



National Joint Registry

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Working for patients, driving forward quality



HIPS



KNEES



ANKLES



ELBOWS



SHOULDERS



PROMs

NJR Steering Committee and Sub-committee Terms of Reference

Appendix 3

14th Annual Report

2017

National Joint Registry
for England, Wales,
Northern Ireland and
the Isle of Man

Surgical data to 31 December 2016

NJR Steering Committee

Terms of Reference

1. The National Joint Registry Steering Committee Purpose

The National Joint Registry Steering Committee (NJRSC) was established in 2002 to oversee the strategic development and running of the NJR. It is an NHS England Committee of Experts. The NJRSC sets the strategic direction of the NJR, with the NJR Management Team managing the work programme approved by the NJRSC and sub-committees. The NJRSC is responsible for the overall NJR budget and approval of work, supported by appropriate business case(s), aligned to the NJR's Strategic Plan. The NJR Executive Committee (NJREC), who meet monthly, hold delegated authority for budget approval or adjustment where appropriate.

2. Key Committee Functions

The National Joint Registry Steering Committee (NJRSC) has a responsibility to ensure:

- That appropriate advice is provided to the Healthcare Quality Improvement Partnership (HQIP) which manages the NJR on behalf of NHS England, on operational and financial matters associated with the NJR;
- That effective management and monitoring arrangements apply to the provision of the Lot 3 Communications contract held by HQIP;
- That the NJR budget is effectively managed/monitored;
- That outcomes achieved by brand of prostheses, hospital and surgeon are monitored and where these fall below expected performance are highlighted to enable prompt investigation and follow-up by relevant implant suppliers, regulators, commissioners and providers of orthopaedic care;
- That appropriate stakeholders [patients, clinicians, providers and commissioners of healthcare, regulators and implant suppliers] are involved in and consulted on the work of the National Joint Registry as appropriate; and are informed of the outcomes achieved in joint replacement surgery;
- That patient awareness of joint replacement outcomes is enhanced to better inform patient choice and patient's quality of experience through engagement with patients, patient organisations and providers of care;
- That evidence-based purchasing [quality and cost effectiveness] of joint replacement implants for healthcare providers is supported;
- That post market surveillance of implants by key stakeholders [implant suppliers, the regulator and Beyond Compliance Advisory Group] is supported;
- That the codes of conduct applied to NJR Contractor(s) in their relationship with other key stakeholders (orthopaedic units within NHS and independent healthcare organisations and with the orthopaedic implant industry) are monitored;
- That the delivery and quality of the work of the National Joint Registry is effectively contract managed by HQIP;
- That accurate, relevant and timely data collected by the National Joint Registry is made available to relevant

regulators, commissioners and providers of orthopaedic care in an appropriate format in order to support clinical governance and contract management;

- That an annual report on the work of the National Joint Registry is published and made available in both the English and Welsh languages [and languages appropriate to countries which may be incorporated into the NJR in the future];
- That appropriate governance and monitoring arrangements are in place to facilitate the use of NJR data to support and enable related research.

The NJRSC also has responsibility to provide NHS England [and devolved administrations as appropriate] with advice on:

- The strategic direction of the National Joint Registry;
- The annual work programme for the National Joint Registry;
- The performance of prostheses and good surgical practice;
- The NJR financial position on an annual basis;
- International collaboration and work with other national orthopaedic joint registries.

3. Membership Information

NJRSC members are appointed through the Department of Health's Appointments Department on behalf of NHS England. There are defined personal specifications that members are required to meet, for each of the member posts.

