

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	NJR Steering Committee		Date: Tuesday 18 th July 2017
Location:	RCGP. 30 Euston Square, London. NW1 2FB		
Members Present:	Laurel Powers-Freeling	LPF	Chairman
	Martyn Porter	MPo	NJR Medical Director
	David MacDonald	DM	Independent Healthcare Sector Representative
	Gillian Coward	GC	Patient Representative
	Peter Howard	PH	Orthopaedic Surgeon
	Rob Hurd	RH	NHS Management Representative
	Michael Green	MG	Orthopaedic Implant Manufacturer representative
Co-Opted Members:	Andy Smallwood	AS	NHS Procurement
	Hussain Kazi	HK	Orthopaedic Surgeon
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Matthew Porteous	MP	Chair, Regional Clinical Coordinators Committee
	Robin Rice	RR	Welsh Government Representative
	Ian Winson	IW	President BOA
Attendees:	Adrian Sayers	AS	University of Bristol [attending on behalf of Ashley Blom]
	Carolina Arevalo	CA	Associate Director-Operations & Contracts-NJR
	James Ludley	JL	Senior Communications Officer-NJR
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Prof Andrew Judge	AJ	University of Oxford [attending on behalf of Prof A Price]
	Richard Armstrong	RA	Head of Health Solutions, Northgate
	Jane Ingham	JI	CEO, HQIP
	Carol Harrison	CH	Data Quality Service Lead , Northgate
	Nikky Ehinlanwo	NE	Executive Assistant-NJR, HQIP [Minutes]
Apologies:	Elaine Young	EY	Director of Operations-NJR
	Prof Tim Briggs	TB	Lead, Getting It Right First Time (GIRFT); National Director, Clinical Quality and Efficiency, NHS I
	Sue Musson	SM	Patient Representative
	Nicholas Wishart	NW	Orthopaedic Implant Manufacturer Representative
	Prof Mark Wilkinson	MW	Public Health & Epidemiology Representative, Chair, Research Sub-Committee
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Prof Andrew Price	AP	University of Oxford
	Prof Ashley Blom	AB	Head of Orthopaedic Surgery, University of Bristol
	Eve Riley	ER	Associate Director of Research and Governance-NJR

REF.	ITEM	ACTION
1	<p>Welcome and Apologies for Absence LPF welcomed members and noted apologies as listed above.</p>	
2	<p>Declarations of Interest None</p>	
3	<p>Minutes of the Previous Meeting The minutes from the last meeting 26th April 2017 were approved by the committee.</p>	
4	<p>Business Update CA updated the committee on progress. Noted that NJR had aligned with HQIP for processing of research requests, but all other data requests continued through the usual NJR processes.</p> <p><i>Business update ref 2: NHSD Data Access:</i> MS updated that the NJR were awaiting the outcome from the application for extension to receive HES/PROMS/ONS data from NHSD. NHSD had requested an amendment to NJR's s251 support from CAG, received in June. CAG support was given with the caveat that in future linkage should be done by NHSD and not the NJR. AS raised a concern that the NJR did not know the algorithms for linkage that NHSD would use, with potential validity problems. JI informed members that the Stroke audit had undergone an iterative process with NHSD to refine their linkage algorithm. Members agreed for Lot 1 and Lot 2 to work together to ensure the linkage algorithms were validated to ensure consistency in the future.</p>	
5	<p>NJR Accountability & Transparency Model.</p> <p>Project Working Group: MPo provided a project summary which had followed an initial presentation of the model proposals to Bruce Keogh (BK) in January. Moorhouse Consultancy had been recruited to assist with process mapping to ensure responsibilities, interdependencies, MOUs and steps in each of the processes were documented.</p> <p>Surgeon Level Appraisal: MPo opened discussion on Surgeon Level Appraisal. The NJR was working towards use of the Consultant Level Reports as part of individual surgeons' appraisal, which had been endorsed by the BOA. IW agreed to communicate with BOA membership with the message that in Yr. 1 it would be considered 'good practice' to download and use CLR for appraisal, but in future, it would be 'mandatory'.</p> <p>ACTION: Ensure member communication on appraisals before 21st July due to NJR's data refresh w/c 24th July.</p> <p>JI informed that revalidation work had been done by HQIP and she would feed back progress to the NJRSC. DM reported that NHSE had expectation of all clinical audits to form part of the appraisal process and suggested adding a function to the NHSE Appraisal Tool where clinical staff could confirm that the data had been downloaded, reflected on and reviewed. RR raised the issue that appraisal revalidation models and unit outlier escalation could not be applied to Wales. DM suggested contacting the GMC to ensure the process was applicable to all nations, LPF agreed. Members also agreed to contact the equivalent regulator to CQC in Wales for Unit outlier processes.</p> <p>AGREED: Above items be considered for recommendations to be taken to NHSE</p>	<p>IW/BOA</p> <p>JI</p> <p>Wkg Grp</p>

