



## NATIONAL JOINT REGISTRY STEERING COMMITTEE

### DRAFT MINUTES

<b>Meeting:</b>	NJR Steering Committee		<b>Date:</b> Monday 23 <sup>rd</sup> April 2018
<b>Location:</b>	Franks Room, Wellcome Trust, 183 Euston Road. London. NW1 2BE		
<b>Members Present:</b>	Laurel Powers-Freeling	LPF	Chairman
	Martyn Porter	MPo	NJR Medical Director
	Peter Howard	PH	Orthopaedic Surgeon
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Prof Mike Reed	MR	Orthopaedic Surgeon
	Prof Mark Wilkinson	MW	Public Health & Epidemiology
	Rob Hurd	RH	NHS Trust Management
	Prof Karen Barker	KB	Allied Health Professional
	Sandra Lawrence	SL	Industry/ABHI
	Jeff Stonadge	JS	Industry/ABHI
<b>Co-Opted Members:</b>	Prof Tim Briggs	TB	Chair, Getting It Right First Time (GIRFT); National Director, Clinical Quality and Efficiency, NHS I
	Khalid Razak	KR	Medicines and Healthcare Products Regulatory Agency (MHRA)
	Andy Smallwood	ASm	NHS Procurement
	Ananda Nanu	AN	President, BOA
<b>Attendees:</b>	Elaine Young	EY	Director of Operations, NJR
	Karen Thomas	KT	Temp Associate Director of Operations & Contracts, NJR
	Jane Ingham	JI	CEO, HQIP
	Becky Swinson	BS	Operations Manager (Performance), NJR
	Prof Ashley Blom	AB	Head of Translational Health Sciences, University of Bristol [LOT 2]
	Richard Armstrong	RA	Head of Health Solutions, Northgate [LOT 1]
	Nikky Ehinlanwo	NE	Executive Assistant, NJR <b>[Minutes]</b>
<b>Apologies:</b>	David MacDonald	DM	Independent Healthcare Sector Representative
	Matthew Porteous	MP	Chair, Regional Clinical Coordinators & Data Quality Committees
	Eve Riley	ER	Associate Director of Research & Governance, NJR
	Robin Rice	RR	Welsh Government Representative
	Gillian Coward	GC	Patient Representative
	Prof Andrew Price	AP	University of Oxford [LOT2]
	Mike Swanson	MS	NJR Principal Consultant, Northgate [LOT 1]

REF.	ITEM	ACTION
1	<p><b>Welcome and Apologies for Absence</b> LPF welcomed new members and noted apologies as listed above.</p>	
2	<p><b>Declarations of Interest [DOI]</b> One declaration of interest from LPF – New Chair of Cambridge Health Partners</p>	
3	<p><b>Minutes of the Previous Meeting</b> The minutes from the last meeting held on 13<sup>th</sup> October 2017 were approved.</p>	
4	<p><b>Business Update</b> The business activity update provided by EY was noted by members as follows.</p> <p><b><u>ITEM 9: NHSD Data Access – HES/PROMS Paper to NHSE regarding on going problems</u></b> RA confirmed that HES/PROMS data had been received from NHSD on condition that in the future NHSD would complete the data linkage. RA noted that the new CAG Chair thought this was unnecessary and had requested a letter outlining the issues <b>Action: Draft letter and advise outcome</b></p> <p><b><u>ITEM 11 – Component Database</u></b> MPo updated on progress with the component database, which would provide greater granularity for analysis and allow ease of data entry for industry. Database requirements for hip components were close to agreement pending further discussion between RA and AB. Consideration was needed on how the database linked with the German registry and potentially the Italian registry and what governance arrangements were required. <b>Action: Discussion regarding governance associated with international collaborations to be discussed at NJREC.</b></p> <p><b><u>ITEM 16 – DQ Audit</u></b> RA reported not all trusts had applied the methodology to ensure NHS procedures undertaken in the independent sector were identified correctly. Agreed this required further communication to highlight the process <b>Action: Draft Trust communication.</b></p>	<p>RA/EY</p> <p>RA/AB</p> <p>NJREC</p> <p>RA/RH</p>
5.	<p><b>2018/21 NJR Strategic Plan</b> LPF gave an overview of the draft strategic plan for 2018-21, developed following the strategy workshop held in January 2018. She highlighted issues around capacity and funding, noting that in future new work streams would need to be prioritised against existing strategic /annual plan objectives The draft plan and 10 core themes were agreed in principle pending NJREC prioritisation of objectives <b>Action: Prioritise planned activities for 2018-21</b></p>	NJREC