4. Membership List

Permanent Members

- NJR Chair
- NJR Medical Director and Vice Chair
- Orthopaedic surgeon members x3
- Orthopaedic implant suppliers representatives x2
- Public health and epidemiology representative
- Patient representatives x2
- NHS Trust management representative
- Independent healthcare sector representative
- Practitioner with special interest in orthopaedics

Co-opted Members

- President, British Orthopaedic Association
- National Director for Clinical Quality and Efficiency, Getting It Right First Time
- Chair, NJR Regional Clinical Coordinator Sub-committee

- Orthopaedic surgical profession representative
- Welsh Government representative

Additional Attendees

- Northern Ireland Department of Health, Social Services and Public Safety representative
- NHS Procurement representative
- Medicines and Healthcare Products Regulatory Agency representative
- NJR Management and Communications Team
- HQIP representative(s)
- Data management, solutions and associated services contract representative(s)
- Statistical analysis, support and associated services contract representative(s)

Total: From 13 members, 5 co-opted members, variable attendees

5. Expectation of Members

NJRSC members should adhere to the terms of the Code of Practice for National Joint Registry Steering Committee Members and Member Register of Interests. Members will have a responsibility to attend committee meetings and allocate time, as required, to facilitate the implementation of work streams and processes. Members are expected to demonstrate a commitment to and an understanding of the value and importance of the Seven Principles of Public Life and are asked to subscribe to the Code of Practice for Scientific Advisory Committees (CoPSAC). Members take part in an annual appraisals process managed by The Department of Health's Appointments Department on behalf of NHS England. The Senior Responsible Officer at NHS England manages member resignations and termination of member appointments.

6. Frequency of Meetings and Reporting Structure

The NJRSC meets quarterly and reports to NHS England.

7. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.

NJR Executive Committee

Terms of Reference

1. The Executive Committee Purpose

The function of the Executive Committee is to ensure the effective operational and financial management of the NJR.

2. Key Committee Functions

The main functions of the committee are to:

- Prepare a rolling 3-5 year strategy which sets out the goals and expectations of the NJR;
- Develop an annual operating plan which sets out the NJR work programme and associated financial requirements;
- Monitor the annual operating plan and financial results on a monthly basis;
- Manage relationships with external contractors in respect of outsourced activity, and monitor performance related to those contracts, making recommendations to the NJRSC and HQIP on changes required to the specifications, including consideration of value for money and performance matters;
- Develop an annual plan for reporting on NJR data, activity and special topics, including associated reporting format, reporting timetable and communications plan;
- Ensure that the NJR has a strategy for communicating effectively with all external stakeholders including patients and media;
- Report regularly to the NJRSC on NJR activity and progress.

3. Membership Information

The membership will have a balanced, expertise-based composition necessary to meet the Executive remit. The committee will also have the facility to call on ad hoc reviewers with specific expertise in other fields, where necessary. The committee is a sub-committee of the NJR Steering Committee.

4. Membership List

Core Membership

- NJR Chairman
- NJR Medical Director
- NJR Director of Operations

Extended Membership (To join Core Membership every other month)

- Chairman, NJR Surgeon Outliers Committee
- Chairman, NJR Regional Clinical Coordinator Sub-committee

- Chairman, NJR Implant Scrutiny
- Chairman, NJR Implant Performance Committee
- Chairman, NJR Research Sub-committee
- Data management, solutions and associated services contract representative(s)
- Statistical analysis, support and associated services contract representative(s)
- NJR Senior Communications Officer

Total: From 10

5. Expectation of Members

Members will have a responsibility to attend committee meetings and allocate time, as required, to facilitate the implementation of NJR work streams and processes. Members are expected to adhere to a code of conduct commensurate with the Seven Principles of Public Life.

6. Frequency of Meetings and Reporting Structure

The core Executive Committee meets approximately every month. Members of the extended Executive Committee join the meetings every other month.

7. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.

Medical Advisory Committee (MAC) Terms of Reference

1. The Medical Advisory Committee Purpose

The Medical Advisory Committee is a combination of professional orthopaedic bodies and specialist societies. The role of this committee is to keep professional leaders informed of and involved with NJR work.

2. Key Committee Functions

The main functions of the Committee are to:

- Provide a structured forum to brief the profession on all relevant matters in relation to the NJR in its role as a national clinical audit;
- Receive updates and feedback from the profession in relation to professional matters that are of relevance to the NJR;
- Work in partnership with the profession to maximise the impact of the NJR in terms of patient safety, improving quality of patient outcomes and where relevant service improvement and transformation;
- Ensure that complex and emerging professional issues are managed and where appropriate developed in the most appropriate and expedient manner;
- Encourage innovation and excellence in terms of translating registry information into improvements in clinical practice;
- Seek specialist advice and expertise in relation to professional practice on matters that are relevant to the NJR.

