

**NATIONAL JOINT REGISTRY STEERING COMMITTEE**

**MINUTES**

<b>Meeting:</b>	NJR Steering Committee		<b>Date:</b> Thursday 26 January 2017
<b>Location:</b>	The New Room, Wesley Hotel. 81 – 103 Euston Street. London NW1 3EZ		
<b>Members Present:</b>	Laurel Powers-Freeling	LPF	Chair
	Michael Green	MG	Orthopaedic Implant Manufacturer Representative
	Nicholas Wishart	NW	Orthopaedic Implant Manufacturer Representative
	Peter Howard	PH	Orthopaedic Surgeon
	Prof Mark Wilkinson	MW	Public Health & Epidemiology Representative, Chair, Research Sub-Committee
	Rob Hurd	RH	NHS Management Representative
<b>Co-Opted Members:</b>	Andy Smallwood	AS	NHS Procurement
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Matthew Porteous	MP	Chair, Regional Clinical Coordinators Committee
	Mike Kimmons	MK	CEO, BOA [attending on behalf of Ian Winson]
<b>Attendees:</b>	Elaine Young	EY	Director of Operations-NJR, HQIP
	Carolina Arevalo	CA	Associate Director-Operations & Contracts-NJR, HQIP
	James Ludley	JL	Senior Communications Officer-NJR, HQIP
	Richard Armstrong	RA	Programme Director, Northgate
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Prof Ashley Blom	AB	University of Bristol
	Lisa Town	LT	Assistant-NJR, HQIP <b>[Minutes]</b>
<b>Apologies:</b>	David MacDonald	DM	Independent Healthcare Sector Representative
	Eve Riley	ER	Associate Director of Research and Governance-NJR, HQIP
	Gillian Coward	GC	Patient Representative
	Hussain Kazi	HK	Orthopaedic Surgeon
	Ian Winson	IW	President, BOA
	Jane Ingham	JI	CEO, HQIP
	Martyn Porter	MPo	NJR Medical Director
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Prof Tim Briggs	TB	Lead, Getting It Right First Time (GIRFT); National Director, Clinical Quality and Efficiency, NHS I
	Robin Rice	RR	Welsh Government Representative,
	Sue Musson	SM	Patient Representative

REF.	ITEM	ACTION
1	<p><b>Welcome and Apologies for Absence</b></p> <p>LPF welcomed members and noted apologies from Martyn Porter, Gillian Coward, Amar Rangan, David Macdonald, Andy Smallwood, Sue Musson, Robin Rice, Tim Briggs Hussain Kazi, Jane Ingham and Ian Winson.</p>	
2	<p><b>Minutes of the Previous Meeting</b></p> <p>The minutes of the meeting held on 14 October 2016 were noted and approved with one minor clarification: “KR mentioned that the medical device regulations included procedures for clinical investigations”.</p>	
3	<p><b>Business Update</b></p>	
3.1	<p><b>Data Quality Resource Proposal to NJREC</b></p> <p>EY confirmed that this had been considered at NJREC, but decision deferred pending further review of the overall financial model.</p>	EY
3.2	<p><b>Shoulder PROMs - Prepare proposal for continuation of NJR shoulder PROMs</b></p> <p>EY noted that a draft business case for continuation of Shoulder PROMs had been completed but required further review and consultation with AR/BESS prior to submission to the next NJRSC for approval.</p>	
4	<p><b>NJR Accountability &amp; Transparency; Patient Safety and Improving Outcomes – Proposed Governance model to NHS E Medical Director</b></p>	
4.1	<p>Members received the presentation outlining NJR/BOA governance proposals and the Chairman’s letter to Sir Bruce Keogh (BK) summarising agreed outcomes of the meeting with the NHSE Medical Director held on the 10 January 2017.</p>	
4.2		
4.3		
	<p>LPF advised the committee on the key elements from this meeting as follows:</p> <ul style="list-style-type: none"> <li>a) The NJR was no longer required to extend the current range of indicators related to COP;</li> <li>b) Recommended that surgeons would use NJR data from the Clinician Feedback system for reflection of practice and appraisal and adjustments to the NJR CF system were planned to enable surgeons to confirm this had occurred;</li> <li>c) Agreed escalation point for management of unit outliers would be the CQC and also NHSI and CQC had agreed to join the NJR Outlier Performance Committee.</li> </ul>	
	<p>BK had commended the NJR and proposed model, which he hoped could be developed and rolled across other NCAs. He agreed to provide support and consult with the National Quality Board as follows:</p> <ul style="list-style-type: none"> <li>d) Communicate with ‘Responsible Officers’ about use of NJR/audit data for appraisal;</li> <li>e) Explore linking the use of NJR data for appraisal to Clinical Excellence Awards.</li> <li>f) Provide support regarding ongoing issues with access to HES/PROMs data.</li> </ul>	
	<p>LPF informed that further discussions had taken place with Prof Sir David Spiegelhalter. DS had noted that Cambridge had funding for communication development in the statistics area and offered their service to the NJR to ensure an appropriate communication strategy development. LPF noted this support did not overlap with the work of the NJR Lot 2 and Lot 3 contractors.</p>	
	<p>LPF advised that, further work was necessary to develop the model and ensure it was supported by robust operational arrangements, noting that a follow up meeting was scheduled with BK in June to present further detail. It was acknowledged that this would involve a great deal of additional work with key stakeholders for delivery within tight timescales and it was agreed that this should be resourced to provide EY/NJR</p>	

