National Hip Fracture Database Frequently asked Questions

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General

What is the NHFD, what data do you collect?

Launched in 2007, the National Hip Fracture Database (NHFD) is a clinically led web-based audit of hip and femoral (thigh bone) fracture care and secondary prevention in England, Wales and Northern Ireland. It collects data on all patients over 60 years old admitted to hospital with hip and femoral fractures aiming to improve their care through auditing which is fed back to hospitals through targeted reports and online reporting.

Do I need to get consent from patients to enter their data?

No, NHFD data is collected under section 251 of the NHS Act 2006, with support from the Confidential Advisory Group (CAG) (ref: 25/CAG/0032). This provides a temporary break in the legal requirements so that for these clearly stated purposes, the audit can collect data on patients without a consent form, which is the usual legal requirement. Please refer to the FFFAP data processing statements for more information.

Do I need to screen patients for Opt Out before including in the database?

No, the NHFD has been granted exemption from the national data opt out (NDOO). This means that audit participants will not need to screen records on whether patients have opted out via national data opt out prior to data entry. You can view further details here.

Who manages the project?

The audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and managed by the Royal College of Physicians (RCP) as part of the Falls and Fragility Fracture Audit Programme (FFFAP).

How do I get in contact to ask any questions?

The NHFD team at the Royal College of Physicians has a dedicated helpdesk via email or phone. Contact us at nhfd@rcp.ac.uk or give us a call on 020 3075 2395. Our opening hours are Monday-Friday 9am-5pm (excluding bank holidays).

I want to join a mailing list but do not need an account/access

Please email us on nhfd@rcp.ac.uk and we can add you to our mailing list for our quarterly newsletters and webinar updates. If you have an account/access to the database already, you will be automatically included in our communications.

Accounts/access

I need an account; how do I get one?

New user account requests must be submitted by the participating hospital by existing users, by creating a new user account for a colleague:

- Log in to the NHFD
- Click on 'support' on the tab on the top right
- Click on 'request access' and follow the instructions on the resulting page

The request will automatically be emailed to the lead clinician, who will need to log into the database to approve or decline it. If the lead clinician creates the new user account, authorisation will be automatic.

My account was suspended, can it be reinstated?

We are not able to reinstate suspended accounts, you will need to request access again via the process above.

I need a lead clinician account/We don't have a lead clinician?

To function properly each hospital must have shared clinical leadership within the hip fracture team. Each hospital must have at least one lead clinician, and several clinicians may share the role - in fact we encourage this.

Please ensure that registered lead clinicians nominate and assign their roles to a new lead clinician if they are planning to discontinue their involvement with the NHFD. To register as your NHFD team's lead clinician when you don't have a lead clinician registered on the database, please contact us at nhfd@rcp.ac.uk with approval from your Trust's Caldicott Guardian.

. The NHFD lead clinician at each participating hospital is responsible for:

- checking the quality of the data submitted to the NHFD from their site
- authorising access to new users and ensuring only the appropriate people have access to the data, and that each has the correct level of access
- data governance
- being the first point of contact for the NHFD.

The lead clinician must be a consultant or SAS (Associate Specialist, Specialist grade, Speciality Doctor or Staff grade) anaesthetist, geriatrician, orthopaedic surgeon or physician. They are not necessarily the service lead for trauma within the Trust/Health Board, but a senior clinician with a particular interest in ensuring that patients with hip fractures receive the best practice standard of care.

I've forgotten my password/username

If you have forgotten your username, click on the 'Username reminder?' on the login page, complete the details requested and an email reminder will be sent to you.

If you have forgotten your password, this can be reset by clicking on 'Reset password' on the login page and completing the details to reset a new password. You will be asked to confirm your system username that

you were given when first registering for the database. You will receive an email to your registered email address if the username and email address you entered in the reset stage matches your record on file. The email will contain a link to click, which will then activate your new password. If you have any issues resetting your password, please contact the database provider support directly as the RCP team do not have access to edit or reset account details.