3. Membership Information

The membership will have a balanced, expertise-based composition necessary to meet the Medical Advisory Committee remit. The committee will also have the facility to call on ad hoc reviewers with specific expertise in other fields, where necessary. The committee is a sub-committee of the NJR Steering Committee.

4. Membership List

Permanent Members

- NJR Medical Director (Chairman)
- NJR Director of Operations
- President, British Association for Surgery of the Knee (BASK)
- President, British Elbow & Shoulder Society (BESS)
- President, British Hip Society (BHS)
- President, British Orthopaedic Foot and Ankle Society (BOFAS)
- President, British Orthopaedic Association (BOA)

- CEO, British Orthopaedic Association (BOA)
- Programme Director, Quality Outcomes in Orthopaedics (BOA)
- Surgeon members, NJRSC x3
- Public Health and Epidemiology member, NJRSC
- Patient representative member, NJRSC
- Chairman, NJR Regional Clinical Coordinators Sub-committee
- National Director for Clinical Quality and Efficiency, GIRFT
- National Clinical Director, Musculoskeletal Services, NHS England

Total: From 18

5. Expectation of Members

Members will have a responsibility to attend committee meetings and allocate time, as required, to facilitate the implementation of its work streams and processes. Members who fail to attend or are unable to attend more than three consecutive meetings may be replaced at the discretion of the Chairman. Members are expected to adhere to a code of conduct commensurate with the Seven Principles of Public Life.

6. Frequency of Meetings and Reporting Structure

The Medical Advisory Committee meets four times a year. Typically, this will include face-to-face meetings held in London. The Committee will also have the facility to call on ad hoc reviewers with specific expertise in other fields where necessary. The Medical Advisory Committee will report to the Steering Committee and circulate its minutes with NJRSC papers.

7. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.

Implant Performance Committee

Terms of Reference

1. The Implant Performance Committee Purpose

The function of the Implant Performance Committee is to identify and examine poor performance and promote good performance of implants of all Total Hip and Knee replacements used in the area served by NJR. The Implant Performance Committee develops and implements implant performance policy with manufacturer representatives in attendance. The outcomes of all Implant Performance Committee meetings are communicated to the Implant Scrutiny Committee.

2. Key Committee Functions

The main functions of the committee are to:

- Review and compare the performance of implants used in the area of the NJR;
- Detect poorly performing implants and review good performance of implants;
- Monitor implant performance and facilitate post market performance and outlier investigation by both the regulator and manufacturers;
- Inform Implant Scrutiny Committee of all outcomes.

3. Membership Information

The membership will have a balanced, expertise-based composition necessary to meet the Implant Performance Committee remit. Membership will include permanent and co-opted external members, and members of HQIP. The committee will also have the facility to call on ad hoc reviewers with specific expertise in other fields, where necessary. This committee is a sub-committee of the NJR Steering Committee.

4. Membership List

Permanent Members

- Surgeon member, NJRSC (Chairman)
- NJR Director of Operations
- NJR Medical Director
- Patient representative member, NJRSC
- Chairman, NJR Outlier Surgeon Committee (if not Chairman of the Implant Performance Committee)
- Orthopaedic implant supplier member, NJRSC x2
- Data management, solutions and associated services contract representative(s)
- Statistical analysis, support and associated services contract representative(s)

- MHRA representative(s)
- NHS implant users / purchasers representative

Co-opted Members

- Beyond Compliance / ODEP representative
- BESS representative
- BHS representative

Total: From 14

5. Close Relationships

By the nature of its task the committee will work closely with:

- Beyond Compliance;
- ODEP;
- Any committee involved in the design of data collecting systems such as the NJR component database;
- ISAR and other national registries to whom the committee will communicate details of poorly performing devices where appropriate.

6. Expectation of members

Members will have a responsibility to attend committee meetings and allocate time, as required, to facilitate the implementation of its work streams and processes. Given the importance of the Implant Performance Committee, members who fail to attend or are unable to attend more than three consecutive meetings may be replaced at the discretion of the Chairman. Members are expected to adhere to a code of conduct commensurate with the Seven Principles of Public Life.