6	<p>Data Quality [DQ] Audit CH reported on the current progress of the DQ Audit for 14/15 and 15/16.</p> <p>DQ Audit – Yr. 1</p> <ul style="list-style-type: none"> • 138 out of 149 Trusts had now completed the 14/15 audit; 7 were working to address unmatched records; 3 were waiting for the audit report to be created; Western HSC Trust had yet to return initial dataset. • A data sharing agreement was now in place between Western HSC Trust and the NJR; CH updated that she had now re-approached the trust to begin the audit and obtain the necessary data. • CQC had recently contacted outstanding Trusts and they were now progressing positively, with expected completion by end of July 2017. <p>DQ Audit – Yr. 2</p> <p><i>NHS hospitals</i></p> <ul style="list-style-type: none"> • 77% of units had completed the audit: 177 of 231 units. 92 audit tools had been received and were being checked; 11 audit tools had been reviewed and passed as fully complete. • Those who had not yet submitted (23%) had been chased in the last few weeks. <p><i>Independent sector hospitals</i></p> <ul style="list-style-type: none"> • DM had been very proactive with the independent sector; • 81% of units had completed the audit: 144 of 177 units. 133 audit tools had been received and were being checked; 19 audit tools had been reviewed and passed as fully complete. <p>DQ Audit Yr. 3 was expected to begin in September.</p> <p>CH outlined plans for Northgate’s enhanced support for data quality. This included establishing a DQ team and introducing a dedicated mailbox to receive all data and queries and appointment of a DQ consultant to analyse data and inform best practice.</p> <p>It was noted that a UoB advanced DQ proposal was under consideration.</p>	
7.	<p>MHRA Revised Guidance on Metal on Metal Hip Replacement</p> <p>KR updated the committee on the third MoM updated guidance released through an alert on the 29th June 2017. Data collected by the NJR had helped with drafting of the guidance, and highlighted that further to changes in NJR data collection in 2010; soft tissue reactions were now monitored. KR reported back to the Committee that some media outlets had reported on the revised guidance and MHRA had not received negative feedback from surgeons or hospitals. KR thanked the NJR for supporting this exercise and noted that this information had been distributed to GPs for information.</p> <p>MPo raised the issue of duty of care owed to the patients and their management, and whether there had been any monitoring of Trusts in relation to their follow up of patients. MS highlighted that some patients had reported back to the NJR Help Desk that they had not been followed up. KR outlined that it was for NHSE to monitor.</p> <p>DM raised his concerns about cost implications and lack of guidance around who was providing funding for the required follow up in the revised MHRA guidance. Previous alerts had made this more explicit.</p>	
8.	<p>NJR Component Data Base Development</p> <p>MPo updated members on the ongoing work for the new NJR Component Database and steps to resolve issues on data structure and analysis highlighted by UoB. It was noted that UoB had written a specification on analyses to be made and how data</p>	

