



Royal College
of Physicians

Fracture Liaison Service
Database (FLS-DB)

Fracture Liaison Service Database of England and Wales outlier policy

Overview of the outlier policy

The Falls and Fragility Fracture Audit Programme (FFFAP) is a national mandatory clinical audit programme commissioned by the Healthcare Quality Improvement Partnership (HQIP) and run by the Royal College of Physicians (RCP) within the Care Quality Improvement Directorate (CQID). FFFAP is designed to audit the care of patients with fragility fractures and to facilitate quality improvement. FFFAP comprises of three audits, which include the Fracture Liaison Service Database (FLS-DB), a clinically led web-based national audit of secondary fracture prevention in England and Wales. The FLS-DB collects, measures and reports on the care provided by fracture liaison services (FLSs).

HQIP provides guidance for national clinical audits on how to identify and manage outliers on performance indicators to support improvement. In 2024, HQIP included audit non-participation as a new criterion for outliers. This enables audits commissioned by HQIP to contact services that are eligible to participate but are not currently participating. Each audit is required to have a project-specific outlier policy that outlines how the audit will manage the outliers. This policy explains how outliers will be managed for the FLS-DB, using the principles and processes outlined by HQIP. The FLS-DB will aim to identify outliers each year, starting from October 2025.

In addition, the FLS-DB outlier policy will also identify positive outliers. This is to acknowledge services that are performing well against key performance indicators and promote sharing of learning within services.

Identification of outliers

The outlier policy will apply to the following three types of services from October 2025:

- > Services registered with the FLS-DB with a low annual case ascertainment rate (fewer than 50 cases in a calendar year)
- > Non-participating services
- > Registered services with over 80% case ascertainment rate.

Registered services with a low case ascertainment rate

When a service registers with the FLS-DB audit, it is provided with an estimated caseload figure which is derived from its local National Hip Fracture Database (NHFD) data using the rule of five. The rule of five estimates the number of fragility fractures a service should be capturing and submitting on the FLS-DB website. Upon registration to the FLS-DB an FLS will inform us which hospital(s) their FLS serves. The hip fractures from those sites(s) are multiplied by five to determine the estimated caseload figure for that FLS. The FLS-DB will identify services that have submitted fewer than 50 patient records in a calendar year as an outlier. Services that have captured fewer than 50 cases a year are already excluded from the FLS-DB annual report analysis.

Case ascertainment rates are captured in KPI 2 (identification of non-spine fractures) and KPI 3 (identification of spine fractures), and are publicly available to view on the FLS-DB benchmark table for all registered services. Annually in October, the FLS-DB team will review the data input by services for fractures that were diagnosed in the previous calendar year to identify and escalate services with fewer than 50 cases using this outlier process.

Non-participating services

Participation in the FLS-DB is mandatory for fracture liaison services in England and Wales. Non-participation with the FLS-DB audit may indicate that a service is not using a standardised mechanism to track the quality of the care they are providing, including secondary fracture care prevention in adults admitted with hip fractures. The FLS-DB has consistently demonstrated that FLSs vary in quality of care, and data-driven service improvement is an essential component for an FLS to become more effective and efficient as well as ensuring patient safety.

The FLS-DB will identify non-participating services using data from its partner audit the [National Hip Fracture Database](#) (NHFD). The NHFD is the most established audit within FFFAP, with participation of all eligible hospitals that treat hip fractures, that also requires quality assured secondary fracture prevention. All NHS services participating in the NHFD should be covered by an FLS that is registered with and submitting data to the FLS-DB. However, throughout the country there are gaps in FLS coverage. The NHFD serves as the most accurate way for the FLS-DB to identify acute NHS services who do not participate with the FLS-DB and therefore secondary fracture prevention care for their patients is not measured. In this instance the CEO will be contacted as part of existing engagement to inform them that they should work towards setting up an FLS for their site.

Positive outliers

To celebrate clinical excellence and promote sharing of learning within services, the audit will also recognise positive outliers. This will take place once outliers for low case ascertainment and non-participation have been escalated. Positive outliers will identify registered services that have a case ascertainment rate of 80% or more for in the previous calendar year.