7. Frequency of Meetings and Reporting Structure

The Implant Performance Committee meets twice a year. Ad hoc meetings may be arranged whenever a new alert comes to the notice of the Chair. These will often take the form of teleconferences. The Implant Performance Committee will report to the Steering Committee and circulate its minutes with NJRSC papers.

8. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.

Implant Scrutiny Committee

Terms of Reference

1. The Implant Scrutiny Committee Purpose

The Implant Scrutiny Committee analyses NJR raw data which is prepared every six months in order to identify poor performance of implants. The committee informs the CEO/Managing Directors of companies whose products have been reviewed of the outcomes of the committee's evaluation and provides them with the details of the data used in arriving at their conclusion. The MHRA are also formally informed of all relevant findings. The details of the Implant Scrutiny Committee deliberations and output are regarded as highly confidential and in order to avoid any potential conflict of interest, the industry representatives do not attend these meetings.

2. Key Committee Functions

The main functions of the committee are to:

- Analyse and assess the confidential data relating to implants that have come under performance review (potential outliers);
- Inform CEO/Managing Directors of companies whose products have come under performance review (potential outliers);
- Communicate with MHRA and manufacturers about potential outlier/outlier implants;
- Respond to arising notifications, alerts and issues about implant performance as appropriate.

3. Membership Information

The membership will have a balanced, expertise-based composition necessary to meet the Implant Scrutiny Committee remit. Membership will include permanent and co-opted external members, and members of HQIP. The committee will also have the facility to call on ad hoc reviewers with specific expertise in other fields, where necessary. This committee is a sub-committee of the NJR Steering Committee.

4. Membership List

Permanent Members

- Surgeon member, NJRSC (Implant Scrutiny/Performance Committee Chairman)
- NJR Director of Operations
- NJR Medical Director
- Chairman, NJR Outlier Surgeon Committee (if not Chairman of the Implant Scrutiny Committee)
- Data management, solutions and associated services contract representative(s)
- Statistical analysis, support and associated services contract representative(s)
- MHRA representative

Co-opted, Independent Members

- Orthopaedic specialist society representative(s) (i.e. BESS, BHS)
- ODEP/Beyond Compliance representative

Total: From 9

5. Close Relationships

By the nature of its task the committee will work closely with:

- Beyond Compliance;
- ODEP;
- Any committee involved in the design of data collecting systems such as the NJR component database;
- ISAR and other national registries to which the committee will communicate details of poorly performing devices where appropriate.

6. Expectation of Members

Members will have a responsibility to attend committee meetings and allocate time, as required, to facilitate the implementation of its work streams and processes. Given the importance of the Implant Scrutiny Committee, members who fail to attend or are unable to attend more than three consecutive meetings may be replaced at the discretion of the Chairman. Members are expected to adhere to a code of conduct commensurate with the Seven Principles of Public Life.

7. Frequency of Meetings and Reporting Structure

There will be meetings in spring and autumn, usually about 4 weeks after the output (raw data) from the contactor has been analysed by the employed data analysts / statisticians. There will usually be two further meetings of the Implant Scrutiny Committee per year to discuss responses arising from notifications and any interim issues. The Implant Scrutiny Committee will report to the Steering Committee and circulate its minutes with NJRSC papers.

8. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.

Surgeon Outliers Committee

Terms of Reference

1. The Surgeon Outliers Committee Purpose

The function of the Surgeon Outliers Committee is to identify and notify as appropriate surgeons and units where performance is significantly worse than expected. It will review and develop the NJR outlier methodology and process, and identify lessons learnt from assessing and dealing with previous and current potential outliers. It will review and update the presentation of data for the Annual Clinical Report to Trusts, or management feedback. It will provide regular reports to NJRSC meetings.

The areas the committee will cover are: Unit outliers (revision & mortality), Surgeon outliers (revision & mortality), Trust Annual Clinical Report, Clinician Feedback and Dashboards. The data analysis contractor will provide reports on a six-monthly basis to identify potential outlier results from units and individual surgeons, for revision and mortality rates. The methods for identifying potential outliers will be regularly reviewed by the committee. Units and surgeons identified as potential outliers will be contacted and notified, including notification of the chief executive after an allowed period for data verification.