My contact details have changed

It is important that your contact details on the database are up to date so that you receive regular communications and updates from the NHFD team. If your email address has changed or other details need updating, please contact the database provider support directly as the RCP team do not have access to edit or reset account details.

I need to change my access level on the NHFD

To upgrade or downgrade your account access, please have your NHFD team's lead clinician (or Trust Caldicott Guardian) contact us with prior approval. The levels of access are as follows:

- **Public access** – This allows access to news, published reports and the resources section of the website. A username and password are not needed to access these areas.
- **Read only access** – This allows the user to view all records entered to the NHFD, as well as the reports and run charts, but it does not allow the user to enter, amend or export data. A password and username are required, and this level of access is recommended for staff members that need to review reports.
- **Full access** – This allows the user to create new records, update and edit patient data and export data in spread sheet format. A password and username are required, and users can also view reports and run charts.

I/ a colleague no longer needs access

Please email us at nhfd@rcp.ac.uk to remove an account, please note we can only remove accounts that are read only access and full access.

Eligibility/data entry

Where can I find the datasets for download/printing/

Datasets can be downloaded here, in our resources section which contain a number of other useful documents.

The patient did not have surgery, should they be included?

Yes, all eligible patients should be included whether they had surgery or not on their original presentation. Please choose 'no' for 'Was an operation performed on this patient'.

The patient died on the operating table, how should I record this?

Please enter ‘Yes’ for ‘Was an operation performed on this patient?’ and answer negatively for all necessary questions afterwards. Q8 discharge date should be the date of death.

The patient presented at ED, was sent home, returned again with pain and fracture identified – when does the ‘clock start’ ?
The clock starts at first presentation to ED or trauma team in this operating hospital with this fracture.

The patient was initially managed ‘conservatively’ (without operation), but later received surgery.
If the patient is still in hospital when a decision is made to operate then the time to operation will be measured from when they first presented, and maybe very long as a fair reflection of their experience of what will feel like a delay in surgery.

If the patient is discharged from hospital after conservative management, but later re-presents and needs surgery then this episode should be recorded as a completely new episode (without asking for a lot of detail it is not possible for the NHFD to judge whether the surgery was because the first approach failed, or because of a new fall).

The patient fractured their hip, then their femur, on the same side – should they be entered twice?
This should be entered as 2 separate records as these are two separate fractures and care spells.

The patient fractured the hip/femur on the same side for a second time
The first admission with a fracture each side will be with a hip, shaft or distal femur fracture. If a patient fractures the same hip/femur a second time this will usually be a ‘peri-prosthetic femoral fracture’ and should be entered as such.

The patient fell while already on an orthogeriatric/orthopaedic ward, what time should we enter?
The clock starts when the patient is first seen by the trauma team following this fall and fracture.

The patient does not have an NHS number
Please use ‘[NONHS]’ (including the square brackets) for patients that reside in the UK, but do not have an NHS/CHI number.

The patient is not resident in the UK
Please use 'OVERSEAS' for patients who all non-UK residents.

What counts as ‘out of bed’ post-op?
A patient would be described as ‘out of bed’ if they were able to sit or stand out of bed on the day of their return from operation or on the following day. The patient can do this with help of nurses or therapists, including being hoisted to help them to stand, or to sit in a chair or on a commode.
The objective is for them to gets out of bed for something the patient and everyone would agree serves a clinically useful purpose. Hoisting someone up and then down again just to get them off the bed to ‘tick a box for KPI4’ would be cruel and unethical.

If a patient presents at one hospital but is transferred to another for treatment, who enters the patient on the NHFD?

Patients should be entered on the database by the hospital that performs their definitive treatment (i.e. their operation or care following a decision to provide non-operative management).