Management with dedicated project support to enable plans to be finalised .

**Action: Action plan to be established and project support to be explored to take forward the governance proposal model.** LPF/EY

LPF also informed about discussion with Prof Sir David Spiegelhalter about the potential of working with him and his team to optimise NJR external communication of unit level data. An NJR visit was planned to meet DS in Cambridge to discuss further

**Action: NJRSC to be kept updated** LPF

## 5 Operational Planning 2017/18

EY reported that timelines associated with the NJR strategic planning process were not currently aligned with those of HQIP, which meant that the NJR had to submit 'draft' objectives for inclusion in the HQIP plan prior to NJRSC approval. Further consideration would be given to the planning timetable for next year. EY also noted that the draft 2017/18 Annual Plan would be submitted to the NJREC for comment prior to the April NJRSC for approval

### Actions:

- a) Consider how NJR planning timelines could be aligned with that of HQIP EY/All
- b) 2017/18 Annual Plan to be submitted to the April NJRSC meeting EY

## 6 Finance

### 6.1 NJR Finance Report Q3 [1st October to 31st December 2016]

The Committee received the Q3 Finance Report

### 6.2 2016/2017 Subscription Charges

89% of Trusts had subscribed to the NJR. A letter to the remaining Trusts was sent on the 9<sup>th</sup> January. It was also noted that the NJR was doing well with supplier contributions.

### 6.3 NJR Financial Profile and 2017/18 Trust Subscription

Uptake on the EMBED service was currently £65k. It was noted that the current EMBED pricing structure was challenging as it was the same amount for all Trusts regardless of the size of the organisation. The Committee discussed ideas on making this more marketable. LPF discussed the option of using the current surplus to enable the NJR to offer the EMBED service free of charge for a limited period after which the subscription amount could be increased. MP suggested it would be preferable to increase subscriptions first and improve communications regarding the EMBED service. Members were informed that the pricing structure of the EMBED model was undergoing review and was being presented in more detail at the next Executive Committee. Once finalised, the new model would be submitted for approval by the SC in April.

**Action: Draft a revised economic model for the EMBED subscriptions for the Executive Committee** EY/RA

## 7 Metal on Metal Litigation

EY informed that the NJR had been approached by lawyers from both the claimant and defendant regarding a MoM Litigation which was ongoing. EY also noted that this raised interesting issues for the NJR, particularly regarding the release of data from manufacturers other than those involved in the litigation due to mix and matching of implants.

Another concern was that lawyers from both parties had contacted past and present SC members for expert opinions. Due to the conflict of interest, SC members had not participated in providing expert opinions, but would were this requested directly by the courts.

AB raised a risk with some non NJR member surgeons being approached for their opinion and not supplying the court with an accurate description of the NJR methodologies.

