

Supporting information: NJR Annual Clinical Reports

Quality indicator	Definition/description	Display	Notes
Trust/Health Board compliance	Trust/Health Board compliance is a measure of the actual number of procedures submitted to NJR compared with the number expected to be submitted to NJR. The expected number is obtained from HES data or from PEDW data. Compliance for the independent sector cannot currently be reported.	Thermometer graph.	NJR compliance is mandatory. Rates of compliance, consent and linkability should be greater than 95%.
Consent rate	In order to record the patient's details on the NJR database, patient consent is required. The consent rate gives the percentage of patients agreeing to have their details recorded.	Thermometer graph.	Without patient details, the NJR cannot monitor the outcome of the procedure (i.e. whether a revision has/has not been performed).
Linkability rate	The linkability rate is the percentage of procedures that have a valid NHS number.	Thermometer graph.	In order to link a patient's primary to any future revision the patient's NHS number is required.
Revision rate for units and surgeons (displayed for both Consultant in Charge and Lead Surgeon) – for primary operations, including all implanted devices	Analysis is based on the standardised revision ratio (SRR) which is the number of actual revisions divided by the number of expected revisions. An SRR above 1 indicates that the revision rate is higher than expected. For example, an SRR of 2 indicates that the revision rate is twice as high as expected. The number of expected revisions for each surgeon and unit are calculated based on the total amount of time patients are at risk of revision multiplied by the overall NJR revision rate. The funnel plots display 95% and 99.8% confidence limits which allow for random variation in the data. 'Case-mix' factors affecting revision are also accounted for and include age, gender and diagnosis of patients.	Funnel plot display. Results above the 99.8% confidence limits are regarded as potential outliers.	In previous years' reports the funnel plot displayed the revision rate based on data over the life of the registry. This year the funnel plot displays the revision rate based on the latest ten years of data, so that more recent trends in practice and outcomes may be observed.
90-day mortality rate for units (latest 5 years)	Analysis is based on the standardised mortality ratio (SMR) which is the number of actual deaths divided by the number of expected deaths. An SMR above 1 indicates that the mortality rate is higher than expected. For example, an SMR of 2 indicates that the mortality rate is twice as high as expected. The number of expected deaths for each unit is calculated based on the total amount of time patients are at risk of death multiplied by the overall NJR 90-day mortality rate. The funnel plots display 95% and 99.8% confidence limits which allow for random variation in the data. 'Case-mix' factors affecting revision are also accounted for and include age, gender, ASA grade and diagnosis of patients.	As above.	In previous year's reports the funnel plot displayed the 90-day mortality rate based on data over the life of the registry. This year the funnel plot displays the 90-day mortality rate based on the latest five years of data, so that more recent trends in practice and outcomes may be observed.
Addendum report	This report contains an analysis of linked revision procedures for a hospital, providing further insight into revision ratio by consultant and by reasons for revision.	Tables	New for FY2019/20 report