National Clinical Audit - Line of sight table on report recommendations	
Provider to complete the following details to allow for ease of access and rapid review	
HQIP Ref. Project name, Title of report	Ref. 718, National Hip Fracture Database, Mind the Gap: Challenging inequities in hip fracture care
1. What is the report looking at/what is the project measuring?	Hip fracture, non-hip femoral fracture and peri-prosthetic fracture care quality, performance and outcome
2. Which countries are covered?	England, Wales, Northern Ireland and other Devolved Nations as contracted to the audit/programme
3. The number of previous projects *(e.g., is it the 4th project or is it a continuous project)*	The audit is now in its 19th year of reporting
4. The date the data is related to (*include start and end points – e.g., 01/01/2016 to 31/10/2016)*	1 January 2025 – 31 December 2025
5. Any links to NHS England objectives or national initiatives	Getting It Right First Time (GIRFT), Best Practice Tariff (BPT), NHS Ten year plan
6. Any links to Devolved Nations/Crown Dependencies objectives or national initiatives	n/a

**** If the question previously asked by the project (date asked and result). If not asked before please denote N/A.**

Provider to complete the below for each recommendation in the report					
Intended audience	**Underpinning evidence in the report** *(with page no.)*	**Current national audit benchmarking standard (if available)**	**Associated NHS payment levers or incentives'**	**Guidance available (e.g., NICE guideline)**	**% project result****
Recommendation no: 1					
NHS England and Welsh Health Boards should mandate and monitor compliance with routine delirium screening using the 4AT for all patients admitted with hip fracture, ensuring that Integrated Care Boards (ICBs) in England and Health Boards in Wales hold hospitals accountable for implementation.					
NHS England, ICBs and Welsh Health Boards	some hospitals have still not established routine delirium assessment, both when patients are admitted and when they are recovering after surgery. (pages 5, 6)	NHFD KPI 5	BPT	RCP, Royal College of Emergency Medicine, Society for Acute Medicine, British Geriatrics Society and NHS England standards for the first 72 hours of hospital care NICE hip fracture guideline CG124 (1.8.3)	rates of admission 4AT screening range from 0–100% in different hospitals. Seven hospitals in England and four hospitals in Wales reported screening less than 2/3rds of their pts on admission

Recommendation no: 2					
Utilising NHFD data on pelvic fragility fractures, Getting It Right First Time (GIRFT), working with the British Orthopaedic Association (BOA) and British Geriatrics Society (BGS), should collaborate to provide the environment for excellent and equitable care of those admitted with fragility fractures, aiming to reduce unwarranted variation in care and outcomes.					
GIRFT	The NHFD's success in improving hip fracture services means that our reporting now highlights weaknesses in the care of people with other fragility fractures. The same model of continuous audit-driven improvement needs to be extended to the care of people with fragility fractures of other bones (page 7)		BPT for hip, femoral and distal fractures (NB not included in BPT are PPFF and pelvic fractures)	GIRFT NAFF pathway	The report will link to a spreadsheet of KPI performance for other fractures (femoral, distal and PPFF)
Recommendation no: 3					
ICBs and Welsh Health Boards should ensure that every hip fracture service holds clinical governance meetings at least monthly and that these routinely review - Patient feedback - Patient safety events, such as pressure ulcers - Their performance for each KPI, questioning their position, especially if their hospital features in red on the NHFD caterpillar plots – as this would indicate significant under-performance.					
ICBs and Welsh Health Boards	Only two-thirds of respondents to our Governance Survey 2025 reported that their hospital holds a hip fracture clinical governance meeting, and only one third of these said that patient feedback was discussed in such meetings. (Pages 9 and 10)	Patient safety NHFD KPI0 NHFD KPI1 NHFD KPI2 NHFD KPI3 NHFD KPI4 NHFD KPI5 NHFD KPI6 NHFD KPI7	NICE hip fracture guideline CG124	HQIP Cause for Concern policy	Only two-thirds of respondents to our Governance Survey 2025 reported that their hospital holds a hip fracture clinical governance meeting, and only one third of these said that patient feedback was discussed in such meetings.

Recommendation no: 4					
NHS England, ICBs and Welsh Health Boards should ensure universal provision of effective Fracture Liaison Services (FLSs), working with the Royal Osteoporosis Society (ROS) and the Fracture Liaison Service Database (FLS-DB) to eliminate geographical gaps in secondary fracture prevention, in line with the NHS 10 Year Plan.					
NHS England, ICBs, Welsh Health Boards, ROS	Each year a quarter of the people who present with a hip fracture give a history of a previous fragility fracture. In spite of this, at least half of them (around 10,000 people each year) are not receiving the effective bone strengthening medication that might have prevented the hip fracture. (pages 8 and 11)	NHFD KPI 7		NOGG clinical guideline for the prevention and treatment of osteoporosis Ten year health plan	KPI 7 2024 – 54% 2025 – 60% (please note 2025 % to be confirmed once 120 day follow up data is analysed)