<p><b>6</b></p> <p><b>6.1</b></p> <p><b>6.2</b></p> <p><b>6.3</b></p>	<p><b>Annual Work Plan</b></p> <p><b>2017/18 NJR Annual Plan – Q4 Performance Update</b> EY reported on Q4 deliverables noting good progress with planned activity.</p> <p><b>2018/19 NJR Annual Plan (DRAFT)</b> EY presented the draft NJR work plan- 2018/19 for approval, noting that estimated costs for some activities needed to be confirmed and that Sub-Committee Chairs had confirmed listed objectives reflected their committee plans. Members raised the following points:</p> <ul style="list-style-type: none"> <li>- <u>St. Plan, AP, Risk Register Alignment</u>: <b>Agreed</b>, RH suggestion that greater clarity was required on how planning objectives and risk activity flowed, ensuring a thread between strategic priorities, AP objectives and alignment to risk and including stakeholder mapping of objectives to define purpose.</li> <li>- <u>Commissioner Engagement</u>: MH queried lack of commissioner engagement. RH suggested the possibility of a commissioner joining the NJRSC to help develop relationships. LPF confirmed that the NJR had previously tried to do this and that an alternative approach was required.</li> <li>- <u>Patient Information/Engagement</u>: JS queried the end goal for NJR patient information. EY confirmed that patient guides were currently produced with support provided by the NJR patient network and work would be further developed. MW confirmed that the patient risk calculator was currently in development and would provide patients with greater information on their own individual risk.</li> </ul> <p><b>Agreed: The 2018/19 Annual Plan with further work to provide clarity on alignment of planning objectives, risk and stakeholder mapping, and NJREC agreement of priorities</b></p> <p><b>HQIP Operational Plan</b> EY advised on the NJR objectives and KPIs submitted for inclusion in the HQIP Operational plan and agreed to circulate to members for information. <b>Action: Circulate HQIP Operational Plan to NJRSC</b></p>	<p><b>EY/Ngate NJREC</b></p> <p><b>NE</b></p>
<p><b>7.</b></p> <p><b>7.1</b></p> <p><b>7.2</b></p> <p><b>7.3</b></p>	<p><b>NJR Risk Register</b></p> <p><b>2017/18 Risk Register Q4 update</b> Noted-risk associated with published ACRs and excluded surgeons had been rectified, with reports for affected trusts being rerun and sent to CEOs.</p> <p><b>2018/19 Risk Register</b> EY presented the draft risk register-2018/19 for approval. Agreed with the following amendments:</p> <ul style="list-style-type: none"> <li>- Add risk on the need for good stakeholder engagement</li> <li>- Review GDPR and NHSD data access risks and consider merging</li> <li>- Add risk on cyber attack</li> </ul> <p><b>Agreed: The Risk Register 2018/19 with inclusion of the suggested amendments</b></p> <p><b>BOA-TORUS</b> AN raised the issue of the potential for the NJR to provide greater support to the smaller orthopaedic registries constituting the BOA TORUS programmed. TB confirmed that with greater emphasis placed on clinicians to submit data to audits, there was potential for the NJR as an established registry to assist with the growth of these registries and that funding could possibly be made available for this purpose. Agreed this 'new' proposal required further discussion so that the NJR could fully understand and assess the implications. <b>Action: BOA to provide further details for NJR consideration.</b></p>	<p><b>NJR</b></p> <p><b>BOA/NJR</b></p>

8.	<p><b>HQIP Methodology Advisory Group</b>  AB &amp; JI reported on the HQIP MAG meeting and the importance of consistency of reporting across all audits. There is no confirmed completion date yet so there was still time to review HQIP and NJR data recommendations to ensure these align. JI recommended all data provided by NHSE is quality assured checked to ensure it meets NJR standards.  <b>Action: NJRSC to be kept updated on progress.</b></p>	JI/AB
9. 9.1	<p><b>NJR Finance</b>  <b>Finance Report Q4 (1<sup>st</sup> January – 31<sup>st</sup> March 2018)</b>  The Q4 position was noted. EY confirmed that the 2018/19 budget would be presented to NJREC for sign off  <b>Action: Review and approve 2018/19 budget</b></p>	NJREC
9.2	<p><b>NJR Subscriptions 2017/18</b>  Noted that at year end, 98% of trusts had paid their subscriptions. TB agreed to raise with hospitals not paying subscription on time  <b>Action: NJR to provide details of outstanding subscription payments to TB</b></p>	NJR/TB
10. 10.1  10.2  10.3        10.4	<p><b>Update from the NJRSC Sub Committees</b></p> <p><b>10.1 Executive Committee</b>  Minutes from meetings held on 04.12.2017 and 26.02.2018 were noted.</p> <p><b>10.2 Medical Advisory Committee</b>  Minutes from meeting held on 4.12.2017 were noted. MPo mentioned a meeting between NJR/GIRFT on 21st May would review the recent GIRFT request for NJR data to support their dashboards.</p> <p><b>10.3 Data Quality Committee</b>  Minutes from meeting held on 20.11.2017 were noted.</p> <p><b>NJR Data Quality Audit: Progress Update Years 1-3</b>  RA reported progress as follows:  <u>DQ Audit : year one (14/15)</u>  Completed with exception of Kings College and results were being quality checked.  <u>DQ Audit: year two (15/16)</u></p> <ul style="list-style-type: none"> <li>• 240 trusts completed</li> <li>• Isle of Man remained outstanding</li> <li>• Inadequate data from Morriston Hospital-additional information requested</li> </ul> <p><u>DQ Audit: year three (16/17)</u></p> <ul style="list-style-type: none"> <li>• 31 trusts completed</li> <li>• 145 were pending until 15/16 audit completed.</li> <li>• Noted that Trusts with poor compliance tended to be those with resource issues</li> </ul> <p><b>10.4 Editorial Board [EB]</b>  Minutes from meetings held on 21.11.2017 and 21.03.2018 plus verbal update for meeting held 18.04.2018 were noted.</p> <p><b>Production of 15<sup>th</sup> Annual Report:</b> MPo reported as follows;</p> <ul style="list-style-type: none"> <li>• Process for production of the annual report was well established but facilitated this year by having shorter teleconferences rather than face/face meetings.</li> <li>• UoB had suggested changes to the AR t format to include explanation of figures and tables, which would alter the report narrative but be an improvement</li> <li>• NJR session at the BOA conference in September, would focus on ‘how NJR data is responsibly used to improve patient care’ with proposed structure:</li> </ul>	

