



## Medical and Surgical Clinical Outcome Review Programme

<b>UPCARE: 0.01</b> <b>Programme name -</b> <b>please do not change</b> <b>this field.*</b>	Medical and Surgical Clinical Outcome Review Programme
<b>0.02 Workstream name</b> <b>(if applicable) - please</b> <b>do not change this</b> <b>field.*</b>	Rib Fractures
<b>0.1 Contract status</b>	Ongoing
<b>0.2 Audit or non-audit</b>	Non-audit
<b>0.3 HQIP</b> <b>commissioned*</b>	Yes
<b>0.41 HQIP AD</b>	DS
<b>0.42 HQIP PM</b>	SB
<b>1.0 Included in current</b> <b>NHS Quality Accounts*</b>	Yes
<b>1.1a Geographical</b> <b>coverage - HQIP</b> <b>agreement*</b>	England; Wales; Northern Ireland; Jersey
<b>1.2a Topic - please</b> <b>select which ONE of</b> <b>the following best</b> <b>describes the topic</b> <b>area for the</b> <b>programme or</b> <b>workstream. If more</b> <b>than one apply, please</b> <b>select 'Other' and add</b> <b>comment to the next</b> <b>question.*</b>	Respiratory
<b>1.3a Healthcare</b> <b>setting*</b>	NHS secondary or tertiary care
<b>1.4a Does your patient</b> <b>cohort include the</b> <b>following?*</b>	Adults (18 and older)
<b>1.4b Inclusion and</b> <b>exclusion criteria*</b>	<b><i>Inclusion criteria</i></b> <ul style="list-style-type: none"><li>• Patients aged 18 and older who were admitted to hospital as an emergency between 01/01/2025 and 30/06/2025 with one or more rib fracture.</li></ul>

## **Exclusions**

- Rib fractures related to fall or injury during admission.
- Rib fractures related to in-hospital CPR.

<b>1.5 Methods of data submission*</b>	Bespoke data submission by healthcare provider; Extraction from existing data source(s)
<b>1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*</b>	N/A
<b>1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*</b>	N/A
<b>1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*</b>	N/A
<b>1.6d 2026/27 data submission closes - please indicate date, series of dates or frequency.*</b>	31/08/2026
<b>1.7 Data flow diagram</b>	<a href="#">Data flow 2024.pdf</a>
<b>1.8 Data quality &amp; analysis plan</b>	<p>Quantitative data will be checked to ensure no erroneous data have been added, to assess missing data, and to make sure that the data are sensible. Any absent data will be classified as 'not answered'.</p> <ul style="list-style-type: none"><li>- Qualitative data collected from the case reviewers' opinions and free-text answers in the clinician questionnaires will be coded, where applicable, according to content to allow quantitative analysis.</li><li>- Descriptive data summaries will be produced supported by tables and graphs.</li><li>- Anonymised case studies will be used to illustrate the themes with examples of good and poor care.</li></ul> <p>Data analysis rules</p> <ul style="list-style-type: none"><li>- Small numbers will be suppressed if they risk identifying an individual. This is usually five or fewer but will vary depending on the dataset.</li><li>- Any percentage under 1% will be presented in the report as &lt;1%.</li><li>- Percentages are not calculated if the denominator was less than 100 so as not to inflate the findings, unless to compare groups within the same analysis.</li><li>- There will be variation in the denominator for different data sources and for each individual question as it is based on the number of answers given.</li><li>- The sampling method of this enquiry, unlike an audit, means that data cannot be displayed at a hospital/trust/health board/regional level.</li></ul>

The findings will be reviewed three times prior to publication by the SAG, case reviewers and the NCEPOD Steering Group, which includes clinical co-ordinators, trustees, and lay representatives.

<b>1.9a Link to the outlier policy*</b>	N/A
<b>1.9b Link to the cause for concern policy*</b>	<a href="#">Microsoft Word - Cause for concern policy.docx</a>
<b>2.1 Outcome measures</b>	N/A
<b>2.2 Process measures</b>	N/A
<b>2.3 Organisational measures</b>	N/A
<b>2.4 Patient reported outcome measures</b>	N/A
<b>2.5 Patient reported experience measures</b>	N/A
<b>2.6a Do measures align with any of the following sources of evidence (select all that apply)</b>	Other (please describe in next question)
<b>2.6b Evidence supplemental information</b>	CORPs always align with NICE where relevant.
<b>3.1 Results visualisation</b>	Other
<b>3.2a Levels of reporting*</b>	National
<b>3.3 Timeliness of results feedback</b>	Within 2 years
<b>4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*</b>	05/01/2026 - 31/03/2026
<b>4.04 2026/27 Dataset covers the period FROM/TO (within</b>	01/04/2026 - 31/08/2026

**financial year 01/04 to  
31/03)\***

<b>4.10 Dataset #1 name</b>	Rib fracture clinician questionnaire
<b>4.11 Dataset #1 type</b>	Questionnaire
<b>4.12 Dataset #1 population coverage*</b>	Sample of eligible patients
<b>4.13 Dataset #1 items collected (n)</b>	100
<b>4.14 Dataset #1 items from existing national datasets (n)</b>	0
<b>4.15 Dataset #1 use of existing national datasets</b>	N/A
<b>4.16 Dataset #1 specification</b>	Link to be added when questionnaire finalised
<b>4.20 Dataset #2 name</b>	Rib Fracture Organisational Questionnaire
<b>4.21 Dataset #2 type</b>	Organisational audit; Questionnaire
<b>4.24 Dataset #2 items from existing national datasets (n)</b>	0
<b>4.25 Dataset #2 use of existing national datasets</b>	N/A
<b>4.26 Dataset #2 specification</b>	Link to be added when questionnaire finalised
<b>4.30 Dataset #3 name</b>	Rib Fracture Reviewer Assessment Form
<b>4.31 Dataset #3 type</b>	Case note review
<b>4.32 Dataset #3 population coverage*</b>	Sample of eligible patients
<b>4.34 Dataset #3 items from existing national datasets (n)</b>	0
<b>4.35 Dataset #3 use of existing national datasets</b>	N/A

<b>4.36 Dataset #3 specification</b>	Link to be added when finalised
<b>4.40 Dataset #4 name</b>	Rib Fracture Clinician Survey
<b>4.41 Dataset #4 type</b>	Survey (carer and/or staff)
<b>4.44 Dataset #4 items from existing national datasets (n)</b>	0
<b>4.45 Dataset #4 use of existing national datasets</b>	N/A
<b>4.46 Dataset #4 specification</b>	Link to be added when finalised
<b>5.00 When was your healthcare quality improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).</b>	17/10/2025
<b>5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*</b>	N/A
<b>5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*</b>	N/A
<b>5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*</b>	N/A
<b>5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*</b>	N/A
<b>5.24 Planned national report publication date</b>	June 2027

**(within calendar year  
01/01 - 31/12/2027)\***

**6.0 Please add the  
most recent date that  
you have reviewed and  
updated an online  
version of UPCARE  
Workstream section(s)  
on your project's  
website (click into the  
response to see pop-  
up guidance).**

13/02/2026

**Files** 20251017\_Medical\_Surgical\_Programme\_Ribfractures\_QI\_Plan.pdf