Management of outliers

Registered services with a low case ascertainment rate

FLSs that are registered with the FLS-DB will be notified of their potential outlier status and given the opportunity to update any missing data for the previous calendar year. This will commence from October 2025 for fractures diagnosed in 2024 and begin by identifying services with a low case ascertainment rate. The process of identifying outliers is outlined in table 1.

Table 1 – low case ascertainment rate outliers

Stage	Action	Owner	Within working days
1	Identification FLS-DB to identify services that have a case ascertainment rate of fewer than 50 cases for fractures diagnosed in the index year.	FLS-DB project manager	
2	Notification The lead clinician for the FLS will receive written confirmation of their low case ascertainment rate to alert them that they will be identified as an outlier.	FLS-DB clinical lead	20

Stage	Action	Owner	Within working days
	Within the communication the FLS-DB will offer support to the FLS to help them to increase their submitted records. The services will be given 20 working days to respond to discuss escalation. If they are able to add cases to achieve the threshold of 50 their identification as an outlier will not commence. If at least 50 cases are not submitted, the outlier process will proceed to stage 3.		
3	Contact Following this notification a formal letter will be circulated to the health provider CEO with the lead clinician and medical director cc'd into the communication. For services in Wales, FLS-DB will notify the Welsh government and for services in Jersey the clinical audit and effectiveness team for health and community will be contacted. Response Services are expected to provide a written response within 25 working days to demonstrate how they will improve their case ascertainment numbers.	FLS-DB clinical lead	25
4	The CQC, NHSE, Welsh government or Jersey clinical audit and effectiveness team will be notified, along with the HQIP associate director and project manager.	FLS-DB project manager	10

Non-participating sites

Sites listed on the NHFD website that are not currently registered to the FLS-DB will be notified that they are not registered to the FLS-DB and prompted to begin the registration process if they have FLS coverage.

Table 2 – non-participating outliers

Stage	Action	Owner	Working days
1	Identification The FLS-DB will identify services that are not participating with the audit. Services will be sourced from the NHFD website and are also currently displayed on the FLS-DB website.	FLS-DB	10
2	Notification The FLS-DB will notify services listed as non-participating to make them aware of the FLS-DB outlier process. The NHFD clinical lead will be contacted to make them aware that they will be notified as an outlier and if the service has an FLS they should initiate registration. The FLS-DB will allow the service 20 working days to initiate registration with the audit. If the service does not initiate registration, the FLS-DB will commence with identifying them as an outlier, as detailed in stage 3.	FLS-DB	20
3	Contact Following this notification the provider CEO will be contacted to identify them as an outlier. The NHFD lead clinician, and medical director will be cc'd into communication. For services in Wales, the FLS-DB will notify the Welsh government. For Jersey the clinical audit and effectiveness team for health and community will be contacted.	FLS-DB	25
4	The CQC will be notified, along with the HQIP associate director and project manager.	FLS-DB	10

Identification of positive outliers

The FLS-DB will also acknowledge registered sites that have a case ascertainment rate of 80% or over. These data are available to view on the FLS-DB website [benchmarks table](#).

Table 3 – positive outliers

Registered services with case ascertainment numbers of over 80%		
1	The FLS-DB will review the list of services that have obtained a case ascertainment rate of over 80% by comparing the number of records submitted with the rule of five.	FLS-DB
2	The lead clinician at the registered FLS will be notified that their service will be identified as a positive outlier. The site will be invited to share learning on its high case ascertainment rate, through case studies using the improvement repository template .	FLS-DB
3	The CQC will be notified, along with the HQIP associate director and project manager.	FLS-DB

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List of abbreviations

FFFAP	Falls and Fragility and Fracture Audit Programme (RCP)
FLS-DB	Fracture Liaison Service Database, of England and Wales
NHFD	National Hip Fracture Database
HQIP	Healthcare Quality Improvement Partnership
CQID	Care Quality Improvement Directorate (RCP)
CEO	Chief executive officer
MD	Medical director
RCP	Royal College of Physicians

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