	<p>should be structured to support these, and Lot 1 and Lot 2 would meet to finalise arrangements for data provision and analysis. It was noted that the structure would not affect the analyses currently made by UoB with regards to implant outliers.</p> <p>RA updated on the industry workshop held on the 26th April 2017 where Northgate had received feedback on the fields and the level of granularity required. It was noted that industry was now encouraged to submit data to the minimum level. RA also commented that industry were keen to get a timetable for data upload. MG added that the feedback on the workshop he had received from industry colleagues was positive.</p>	
9.	<p>HQIP Methodology Advisory Group</p> <p>AS updated members on the HQIP Methodology Advisory Group (MAG) meetings that UoB had attended on behalf of NJR. The first meeting focussed on risk adjustment strategies whilst the second focussed on reporting and transparency. AS noted that overall, the information discussed in the MAG was not new and the NJR was ahead in the strategies and processes discussed. JI noted that the ambition of the MAG was to develop guidance on Quality Improvement ensuring audits were using the most robust and appropriate methodological processes.</p>	
10.	<p>NJR 2017/18 Annual Plan: Q1 Performance Update</p> <p>CA reported on the Q1 Annual Work Plan deliverables, with good progress made in all aspects of the planned activity for Q1. The majority of deliverables due in Q1 had been completed (56%), with 25% in progress, however CA noted these were related to the NJR Transparency and Accountability model work. Deliverables in amber were related to the component database and only one was rated red: linkage with NHSD which members agreed was outside of the control of the NJR, however CA noted that these were being monitored and interdependencies being chased. CA informed that the top 10 items would be reported against from next quarter, which LPF agreed with.</p>	
11.	<p>NJR 2017/18 Risk Register : Q1 Exception Report</p> <p>CA noted one risk had been updated since April. RA reported that following from the recent cyber attack across the NHS, which did not affect the NJR system, Northgate had reviewed the risk and had put mitigations in place for the system security.</p> <p>MPo raised the issue of data being circulated between committee members and reminded members to remain vigilant about how this is stored and used. Members agreed that a clear document detailing guidance and policy on data management for committee members should be drafted and circulated. LPF noted that this would be discussed in detail and an update would be given in due course.</p> <p>ACTION: Explore drafting data management guidance for NJR Committee members</p>	NJR
12.	<p>Finance</p>	
12.1	<p>NJR Finance report Q1(1st April to 30th June 2017)</p> <p>CA gave an update on expenditure which was noted by members.</p>	
12.2	<p>NJR 2017/18 Subscription Charges</p> <p>Noted Q1 subscription status was 53% paid, an improvement on the previous year.</p>	
13	<p>Update from the NJRSC Sub-Committees</p>	
13.1	<p>Executive Committee</p> <p>DM enquired on guidance for Conflict of Interest of NJR Committee members and ongoing legal cases. CA advised this was still in progress; EY was awaiting legal advice.</p>	
13.2	<p>Medical Advisory Committee</p> <p>Draft Minutes from the last meeting held on 14th June 2017 were noted.</p>	

13.3	Data Quality Group The minutes from the last meeting held on 24 th June 2017 were noted and a verbal update of the meeting held on the 5 th July 2017 was given. MPo informed members that MP succeeded as Chair of the DQG effective 5 th July 2017.	
13.4	Editorial Board Minutes from the Editorial Board held on the 17 th May 2017 were noted and a verbal update of the meeting held on 30 th June 2017 was given. JL reported that Annual Report work was on track and noted that interesting analyses of volume data, elbow replacements, ankle replacements and uni knees, were published within the Annual Report for the first time. Members noted the draft report from the link previously sent. JL updated on NJR plans for the BOAAC; six papers had been selected for presentation during the NJR's session scheduled on Tuesday 19 th September. MPo advised that the BOA had also invited MPo, MP and PH for an NJR Hot Topics Q&A session on Wednesday morning, in addition to MPo's involvement in a session on 'Just Culture'.	
13.5	Research Committee Draft Minutes from the previous meeting held on 12 th June 2017 were noted.	
13.6	Regional Clinical Co-ordinators Committee MP reported that Derek Pegg had been appointed Vice Chair of the committee. Consideration was being given to greater RCC involvement on other sub committees.	
13.7	Surgeon Outlier Committee Draft minutes of the meeting held on the 16 th May 2017 were noted and a verbal update of the meeting held 17 th July 2017 given. PH informed that the NJR would now be reporting mortality in the previous 5 years only. DM raised an issue with the wording of the Ceramic Fracture letters as they implied the procedures were contraindicated at the time of surgery, whereas they were only contraindicated presently.	
13.8	Implant Performance & Scrutiny Committees A verbal update from the Implant Performance & Scrutiny Committee held 19 th June 2017 was given.	
14	Quarterly Statistics Report Q1 [1st April to 30th June 2017] The Quarterly Statistics Report was noted. LPF enquired about apparent decrease in patient consent. MS outlined this was likely due to the DQ Audit, with the retrospective missing cases now being entered potentially having 'no patient consent'.	
15	Quarterly Management Report Q1 [1st April to 30th June 2017] The Quarterly Management Report Q1 was noted.	
16	NJR Committee Meeting Schedule 2017 The meeting schedule for 2017 was noted for information.	
17	Any Other Business No other items were raised.	
18	Dates of 2017 Meetings Friday, 13 th October 2017, 10:30am-3pm	