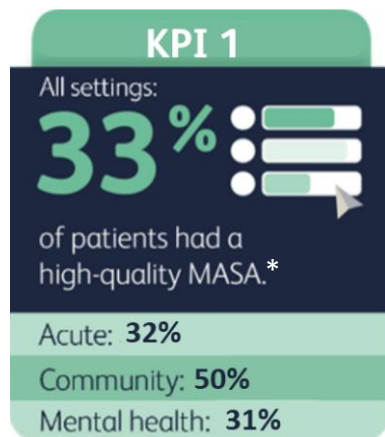


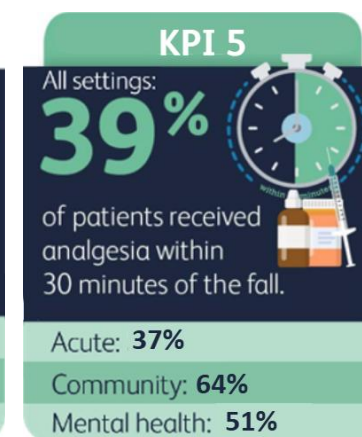
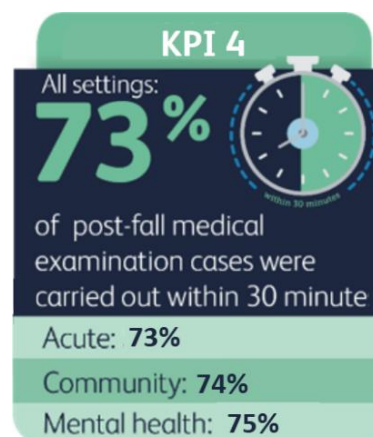
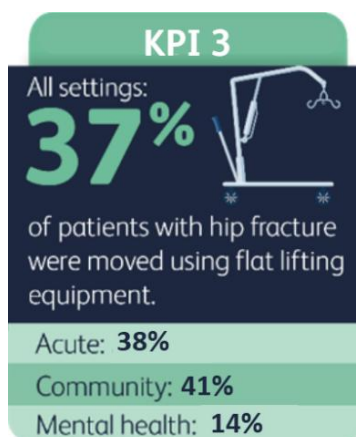
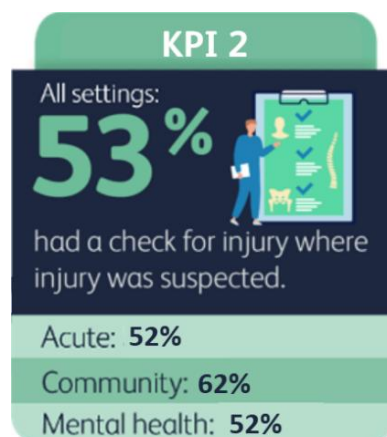
A comparison of audit data from different inpatient settings

4,187 patients with inpatient fall-related injuries were analysed to compare performance by three inpatient settings: **acute, community and mental health**.

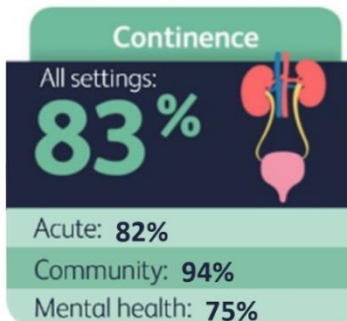
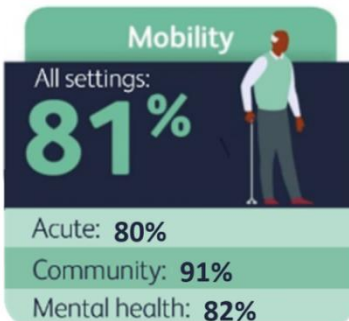
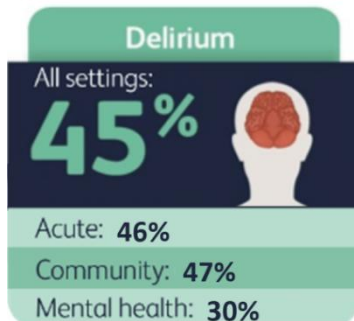
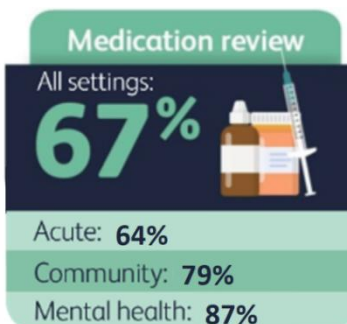
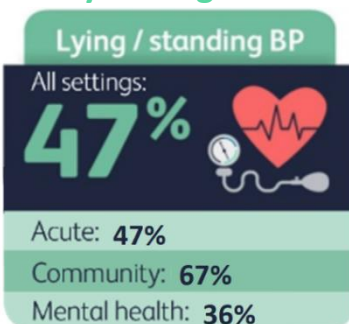
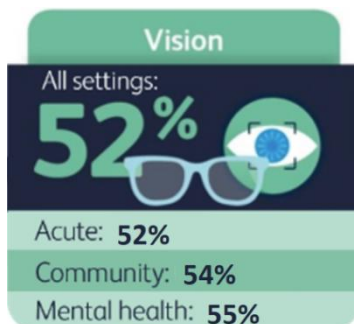
Falls prevention care



Post-fall management



The MASA six actions – % by settings



Recommendations call on integrated care boards (ICBs) and Welsh health boards (HBs) to:

1. strengthen oversight of participation and case ascertainment
2. standardise post-fall processes and workforce competency
3. ensure effective falls governance.



