHFD or 2024 NAIF data
3. **Low ratios of hip fractures reported to other fragility fractures/eligible injuries:** hip fracture-to-other injury ratio below 1:1
4. **Positive outliers:** hip fracture cases reported in NAIF matching or exceeding their NHFD hip-fracture count, and those reporting at least three other eligible injuries per hip fracture reported.

The NAIF team communicate directly with the service to understand the reasons behind the lack of participation and to provide support where possible.

Regular email updates and newsletters are also sent to participants with deadline reminders.

Deadline and data transfer

The data entry deadline for completion of records pertaining to the audit period was **31 March 2026**.

Thereafter, data were extracted by Crown Informatics and anonymised as follows:

- > NHS number replaced by an anonymised patient identifier
- > postcode replaced by a Lower Layer Super Output Area (LSOA) (a geographical area in England and Wales which is large enough to be nonidentifiable to the patient)
- > date of birth replaced by calculated age at admission.

The anonymised file containing non-identifiable patient data was then sent via secure file transfer to the statistical team at the University of Bristol for analysis.

Key points

This report presents data from all eligible injury types sustained between 1 January and 31 December 2025 from England and Wales. All participating organisations were asked to complete a facilities audit before 31 March 2026, answering questions about leadership, policies, processes and governance.

Definition of NAIF cases

Fall-related injuries are referred to as **cases**, as data are collected for each inpatient fall that results in an eligible injury.

An individual patient may be counted as a case more than once within the year if they have multiple falls that result in eligible injuries.

NAIF key performance indicators (KPIs)

KPIs	Analysis														
KPI 1. High-quality Multifactorial Assessment to optimise Safe Activity (MASA)	Context: The MASA quality score is calculated by adding together the six risk factor assessments completed for each patient. A maximum score of 6 means that all six assessment components were completed. A high-quality MASA is defined as a score of 5 or more out of 6, reflecting the need for a range of assessments because falls are multifactorial.														
	Measure: Percentage of cases with a high-quality MASA, using analysis 2.														
	Analysis 1: MASA quality score														
	<table><tr><th>Components</th><th>Analysis (1 score per component)</th></tr><tr><td>3.1 – Vision assessment</td><td>Numerator: cases where the response to 3.1 is ‘Yes - no visual impairment identified’ or ‘Yes - visual impairment identified’. Denominator: total cases.</td></tr><tr><td>3.2 – Lying and standing blood pressure (LSBP)</td><td>Numerator: cases where the response to 3.2 is ‘Yes - no evidence of orthostatic hypotension’ or ‘Yes - evidence of orthostatic hypotension’. Denominator: total cases, excluding cases response to 3.2 is ‘Not possible’.</td></tr><tr><td>3.3 – Medication review</td><td>Numerator: cases where the response to 3.3 is ‘Yes’. Denominator: total cases, excluding cases response to 3.3 is ‘Not applicable’.</td></tr><tr><td>3.4 – Delirium assessment</td><td>Numerator: cases where the response to 3.4 is ‘Yes’ or ‘Other screen used’. Denominator: total cases.</td></tr><tr><td>3.5 – Mobility assessment</td><td>Numerator: cases where the response to 3.5 is ‘Yes’. Denominator: total cases.</td></tr><tr><td>3.6 – Continence assessment</td><td>Numerator: cases where the response to 3.6 is ‘Yes - continence problems identified - care plan documented’ or ‘Yes - no problems with continence identified’. Denominator: total cases.</td></tr></table>	Components	Analysis (1 score per component)	3.1 – Vision assessment	Numerator: cases where the response to 3.1 is ‘Yes - no visual impairment identified’ or ‘Yes - visual impairment identified’. Denominator: total cases.	3.2 – Lying and standing blood pressure (LSBP)	Numerator: cases where the response to 3.2 is ‘Yes - no evidence of orthostatic hypotension’ or ‘Yes - evidence of orthostatic hypotension’. Denominator: total cases, excluding cases response to 3.2 is ‘Not possible’.	3.3 – Medication review	Numerator: cases where the response to 3.3 is ‘Yes’. Denominator: total cases, excluding cases response to 3.3 is ‘Not applicable’.	3.4 – Delirium assessment	Numerator: cases where the response to 3.4 is ‘Yes’ or ‘Other screen used’. Denominator: total cases.	3.5 – Mobility assessment	Numerator: cases where the response to 3.5 is ‘Yes’. Denominator: total cases.	3.6 – Continence assessment	Numerator: cases where the response to 3.6 is ‘Yes - continence problems identified - care plan documented’ or ‘Yes - no problems with continence identified’. Denominator: total cases.
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Total possible score = 6															
Analysis 2: High MASA quality score															
Use data from Analysis 1.															
Calculate the number of cases with a MASA quality score of 5 or more.															
Numerator: total cases with MASA quality score ≥5.															
Denominator: total cases.															

