

National Hip Fracture Database Clinical Leads and Governance Meeting Survey Outcomes

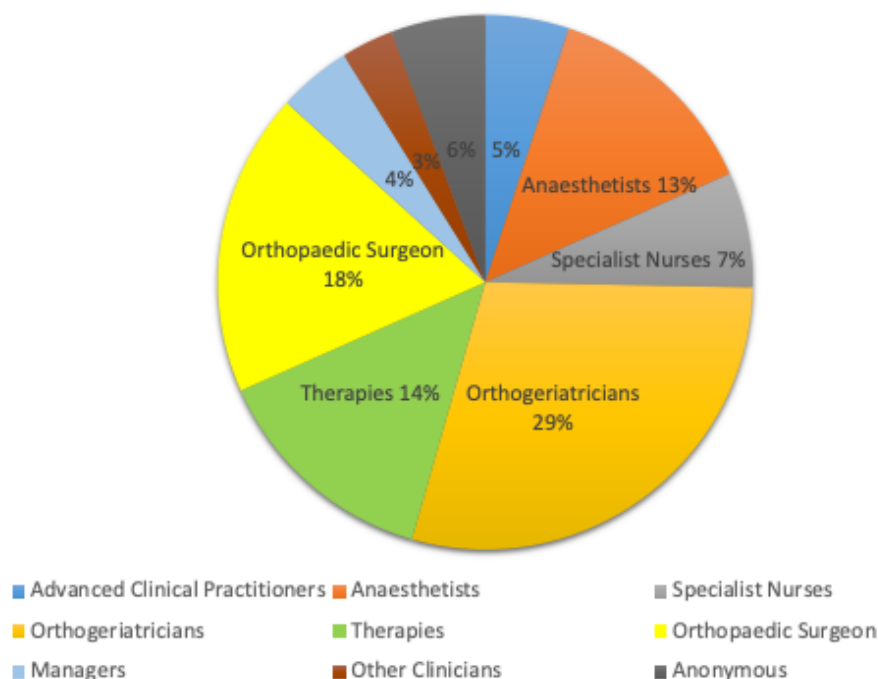
Regular, improvement focused, MDT meetings are an important part of hip fracture care. Identifying when and how often they happen, what is discussed, who attends and leads them is important in understanding how teams care for patients.

An anonymised survey exploring clinical lead structures and hip fracture governance meeting characterisation was distributed via email to clinical leads of all registered hospitals on the National Hip Fracture Database (NHFD). The survey was accessible between November 2024 and February 2025 and could be completed by multiple clinicians from the same hospital.

These survey results have been linked to outcomes from the [REDUCE Study](#) (University of Bristol, 2024). REDUCE is an initialism for the REDucing unwarranted variation in the Delivery of high qUality hip fraCture services in England and Wales study. REDUCE utilised anonymised clinical datasets to provide a system-wide understanding of hip fracture services in England and Wales.

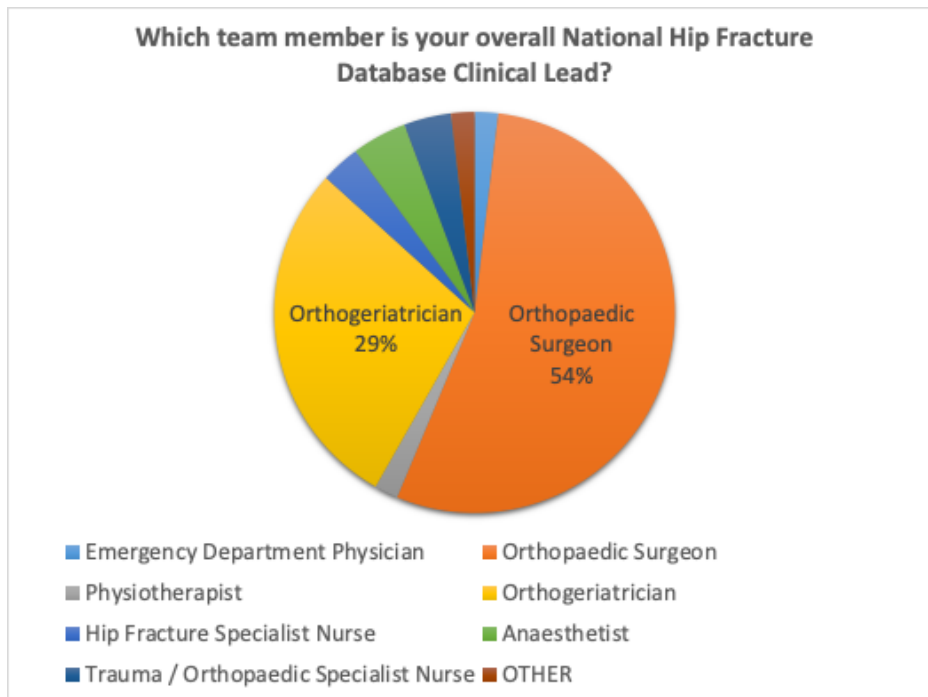
158 survey responses were received from 107/184 (59%) hospitals who submit data to the NHFD. Orthogeriatricians were the most common respondents (29%) followed by orthopaedic surgeons (18%). A breakdown of respondents' professions can be seen in the pie chart below.