<p><b>10.5</b></p>	<p>1. Accountability and Transparency Model (MP)  2. Surgical Performance Committee (PH)  3. Experience of elective care reviews (BOA)- AN raised concern that the small number of elective reviews to date, could risk identification of the units  4. What does good practice look like (MR)</p> <p><b>Agreed: EB to discuss further before finalizing the session programme</b></p> <p><b>Research Committee</b>  Minutes from meetings held 27.11.17 and 1.03.18 [draft only] were noted.</p> <p><u>Mortality Data</u>: MW reported that HQIP DARG had queried the onward sharing of derived mortality data from the patient demographic service with NJR requested to provide evidence of the legal basis for use. JI confirmed HQIP had experienced issues for other audits. Noted that NJR were looking into this action</p> <p><u>NJR Research Fellow</u>: Noted interviews were scheduled for 30<sup>th</sup> April at RCS.</p>	<p><b>EB</b></p> <p><b>MW</b></p>
<p><b>10.6</b></p>	<p><b>Regional Clinical Coordinators Committee</b>  Minutes from meeting held on 18.04.2018 were noted.</p>	
<p><b>10.7</b></p>	<p><b>Surgical Performance Committee</b>  Minutes from meetings held 6.11.17 and 23.02.18 [draft only] were noted.</p>	
<p><b>10.8</b></p>	<p><b>018/019 Reports</b>  <u>10 year data</u>: PH reported the SPC would be moving to use 10 and 5 year data for both unit and surgeon outliers over the coming year, meaning some units and surgeons would have outlier status not previously recorded. Specific communications with individuals and units in this category, plus wider discussion at the BOA, were planned.</p> <p><u>BOA Reviews</u>: Noted as per the A&amp;T model, the BOA had commenced external Trust reviews. A BOA-NJR feedback mechanism was necessary to allow ongoing monitoring by the SPC.  <b>Action: AN to liaise with PH</b></p>	<p><b>PH/NJR</b></p> <p><b>AN/PH</b></p>
<p><b>10.8</b></p>	<p><b>Implant Scrutiny Committee</b>  PH provided a verbal update of meetings held 15.11.2017 and 23.02.2018.</p> <p><b>018/019 Reports</b>  MPo reported new implants introduced through Beyond Compliance, surgeons needed easier access to implant information and outcomes. Information was currently available from the annual report but additional communication with trusts could be undertaken.  <b>Action: ISC to produce a proposal to manage work with help from PH/BOA/AB</b></p>	<p><b>ISC</b></p>
<p><b>11</b></p>	<p><b>Quarterly Statistics Report Q4 [1<sup>st</sup> January – 31<sup>st</sup> March 2018]</b>  The Quarterly Statistics Report was noted.</p>	
<p><b>12</b></p>	<p><b>Quarterly Management Report Q4 [1<sup>st</sup> January – 31<sup>st</sup> March 2018]</b>  The Quarterly Management Report Q4 was noted.</p>	
<p><b>13</b> <b>13.1</b> <b>13.2</b></p>	<p><b>Any Other Business</b>  <b>NJR 15<sup>th</sup> Anniversary</b>  EY noted that the 15<sup>th</sup> anniversary of the NJR was on 3<sup>rd</sup> April</p> <p><b>OECD</b>  MW advised OECD were conducting work looking at PROMS across all national registries and MPo and MW had been engaged in discussions and agreed to participate on behalf of NJR. OECD would like to receive summary PROMS data for hip and knee</p>	

<p><b>13.3</b></p>	<p>replacement patients so that the data could be amalgamated/compared with that from other registries. It had been advised that this could be supplied through Northgate via the data sharing route. More detail on the 'ask' specifics would follow from OECD.</p> <p><b>Adding categories in to the NJR dataset</b>  SL enquired about the process for industry adding categories to the NJR data set  <b>Action: SL to send specific request to EY for review and advice.</b></p>	<p><b>SL</b></p>
<p><b>15</b></p>	<p><b>Dates for next meeting in 2018.</b>  18<sup>th</sup> July 2018  19<sup>th</sup> October 2018</p>	