2. Key Committee Functions

The main functions of the committee are to:

- Review and develop the current NJR outlier methodology and process;
- Review surgeon data on a bi-annual basis;
- Identify lessons learnt from assessing and dealing with previous and current potential outliers;
- Provide regular reports to NJRSC meetings;
- Notify and contact potential outliers;
- Notify Chief Executives about potential outliers.

3. Membership Information

The membership will have a balanced, expertise-based, composition necessary to meet the Surgeon Outliers Committee remit. The committee will also have the facility to call on ad hoc reviewers with specific expertise in other fields, where necessary. The committee is a sub-committee of the NJR Steering Committee.

4. Membership List

Permanent Members

- Surgeon member, NJRSC (Chairman)
- NJR Medical Director
- NJR Director of Operations

- Patient representative member, NJRSC
- NHS Trust Management member, NJRSC
- Data management, solutions and associated services contract representative(s)
- Statistical analysis, support and associated services contract representative(s)

Co-opted Members

- Orthopaedic specialist society representative (BESS)

Total: From 8

5. Expectation of Members

Members will have a responsibility to attend committee meetings and allocate time, as required, to review the six-monthly data analyses. Members will commit to take other relevant actions away from the meeting and also ensure that any reviews, consultations and wider discussions are carried out with appropriate confidence, discretion and sensitivity. Members are expected to adhere to a code of conduct commensurate with the Seven Principles of Public Life. The chair will be responsible for communication with units and surgeons identified as potential outliers, and facilitating responses to queries that arise.

6. Frequency of Meetings and Reporting Structure

The Surgeon Outlier Committee meetings will take place four times a year and are typically held in London. The Surgeon Outliers Committee will report to the Steering Committee and circulate its minutes with NJRSC papers.

7. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.

Research Sub-committee

Terms of Reference

1. The Research Sub-committee Purpose

The Research Sub-committee aims to maximise the value of the NJR to research by making data widely available. The Sub-committee takes responsibility for the release of data for research through an impartial and objective protocol. The Sub-committee has a commitment to uphold the standard and consistency of work that is carried out on NJR data. The Research Sub-committee is a Sub-committee of the NJR Steering Committee.

2. Key Committee Functions

The main functions of the committee are to:

- Increase data accessibility for external researchers through initiatives including development of an annual build of anonymised patient data, and a streamlined process for moderated data access and project monitoring;
- Maintain a strong internal research profile guided by a research priority structure to which internal activity is aligned;
- Provide the point of entry and subsequent management oversight for all research proposals submitted to, and arising within, the NJR;
- Protect the research dataset and strengthen its governance through safe, effective, and efficient data management;
- Review all research data requests received from the academic community on behalf of the NJR through an established research infrastructure, and review all subsequent publications following data release through the research request protocol;
- Provide access and resources for members to make use of the training opportunities provided by the NHS Health Research Authority.

3. Membership Information

The membership will have a balanced, expertise-based composition necessary to meet the Research Sub-committee remit. Membership will include permanent and co-opted external members, and members of HQIP. Co-opted members will be selected by the Research Sub-committee to cover its remit. The committee will also have the facility to call on adhoc reviewers with specific expertise in other fields, where necessary.

4. Membership List

Permanent Members

- Epidemiology and Public Health member, NJRSC (Chairman)
- NJR Director of Operations
- NJR Medical Director

- NJR Associate Director of Research and Governance
- Surgeon member, NJRSC
- Surgeon member, NJRSC
- Patient Representative member, NJRSC
- Immediate past Research Sub-committee Chair
- Data management, solutions and associated services contract representative(s) (up to 3)
- Statistical analysis, support and associated services contract representative(s) (up to 2)

Co-opted Members

- Epidemiologist/Informatician(s)
- Clinician(s)
- Representative(s), Industry
- Biologist/basic scientist(s)

Total: From 14

5. Expectation of Members

Members will have a responsibility to attend committee meetings and allocate time, as required, to facilitate the implementation of research work streams and processes. Members who fail to attend or are unable to attend more than three consecutive meetings may be replaced at the discretion of the Chairman. Members are expected to adhere to a code of conduct commensurate with the Seven Principles of Public Life.