NAIF has identified four areas for healthcare improvement, referred to as '**spotlights**'. Based on report findings, these highlight where trusts and HBs can focus improvement activity to support better patient care.

The [spotlights](#) and recommendations in the [main report](#) apply to **all settings**.



*A 'high-quality MASA' means at least five of the six actions above are documented for a patient.

A comparison of audit data from different inpatient settings

Methods

Data collected from the National Audit of Inpatient Falls (NAIF) between January and December 2025 were broken down and analysed by setting based on the reported location of the fall. For acute, community and mental health trusts, this was done based on reported trust type, while for integrated trusts and Welsh health boards, this was done based on the ward type indicated (as in Table 1 below). The full details of NAIF methods are available in the [main report](#).

As there is no agreed definition as to what constitutes each of the settings considered, this information is based on the trust and ward type reported at audit data entry.

Table 1. Categorisation of setting based on trust/ward type reported

Response for each NAIF case	Setting	Response for each NAIF case	Setting
Acute trust	Acute	Community trust	Community
All wards		All wards	
Integrated trust and Welsh HB		Integrated trust and Welsh HB	
Emergency department		General community	
Ambulatory care		Continuing healthcare	
Medical admission unit		Palliative care	
Surgical admissions unit			Mental health
Medical		Mental health trusts	
Surgical		All wards	
Trauma/orthopaedics		Integrated trust and Welsh health board	
Older people/frailty		Learning disability	
Other acute		Adult mental health	
		Older adult mental health	

Audit findings

In 2025, the audit expanded to include all cases of inpatient falls in people aged 65 or over that resulted in a head injury, spinal injury or any fracture; 4,187 cases were reported with all cases specifying the setting in which the fall occurred. Most falls (87%) occurred in acute settings, but 297 (7%) occurred in community settings, and 245 (6%) in mental health settings. Table 2 shows the average length of stay for a patient before the fall. Falls happened much earlier in the stay in an acute setting compared to community and mental health.

Table 2: Length of stay in setting prior to fall

	Acute	Community	Mental health
Median length of stay in days (IQR)	6 (2–18)	23 (10–42)	38 (15–94)

Falls prevention activity prior to the fall and fracture

The multifactorial assessment for safe activity (MASA) considers six factors that influence safe activity, which are potentially modifiable or require care plans to accommodate. A score of 5 or more is considered high quality and is key performance indicator (KPI) 1 for NAIF. See the [main report](#) for more details.

KPI 1 – High-quality MASA per setting



When analysing by setting, patients in community settings were most likely to have received a high-quality MASA. Within the components of MASA, more community-based patients had lying and standing blood pressure (LSBP), medication review, mobility and continence assessments compared to the acute setting. Mental health settings performed well in medication review but worse in LSBP, delirium screening and continence assessment than acute and community settings.

Table 3: Multifactorial assessment for safe activity completion

	All settings (2025)	Acute (2025)	Community (2025)	Mental health (2025)
Vision assessment completion (%)	52%	52%	54%	55%
Lying and standing BP completion (%)	47%	47%	67%	36%
Medication review completion (%)	67%	64%	79%	87%
Delirium screening completion (%)	45%	46%	47%	30%
Mobility assessment completion (%)	81%	80%	91%	82%
Continence assessment completion (%)	83%	82%	94%	75%

Post-fall management

Table 4 presents the post-fall management (including NAIF KPIs 2-5) data by setting.

Table 4: Post-fall management comparison				
	All settings (2025)	Acute (2025)	Community (2025)	Mental health (2025)
KPI 2 – Injury suspected following post-fall check (%)	53%	52%	62%	52%
KPI 3 – Use of flat lifting equipment for cases with hip fracture (%)	37%	38%	41%	14%
KPI 4 – Post-fall examination by a qualified professional within 30 minutes (%)	73%	73%	74%	75%
KPI 5 – Analgesia administered within 30 minutes (%)	39%	37%	64%	51%

In post-fall management, community trusts were more likely to perform a post-fall check that correctly identified injury. Mental health trusts were much less likely to use flat lifting equipment to move patients who had sustained a hip fracture from the floor. Access to a post-fall medical examination was the same across settings. However, community and mental health settings had higher rates of administration of analgesia within 30 minutes of the fall than acute settings.

Recommendations

The recommendations in the [main report](#) apply to all settings.

> [Glossary of terms](#)