A pie chart to show the backgrounds of respondents



Hip Fracture Clinical Leads

The overall hip fracture clinical leads were most commonly orthopaedic surgeons (54%), followed by an orthogeriatrician (29%) as shown below.



Hip Fracture Clinical Governance Meetings

REDUCE demonstrated that hospitals undertaking Hip Fracture Governance Meetings achieved better recovery of mobility within 120 days, and a shorter length of hospital stay. Two-thirds (67%) of our survey respondents reported that their hospital hold a Hip Fracture Clinical Governance Meeting defined as: **“An improvement-focused meeting, attended by at least the leads for orthopaedics, anaesthetics and orthogeriatrics, and held monthly or more frequently”**.

A third of units failed to meet this standard, but 62% of these hospitals reported a dedicated hip fracture improvement meeting was conducted. The commonest reason why such meetings did not meet the NHFD definition of a Hip Fracture Governance Meeting was because they are held less frequently than monthly (57%). Moreover, 12% of respondents reported an improvement-focused meeting occurs without attendance of a lead Orthogeriatrician.

The REDUCE study found orthogeriatrician attendance at Hip Fracture Governance Meetings was associated with a reduced length of stay and associated cost saving. The [REDUCE Toolkit](#) includes a Model Business Case document which provides information to help with improving consultant orthogeriatrician attendance at such meetings. The document provides you with text that can be copied into a local business case template, as well as advice on how to write a convincing business case. The REDUCE Cost Benefit Calculator (Excel Workbook) allows you to demonstrate the costs and benefits of this evidence-based improvement for use within a business case.

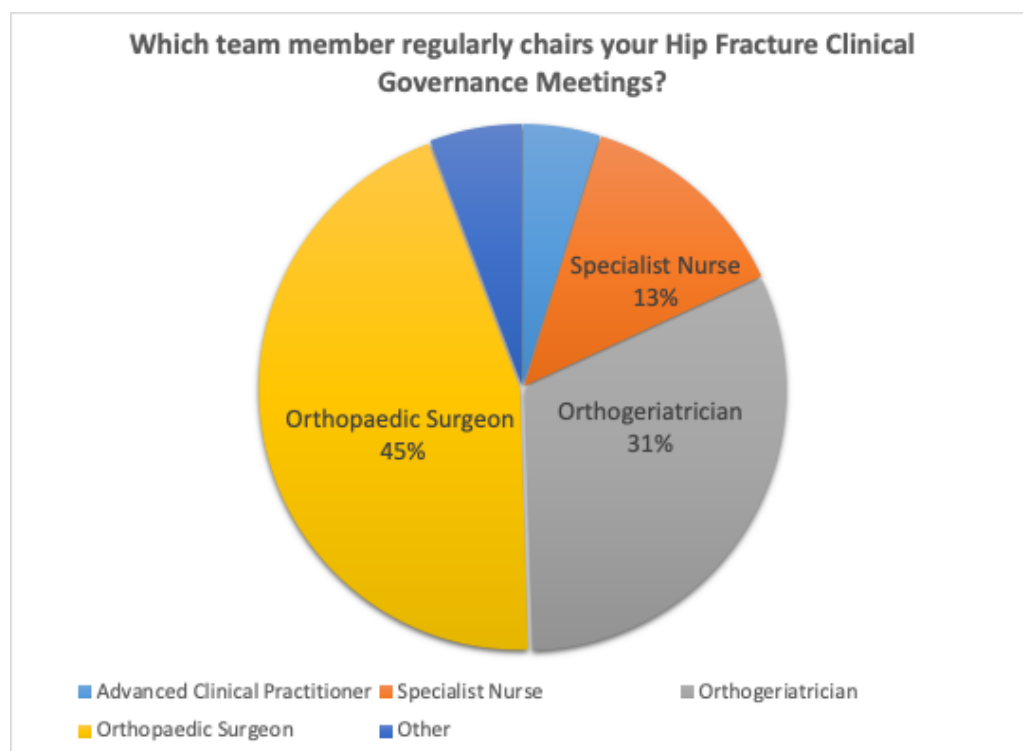
11% of hospitals hold no meetings dedicated to improving hip fracture care.

Tools to help set-up and run Hip Fracture Clinical Governance Meetings can be located in the [REDUCE Toolkit](#) on the Royal Osteoporosis Society website.

Hip Fracture Governance Meeting organisation and scheduling

Based on the survey's findings, nearly one third (31%) of Hip Fracture Governance Meetings are organised by orthopaedic surgeons, followed by orthogeriatricians (25%) and specialist nurses (13%). The remaining 31% are organised by a mixture of clinicians, managers and audit team members.

The clinicians who chair Hip Fracture Governance Meetings are shown in the figure below: nearly half of meetings were chaired by an orthopaedic surgeon. Most (78%) of Hip Fracture Governance Meetings occur monthly, whilst 6% occur twice per month.



