Introduction:
Intertrochanteric hip fractures are common injuries in elderly hospital stays (p=0.002) or to have suffered from polytrauma did not identify any independent predisposing factors leading to hardware complications occurred resulting in 19 (5.7%) revision surgeries. Overall implant failure and revision rate of 5.7% due to hardware failure should be a consideration for surgeons undertaking CMN for intertrochanteric fractures. A moderate risk of bias was acknowledged.

Aim: All Neck of Femur fracture patients have a significant 30 – day mortality despite efforts to improve their outcomes. Incidence of NOF cases remained high during the pandemic in the UK and as a result numerous cases were complicated with SARS-CoV-2 infection. We performed a systematic review and meta-analysis of all UK published studies related to NOF fractures and 30-day mortality outcomes during the COVID 19 pandemic.

Method: A systematic review and meta-analysis was performed and reported as per the PRISMA checklist. Two reviewers independently searched on Medline for UK studies that were published between 1stof
March 2020 and 1st November 2020. Outcomes compared were 30-day mortality, time to surgery and anaesthetic risk.

**Results:** A total of 5 articles were included in our study. These studies were all case series with evidence level 3 or 4. A total of 286 patients complicated with COVID infection with a range of 30-day mortality 30.5%-50%. OR 6.02(95CI: 4.10-8.85), Chi24.82, I2 58%. Increased time to surgery due to Coronavirus related delays was also noted for the majority of studies. Mortality scores (Charlson Comorbidity Index, Nottingham Hip fracture score) failed to accurately predict the mortality risk.

**Conclusions:** Concurrent infection of COVID -19 in patients with NOF fractures increases the 30-day mortality 6 times compared to the negative group. Efforts should be made to optimise time to surgery as well as postoperative care via higher dependency units. Updates in mortality predicting scores is deemed necessary to include the SARS-CoV-2 infection as a factor.