



Hip fracture: falls risk assessment

NICE indicator

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Indicator

The proportion of people aged 60 and over admitted to hospital with hip fracture, who receive a comprehensive falls assessment.

Indicator type

Network / system level indicator. The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

A comprehensive falls assessment aims to identify a person's individual risk factors for falling. This will enable practitioners to refer the person for effective interventions targeted at their specific risk factors, with the aim of reducing subsequent falls and potentially preventing future injury.

Source guidance

- [Falls: assessment and prevention in older people and in people 50 and over at higher risk. NICE guideline NG249 \(2025\)](#), recommendations 1.1.7 and 1.2.2
- [Hip fracture: management. NICE guideline CG124 \(2011, updated 2023\)](#), recommendation 1.8.1

Specification

Numerator: The number in the denominator who have received a comprehensive falls assessment.

Denominator: The number of people aged 60 and over admitted to hospital with hip fracture.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: People that died in hospital.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if a comprehensive falls assessment is not appropriate.

Data source: The [National Hip Fracture Database](#) records specialist falls assessment.

Expected population size: The National Hip Fracture database report for 2024 (date January to December 2023) compared with Office for National Statistics population data shows that 0.1% of people in England, Wales and Northern Ireland were aged 60 and over and admitted with a hip fracture (eligible for inclusion in the audit): 11 per 10,000 patients

served by a network. There is no minimum number of patients required for network level indicators. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

Update information

April 2025: We updated terminology for the type of risk assessment to align with the updated NICE guideline on falls. We also amended the population age and added admitted to hospital, to align with the data source and included information about the expected population size.

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