Hip Fracture Governance Meeting Attendance

105/159 (66%) of respondents stipulated their hospital hold a Hip Fracture Governance Meeting attended by at least the hip fracture leads for orthopaedics, orthogeriatrics and anaesthetics.

Where hospitals did hold a Hip Fracture Governance Meeting:

The REDUCE study found that orthogeriatrician attendance at such meetings was associated with a length of stay that was 1.47 days shorter, associated with a cost saving of £356 per patient (Baji et al., 2023).

- Our survey found that 94% of hospitals reported an orthogeriatric consultant attended.

REDUCE showed that Physiotherapists attendance at Clinical Governance Meetings was associated with a 6% lower mortality and patients are more likely to have a shorter length of hospital stay (Patel et al., 2022).

- In our survey 88% of hospitals had a physiotherapist attending their Hip Fracture Clinical Governance Meetings.

REDUCE showed that centres holding Hip Fracture Governance Meetings attended by nursing leads was associated with lower mortality and a 19% greater chance of mobility recovery within 120 days (Baji et al., 2023; Patel et al., 2023).

- In our survey only 50% of hospitals had a matron attending their Clinical Governance Meetings, where hip fracture specialist nurses attend 60% and other nursing staff attend 43% of these meetings.

Hip Fracture Governance Meeting Agenda

'Delays to surgery' (93%) is the most common item on the Agendas at Hip Fracture Governance Meetings followed closely by 'Best Practice Markers' (86%), 'Key Performance Indicators' (86%) and '30-day mortality' (75%). The [REDUCE Toolkit](#) provides hip fracture teams with recommendations on agenda items for Hip Fracture Governance Meetings.

Only 30% of Hip Fracture Governance Meetings discuss routinely collected patient feedback. The REDUCE study found Hospitals who discussed such feedback at Hip Fracture Governance Meetings were associated with a 10% lower 30-day mortality. The [NHFD Resources](#) and [REDUCE Toolkit](#) includes templates for collecting patient feedback for discussion in Hip Fracture Governance Meetings.

Hip Fracture Governance Meeting Outcomes

Our survey shows 96% of Hip Fracture Clinical Governance meetings are minuted with lessons learnt disseminated in a variety of ways. Thematic analysis revealed 31% of outcomes are disseminated via email alone compared to 18% of outcomes disseminated in further meetings.

26% of Hip Fracture Governance Meeting outcomes are disseminated in more than one way including a combination of emails, meetings, team discussions, action plans and teaching.

The REDUCE Study revealed hospitals that regularly disseminate NHFD outcomes were more likely to discharge patients back to their original residence. The [REDUCE Toolkit](#) provides help on implementing regular dissemination of NHFD data to hip fracture ward staff.

Summary

In summary, our Clinical Leads and Governance Meeting Survey provides an understanding of how improvement-focused meetings are conducted by hip fracture teams across England, Wales and Northern Ireland. The survey results allow hip fracture teams to benchmark against their current hip fracture governance practices. Data from the REDUCE Study presented alongside the survey results demonstrate the importance of Hip Fracture Clinical Governance Meetings. The [REDUCE Toolkit](#), including, the REDUCE Clinical Governance Tool, Model Business Case document and Cost Benefit Calculator allow hip fracture teams to overcome organisational barriers and support implementation of the Governance Meeting findings from the REDUCE study.

References

Baji, P., Patel, R., Judge, A., Johansen, A. et al. (2023) Multiple organisational factors predict hospital costs and patient mortality in the year following hip fracture in England and Wales: the REDUCE record-linkage cohort study. *Lancet*, 4(8): E386-E398.

National Hip Fracture Database. (2025) *Charts and Reports*. [online] available from: <https://www.nhfd.co.uk/Charts> (Accessed 07/04/2025).

Patel, R., Judge, A., Johansen, A. et al. (2022) Multiple hospital organisational factors are associated with adverse patient outcomes post-hip fracture in England and Wales: the REDUCE record-linkage cohort study. *Age and Ageing*, 51(8).

Patel, R., Judge, A., Johansen, A. et al. (2023) Patients' recovery of mobility and return to original residence after hip fracture are associated with multiple modifiable components of hospital service organisation: the REDUCE record-linkage cohort study in England and Wales. *BMC Geriatr.*, 23(1): 459.

Patel, R., Judge, A., Javaid, M. K. et al. (2024) Hospital organisational factors associated with prescription of bone protection medication during admission and refracture in the year following a hip fracture in England and Wales: findings from the REDUCE record-linkage cohort study. *J Bone Miner Res.*, 39(8): 1071-1082.

Royal Osteoporosis Society. (2024) *REDUCE hip fracture service implementation toolkit*. [online] available from: <https://theros.org.uk/healthcare-professionals/clinical-quality-hub/clinical-quality-toolkits/hip-fractures/reduce-hip-fracture-service-implementation-toolkit/>. (Accessed 31/03/2025).

University of Bristol. (2023) *REDUCE Study*. [online] available from: <https://www.bristol.ac.uk/translational-health-sciences/research/musculoskeletal/rheumatology/research/hip-fractures/> (Accessed 17/04/2025).