6. Frequency of Meetings and Reporting Structure

The Research Sub-committee meetings will be held quarterly. The committee will report to the Steering Committee and circulate its minutes with NJRSC papers.

7. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.

Editorial Board Terms of Reference

1. The Editorial Board Purpose

The purpose of the Editorial Board is to review, analyse and prepare for publication the National Joint Registry's Annual Report each year. The aim of the Annual Report process is to increase the availability of evidence-based information in joint replacement surgery to all appropriate stakeholders by providing a year-on-year national view of clinical activity and outcomes over the lifetime of the registry. It also provides a summary of the work and progress of the registry including management and funding.

Through its work, the Editorial Board is charged with ensuring that the annual report data, information and analysis is clinically relevant and is presented in clear, appropriate and balanced way. The information in the report should be used by surgeons, hospitals, implant manufacturers and patients as a key source of evidence to support balanced, well-informed decision-making in joint replacement surgery.

The committee is also committed to developing the data and analysis to increase utility, within accepted clinical and statistical limits, to drive quality improvement in the orthopaedic community. This includes, but is not restricted to, use of Patient Reported Outcomes Measures and other healthcare data to provide meaningful insights as well as use of web-based technology to ensure quality in the presentation, use and distribution of the findings. The Editorial Board is a sub-committee of the NJR Steering Committee.

2. Key Committee Functions

The main functions of the committee are to:

- Ensure that the NJR publishes an Annual Report every 12 months into the public domain;
- Develop and improve the content of the Annual Report, committing to:
 - A national view of joint replacement surgery activity and analysis including survivorship, mortality and other outcome analyses for all clinically relevant sub-strata;
 - An open and transparent account of the work and progress of the registry, as documented in its Strategic Plan, including how the registry is run, managed and funded;
 - A public and patient presentation of the Annual Report data and information;
- Keep under review the statistical models applied to outcomes and other analysis including Kaplan-Meier, Cox Proportional Hazard, statistical control methodology, Funnel plot display and in the future, CUSUM;
- Aim to increase clarity in, accessibility and availability of the data through appropriate use of new technology and online capabilities at www.njrreports.org.uk. This includes development of timely reporting, in addition to a traditional annual data release;
- Listen to the orthopaedic community and Annual Report stakeholders to ensure that the Editorial Board's decisions reflect and shape the report in a way that will meet the needs and requirements of the sector in terms of data analysis and presentation. This includes use of co-opted membership;
- Maintain a strong relationship with the NJR Research Sub-committee to ensure that Editorial Board agreed recommendations for in-depth studies are put forward for assessment and inclusion in the NJR-sponsored research pathway;

- Act to maximise NJR branding, profile, and added value of NJR resource through the Annual Report's content, format, presentation and availability through all appropriate external media and events.

3. Membership Information

The membership will have a balanced, expertise-based composition necessary to meet the Editorial Board remit. The committee will also have the facility to call on adhoc reviewers with specific expertise in other fields, where necessary. The committee is a sub-committee of the NJR Steering Committee.

4. Membership List

Permanent Members

- NJR Medical Director (Chairman)
- NJR Director of Operations
- NJR Senior Communications Officer
- Surgeon members, NJRSC x2
- Orthopaedic implant supplier members, NJRSC x2
- Epidemiology and Public Health member, NJRSC
- Chairman, NJR Regional Clinical Coordinator Sub-committee
- NJR Regional Clinical Coordinators x2
- Data management, solutions and associated services contract representative(s)
- Statistical analysis, support and associated services contract representative(s)

Co-opted Members (if not represented from within permanent members)

- Orthopaedic specialist for hips (BHS) x1
- Orthopaedic specialist for knees (BASK) x1
- Orthopaedic specialist for shoulders and elbows (BESS) x1
- Orthopaedic specialist for ankles (BOFAS) x1
- Immediate past Editorial Board chair (ex-officio, where appropriate)

Total: From 18

5. Expectation of Members

Members have a responsibility to attend committee meetings and allocate time, as required, to review Annual Report information and analysis in order to ensure and maintain the integrity of data publication. Members who fail to attend or are unable to attend more than three consecutive meetings may be replaced at the discretion of the Chairman. Members will commit to take other relevant actions away from the meeting and also ensure that any reviews, consultations and wider discussions are carried out with appropriate confidence, discretion and sensitivity. Members are expected to adhere to a code of conduct commensurate with the Seven Principles of Public Life.