**Action: Draft proposal for friend of court agreement for further discussion at the next SC EY**

In light of this LPF requested for the principles of being an NJR member to be revised to include a period of participation in which members could not engage or offer litigation support, post membership.

**Action: Update the principles of working within the NJR to include post membership EY**

## **8 Update from the NJRSC Sub-Committees**

### **8.1 Executive Committee**

Minutes from meetings held on 05.12.2016 and 16.01.2017 [Draft] were noted.

### **8.2 Medical Advisory Committee**

Draft Minutes from the last meeting held on 05.12.2016 were noted.

### **8.3 Data Quality Group**

Noted that the next meeting of Data Quality Group was scheduled for 15.02.2017.

### **8.4 Editorial Board**

Minutes from the meeting held on the 16.01.2017 were noted.

EY informed that the EB had discussed options on presentation of the 2017 annual report. AB mentioned discussion around committee membership, workload and succession planning

### **8.5 Research Committee**

Minutes from the meeting held on the 02.12.2016 were noted.

MoM/Cardiac Research Study: MW gave a summary of the meeting held on the 02.12.2016 between UCL and the NJR, chaired by Paul Gregg, regarding the data flows of the MoM Cardiac Work and approval of the research manuscript. He informed that an agreement had been reached that the process of approvals had been difficult following conflicting advice from the different regulators and that the NJR was correct in following due process for this work. It was also noted that the manuscript had recently been submitted to the BMJ for consideration. LPF thanked MW and PG for their support with this issue.

### **8.6 Regional Clinical Co-ordinators Committee**

Minutes from meetings held on 04.11.2016 and 10.01.2017 [Draft] were noted. MP informed that new committee members had been recruited and that the Minimum Dataset change requests were scheduled for review on the 22<sup>nd</sup> February.

### **8.7 Surgeon Outlier Committee**

Draft minutes from meeting held 29.11.2016 were noted.

CQC Meeting-Noted that a meeting had been arranged for the 24 February between the CQC and NJR [PH, MPo and EY] to discuss outlier and DQ audit escalation processes

Committee Name Change-PH informed that the title of the committee had changed to Surgical Performance Committee to more accurately reflect that business involved consideration of surgeon, units and implants..

Positive Performance-PH informed that the SPC was looking at identifying 'better' surgeon and implant performance and ways of publishing this online.

## **8.8 Implant Performance & Scrutiny Committees**

Draft minutes from the meeting held on 16.11.2016 were noted.

PH advised about the issues of implant mismatching.. The committee were exploring options to provide in-system alerts when a potential mismatch or '[never event' was submitted in a record, with pop-up screens and email alerts

**Action: To develop an alert system**

**PH/RA**

## **9 Quarterly Statistics Report Q3 [1st October to 31st December 2016]**

The Quarterly Statistics Report was noted.

## **10 Quarterly Management Report Q3 [1st October to 31st December 2016]**

The Quarterly Management Report Q2 was noted.

## **11 NJR Committee Meeting Schedule 2017**

The meeting schedule for 2017 was noted for information.

## **12 Any Other Business**

### **12.1 ISAR 2017**

LPF confirmed that only NJR representatives presenting NJR papers or involved in a leadership role within the ISAR committee would receive funding for the trip.

### **12.2 HQIP Methodology Advisory Group (MAG)**

AB spoke on the newly formed HQIP MAG meeting facilitated by David Spiegelhalter which took place on Monday 23<sup>rd</sup> January 2017, and noted that the NJR were more advanced than some other national clinical audits, particularly for individual surgeon reporting. It was noted that this would be a good forum for sharing good practice and reviewing appropriate methodological tools.

### **12.3 Northern Ireland**

EY informed members that she was going to NI with RA and CA on the 30/03/17 to meet commissioners to discuss access to mortality data to facilitate outcome reporting

## **13 Dates of 2017 Meetings**

Wednesday, 26<sup>th</sup> April 2017, 10:30am-3pm

Tuesday, 18<sup>th</sup> July 2017, 10:30am-3pm

Friday, 13<sup>th</sup> October 2017, 10:30am-3pm