KPI 2. Check for injury before moving and injury suspected	Measure: Percentage of cases whose notes show that the patients were checked for signs or symptoms of potential fracture, spinal injury or head injury before being moved, and where an injury was suspected. Source question: 4.1 Is there documented evidence in the clinical notes that the patient was checked for signs or symptoms of potential injury, including fracture, spinal injury or head injury, before they were moved? Numerator: cases where the response to 4.1 is 'Yes – injury suspected'. Denominator: total cases.
KPI 3. Proportion of cases with hip fracture who were moved from the floor with flat lifting equipment	Measure: Percentage of cases with hip fracture who were moved from the floor using a flat lifting method. This KPI only applies to patients who sustained a hip fracture as a result of the fall. Source question: 4.2 What moving and handling method was used to move the patient following the fall that caused the injury or injuries? Numerator: cases where the response to 4.2 is 'Flat lifting equipment'. Denominator: total cases where hip fracture is recorded as an injury
KPI 4. Medical examination within 30 minutes of a fall	Measure: Percentage of cases that received a medical examination within 30 minutes of the fall. Source questions: 4.3 Is there documented evidence that the patient had a medical examination within 30 minutes following fall that resulted in the injury (ies)? 4.3b Time in minutes from fall that caused the injury (ies) to the medical examination? Numerator: cases where the response to 4.3 = 'Examination by medically qualified professional' or 'Examination by appropriately qualified other healthcare professional'. Time recorded in 4.3b is within 30 minutes of the fall. Denominator: total cases.
KPI 5. Analgesia administered within 30 minutes of the fall	Measure: Percentage of cases that received appropriate analgesia within 30 minutes of the fall. Source questions: 4.4 Was analgesia given following the fall that caused the injury or injuries? 4.4a Time in minutes from the fall that caused the injury or injuries to administration of analgesia? Numerator: cases where the response to 4.4 = 'Yes' and the time recorded in 4.4a is within 30 minutes of the fall. Denominator: total cases.

Patient-level data

- The time intervals of data that were analysed were based on dates of injurious inpatient falls between 1 January and 31 December 2025.
- Key data:
 - Number of patient records submitted with inpatient falls in 2025
 - Demographic data at national aggregate level:
 - Country (England and Wales)
 - Sex
 - Deprivation (IMD quartile)
 - Age
 - For each KPI:

- i. National aggregate data
- ii. Trust-level data
- iii. Performance breakdown by different injury types:
 - Head injury
 - Spinal injury
 - Hip fracture
 - Vertebral fracture
 - Rib fracture
 - Humeral fracture
 - Distal forearm fracture
 - Pelvic ring fracture
 - Other fracture
- iv. Performance breakdown by type of trust/HB:

Breakdown by type of trust/HB

Category	Answer in 2.4	Answer in 2.4a
Acute	Acute	All wards in section (Ambulatory care, Emergency department , Medical admission unit (including clinical decision units), Surgical admissions unit, Medical (general and speciality), Surgical (general, speciality excl. orthopaedic, Trauma/orthopaedics (including elective orthopaedics), Older person's / frailty, Other)
	Integrated trust	Ambulatory care, Emergency department, Medical admission unit (including clinical decision units), Surgical admissions unit, Medical (general and speciality), Surgical (general, speciality excl. orthopaedic, Trauma/orthopaedics (including elective orthopaedics), Older person's / frailty, Other acute
	Welsh health board	Ambulatory care, Emergency department, Medical admission unit (including clinical decision units), Surgical admissions unit, Medical (general and speciality), Surgical (general, speciality excl. orthopaedic, Trauma/orthopaedics (including elective orthopaedics), Older person's / frailty, Other acute
Mental health	Mental health / learning disabilities	All wards in section (General adult, Learning disability, Older people)
	Integrated trust	Learning disability, Adult mental health, Older adult mental health, Other community / MH
	Welsh health board	Learning disability, Adult mental health, Older adult mental health, Other community / MH
Community	Community	All wards in section (General, Continuing healthcare, Learning disability)
	Integrated trust	General community, Continuing healthcare, Learning disability
	Welsh health board	General community, Continuing healthcare, Learning disability