6. Frequency of Meetings and Reporting Structure

Editorial Board meetings will be held five times per year, aligned with the Annual Report project plan and development plan. Typically, this will include face-to-face meetings in January, April, May and July in addition to teleconferences held in March and ad hoc, as required. The Editorial Board will report to the Steering Committee and circulate its minutes with NJRSC papers.

Public and patient involvement is achieved through the concurrent production of the public and patient guides, involving the NJR Steering Committee patient representatives and the NJR Patient Network. This process is managed by the NJR Senior Communications Officer and progress, comments and patient views reported to the Editorial Board as a standing agenda item.

7. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.

Regional Clinical Coordinators (RCC) Sub-committee Terms of Reference

1. The Regional Clinical Coordinators Sub-committee Purpose

The National Joint Registry (NJR) collects information about hip, knee, ankle, shoulder and elbow replacement for all patients in England, Wales and Northern Ireland. The information is analysed and used to inform patients and surgeons about the performance of both the implants themselves and the teams carrying out the surgery. The RCC Sub-committee has representatives from all the regions submitting data and supports the Regional Coordinators, whose job is to assist hospitals in providing as accurate data as possible to the NJR. RCCs also provide a way for concerns about and suggestions for improving the NJR that are raised at local level to be fed back.

2. Key Committee Functions

The main functions of the committee are to:

- Attend the NJR RCC Sub-committee meetings on a regular basis and contribute;
- Maintain and where required improve NJR compliance and patient consent rates and the quality of data submitted to the NJR by individual NHS Trusts and private healthcare providers in their region;
- Provide input to determining appropriate reporting, analysis and interpretation of their region's data and the overall NJR data;
- Provide support for Trusts, independent units and surgeons who request assistance with matters arising from the NJR, including being identified as possible outliers;
- Provide support and advice in respect of the NJR Data Quality Strategy;
- Provide representation at meetings for the NJR at regional and national level as required;
- Provide representation on organising committees for NJR-related events;
- Facilitate feedback of NJR data to their region's NHS Trusts and private healthcare provider's orthopaedic surgeons, hospital managers and other appropriate stakeholders on a quarterly basis;
- Host training roadshows and regional seminars to raise awareness of the NJR and feedback information;
- Assist the Regional Coordinators to encourage and support the poorly performing NHS Trusts and private healthcare providers in their region to submit the required NJR data;
- Establish regular interaction with relevant NJR Regional Coordinators (RCs) to achieve the RCC role;
- Assist Regional Coordinators to validate the data submitted by hospitals in their region;
- Assist with recruitment and liaise with the NJR Clinical Lead in each of the hospitals (NHS and private) in their region.

Note: In considering issues at national level, the NJR RCC Sub-committee meeting will adopt a perspective which will include taking account of differences between England, Wales and Northern Ireland, and of the status of devolved and non-devolved matters.

3. Membership Information

The membership comprises one or two clinicians from each region that submits data to the NJR. There is a balance in expertise with different types of joint replacement. Membership also includes the NJR Medical Director and permanent and co-opted members from HQIP and the NJR Centre (Contractor) to assist in carrying out its role. Additional members may be co-opted as required by the RCC Sub-committee to cover its remit. This committee is a sub-committee of the NJR Steering Committee.