If a patient is admitted to the ED (or falls and breaks their femur as an inpatient) in Hospital A, but is then sent to Hospital B for their operation, it will be Hospital B which should enter them on the database.

Hospital B should record the 3 letter code of Hospital A as that is the hospital in which the fracture was is first identified, but the 'clock' measuring time to theatre etc. will start with the date and time of first presentation to the ED or trauma team in Hospital B.

Data

How do I look at all my data entered

You can view all the data your site has entered under 'Patients'. Alternatively you can perform an 'export', please ensure to perform separate exports if the time period you need spans different dataset versions.

Can I see which patients have died within 30 days

You can log into the database and export your patient data, choosing to include calculated fields, and there will be a column which shows a 30 day mortality flag for each patient.

How are each of the KPIs calculated

You can select the 'about' button on the top right-hand corner of the KPI overview page. You can also read through the KPI specification page which contains further information. If you have further queries, please contact us at nhfd@rcp.ac.uk.

How is mortality data obtained and calculated

Crude mortality is casemix adjusted using a validated model [Tsang et al. 2017]. This model is refined each year, and the model coefficients updated to reflect changes in the data reported by units. The mortality run charts are updated quarterly, and will run a few months in arrears to allow linkage to validated Civil Registration mortality data.

What is the deadline for entering data

The deadline for entering data for each year to be included in the annual report is the end of January following that year end. For example, the deadline for 2024 data to be included in the 2025 annual report on 2024 was 31 January 2025.

Mortality data cut off dates are each calendar quarter: each data cut is taken around 6 weeks after quarter end, so for Q1 (Jan-March), it will be around mid-May, for Q2 it will be around mid-August and so on.

Best Practice Tariff

What is best practice tariff

Best Practice Tariff (BPT) is an additional payment in England only, that a hospital can receive for each eligible patient whose care meets all of a set of criteria that define high quality care. This payment is on top of the normal tariff for treating a hip fracture.
In designing this system of payment for performance NHS England anticipated that even in the best of centres around one in five of patients will not be eligible for this additional payment. Such patients will include people who are too unwell to receive prompt surgery, and those in whom surgery in not appropriate.

How much is the tariff per patient?

As of October 2025, the current tariff is £1,366 per eligible patient whose care meets all eight of the BPT criteria

What are the criteria?

- Surgery within 36 hours
- Peri-operative orthogeriatric assessment within 72 hours
- Bone health assessment during assessment
- Pre-operative cognitive assessment (note from 1 April 2024 the assessment is required to be 4AT)
- Falls assessment during admission
- Nutrition assessment during admission
- Delirium assessment using 4AT during admission (post-op)
- Physiotherapist assessment by day of or day following surgery

How do I see if a patient has passed BPT or not?

You can find this information after logging into the database and clicking on ‘Reports’ then ‘BPT status report’.

Which patients/fractures are included in BPT?

Currently, BPT includes patients with fracture of the hip, femoral shaft, distal femur.

It is not paid for the care of people with peri-prosthetic fractures (people who sustain a ‘peri-prosthetic femoral fracture’ ie. a fracture at or near the site of previous surgery, plates, screws, nails or hip and knee replacements in the femur.

What is the 4AT/AMTs change for 2024

From April 2024 BPT requires patients to be assessed with a 4AT both on admission and again post-operatively.

If the patient died during their admission do they count as failing BPT?

BPT is designed to improve the treatment patients receive and units will be credited with providing 'best practice' even if the patient dies in the later stages of their hospital stay, provided they had previously met and passed all BPT criteria during the pre- and peri-operative parts of their care spell. If the patient died before some elements of care were carried out (eg. before operation or before post-operative physiotherapist assessment or bone treatment) their care will not be eligible for BPT.

Patient resources

Can I order printed copies of the patient leaflets

Unfortunately, due to budget constraints we are no longer able to print and send out these booklets so we would encourage you to do this at your hospital if hard copies are required. You can download the current version for printing here.