4. Membership List

Permanent Members and regions represented by Regional Clinical Coordinators

- Chairman
- NJR Medical Director
- NJR Director Of Operations
- NJR Senior Communications Officer
- Data management, solutions and associated services contract representative(s)
- East Midlands x2
- East of England x2
- London x2
- North East x2
- North West x2
- South Central x2
- South East Coast x2
- South West x2
- West Midlands x2
- Yorkshire & Humber x2
- North Wales x2
- Mid & West Wales x2
- South East Wales x2

Total: From 31

5. Expectation of members

Members have a responsibility to attend committee meetings and allocate time, as required, to learn Annual Report information and analysis in order to ensure and maintain the integrity of data publication. Members who fail to attend or are unable to attend more than three consecutive meetings may be replaced at the discretion of the Chairman. Members will commit to take other, relevant actions away from the meeting and also ensure that any review, consultations and wider discussion are carried out with appropriate confidence, discretion and sensitivity. Members are expected to adhere to a code of conduct commensurate with the Seven Principles of Public Life.

6. Tenure of RCC Membership

RCC members may be appointed for an initial period of two years that is renewable for up to a further three years with annual review.

7. Frequency of Meetings and Reporting Structure

Meetings are held three times a year. The RCC Committee will report to the Steering Committee and circulate its minutes with NJRSC papers.

8. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.

Data Quality Sub-committee

Terms of Reference

1. The Data Quality Sub-committee Purpose

The function of the Data Quality Sub-committee is to support an evidence-based approach to orthopaedic care. The Data Quality Sub-committee is acutely aware that the community must have confidence in the robustness and veracity of the data in the NJR. This is underpinned by two key principles: data completeness and data accuracy. Case ascertainment and overall data quality are imperative in ensuring that the NJR can provide a full and true picture of performance, especially when the analysis is carried out at a more granular level.

2. Key Committee Functions

The Data Quality Sub-committee is charged with evaluating routine measurements of data completeness and accuracy and evolving these methodologies to ensure the integrity of NJR data. The group is also committed to working to determine relevant and acceptable indicators of data completeness and quality as well as the implementation of the Data Quality Strategy. Moreover, it functions to provide advice and recommendations to the work of the NJR Steering Committee and its sub-committees in the appropriate use of data for myriad analyses and research purposes.

The main functions of the committee are to:

- Oversee the development of and implementation of the NJR Data Quality Strategy and accompanying plans to routinely validate data and monitor quality;
- Continue validation prospectively by using methodologies to improve primary data entry and carry out regular audits retrospectively;
- Keep under review the validation methodologies used by the NJR and by other orthopaedic and non-orthopaedic registries;
- Produce, as appropriate, peer-reviewed literature and materials to allow for transparency in terms of the validation process.

3. Membership Information

The membership will include a balance of permanent NJR Steering Committee (NJRSC) and co-opted members to ensure that it has the right balance of scientific advice and practical experience to advise on data quality methodologies and carry out the validation. This committee is a sub-committee of the NJR Steering Committee.

4. Membership List

Permanent Members

- NJR Medical Director (Chairman)
- NJR Director of Operations
- Surgeon members, NJRSC x3

- Data management, solutions and associated services contract representative(s)
- Statistical analysis, support and associated services contract representative(s)
- Chairman, NJR Regional Clinical Coordinator Sub-committee
- NJR Regional Coordinator representative(s) (NJR Centre)
- NJR Senior Communications Officer (as required)

Co-opted Members

- Immediate past NJRSC Vice Chairman
- BOA representative
- Orthopaedic specialist society representatives (i.e. BHS, BESS)

Total: From 14

5. Expectation of members

Members will have a responsibility to attend committee meetings and allocate time, as required, to facilitate the implementation of data quality work streams and processes. Given the strategic priority for data quality, members who fail to attend or are unable to attend more than three consecutive meetings may be replaced at the discretion of the Chairman. Members are expected to adhere to a code of conduct commensurate with the Seven Principles of Public Life.

6. Frequency of Meetings and Reporting Structure

Data Quality Sub-committee meetings will be held as frequently as necessary. In the year 2015-2016, this was as often as every two months to respond to the demands of the NJR Data Quality Strategy and action plan. Thereafter, meetings will be held three times a year to ensure the continuing review of data quality. The Sub-committee will report to the Steering Committee and circulate its minutes with NJRSC papers.

7. Date of Draft

Updated August 2017.

Terms of Reference reviewed annually.