

**NATIONAL JOINT REGISTRY STEERING COMMITTEE
MEETING PART 1
MINUTES**

Meeting:	NJR Steering Committee		Date: Tuesday, 20 April 2021
Location:	Zoom Conference		
Members Present:	Laurel Powers-Freeling	LPF	Chairman
	Tim Wilton	TW	NJR Medical Director
	Prof Karen Barker, OBE	KB	Allied Health Professional
	Peter Howard	PH	Orthopaedic surgeon
	Robin Brittain	RB	Patient Representative
	Gillian Coward	GC	Patient Representative
	Prof Mark Wilkinson	MW	Public Health & Epidemiology
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Prof Mike Reed	MR	Orthopaedic surgeon
Co-Opted Members:	Robin Rice	RR	Welsh Government Representative
	Andrew Smallwood	AS	NHS Procurement
	Derek Pegg	DP	Chair RCC and Data Quality Committees
Attendees:	Elaine Young	EY	Director of Operations, NJR
	Chris Boulton	CB	Deputy Director of Operations, NJR
	Yemi Garuba	YG	Assoc. Director: Operations and Contract Management, NJR
	Deirdra Taylor	DT	Assoc. Director: Communication & Stakeholder Engagement, NJR
	Rebecca Swinson	RS	Assoc. Director: Performance and Business Planning, NJR
	Jane Ingham	JI	CEO, HQIP
	Richard Armstrong	RA	Head of Health Solutions, Northgate [Lot 1]
	Edward Caton (item 10.1)	EC	Northgate [Lot 1]
	Paul Hindley (item 10.2)	PaH	Northgate [Lot 1]
	Mike Swanson	MS	Principal Consultant, Healthcare, Northgate [Lot 1]
	Prof Michael Whitehouse	MWh	University of Bristol [Lot 2]
	Leeanna Alloway	LA	Executive Assistant to Director of Operations, NJR [Minutes]
	Apologies:	Prof Tim Briggs, CBE	TB
Bob Handley		BH	President, BOA
Sandra Lawrence		SL	ABHI, Orthopaedic Manufacturer Representative
Jeff Stonadge		JS	ABHI, Orthopaedic Manufacturer Representative
Prof Andrew Price		AP	Professor of Orthopaedic Surgery, University of Oxford [Lot 2]
Prof Ashley Blom		AB	Head of Medical School, University of Bristol [Lot 2]

REF.	ITEM	ACTION
1.	<p>Welcome and Apologies for Absence LPF welcomed members to the meeting and noted apologies as above.</p>	
2.	<p>Declarations of Interest None were declared.</p>	
3.	<p>Minutes of the Previous Meeting The minutes of the last meeting on 25 January 2021 were agreed as an accurate record.</p>	
4.	<p>Business Update Members noted the following business updates not elsewhere on the agenda:</p> <p><u>BOA/TORUS MSK Proposal</u> EY reported the pitch document was being finalised, noting there had not yet been a further meeting with Stephen Powis as planned, due to his commitments with the COVID-19 pandemic. Further update under Item 5.</p> <p><u>NJR Benefits</u> MW reported he was leading on the Data Quality paper while AB was leading on the NJR Direct Benefits paper. He advised the Data Quality document was nearing completion and would then be circulated to NJREC for review.</p> <p><u>Contract Reprourement</u> EY reported the re-procurement exercise was going to timescale, including building in two weeks for NHSEI review and ratification, before going to tender.</p>	
5.	<p>Development of Medical Device Registries-NJR/TORUS National MSK Registry LPF reported there was a meeting planned with NHSE/I following the NJRSC and the matter of the MSK registry and how it would fit into the ongoing development of the NJR, would be addressed as part of that discussion.</p> <p>TW noted the steering committee for the National Medical Devices Registry had not met since the last NJRSC on 25 January 2021. He noted that uncertainty regarding central funding for this programme might have contributed to delays.</p> <p>EY noted that at the NJR Medical Advisory Committee on 29 March 2021, the specialist societies had expressed concern about delay with implementation of the MSK Registry, which was affecting plans/development of the TORUS registries. She advised that TB had expressed his full support of the NJR and the MSK registry proposal, but confirmed that available funding needed to progress further medical device registry development, had not yet been confirmed.</p>	

6.	<p>NJR 2020/21 Q4 Annual Plan Update BS reported on Q4 deliverables, noting there were no deliverables with a red RAG rating, Four were completed and four had an amber rating due to the impact of COVID-19.</p> <p><u>Implementing sublicensing of linked NHR/PROMS/HES Data (deliverable 1.3.1)</u> - this deliverable had been closed after securing all necessary permissions. CB and Rachel Brophy were working on clearing the backlog of data applications.</p> <p><u>Pilot data automation for shoulder replacement (deliverable 1.1.4) / Conduct a limited manual pilot of elbows and ankles to provide baseline data (deliverable 1.1.6)</u> - these deliverables were no longer required as Data Quality Automation for shoulders, elbows and ankles had gone live last October as a national roll-out.</p> <p><u>Complete 1st Iteration stage of the beta phase development (deliverable 8.1.1)</u> - the first stage of beta phase development (NJR Connect) went live in March 2021. Iteration 2 and 3 would be part of the 2021/22 Annual Plan.</p>	
7.	<p>2020/21 Risk Register Q4 Update CB reported no items had been rescored and no new risks were introduced since Q3.</p>	
8.	<p>2021/22 Annual Plan (Draft) BS presented the 2021/22 Annual Plan for approval, noting that some areas of work deferred in 2020/21 due to COVID-19, had been prioritised. The draft plan had been reviewed by NJREC and submitted to the HQIP Board, pending NJRSC final approval.</p> <p>BS noted the following key areas of development which had been given priority in the 2021/22 work plan:</p> <ul style="list-style-type: none"> • IT Platform Beta Phase – Iteration 2 • IT Platform Beta Phase – Iteration 3 • System development and implementation of shoulder component classification • Enhancements to Annual Clinical Report and annual publication • Enhancements to Consultant Level Report and publication <p>In addition, the following new work areas were noted:</p> <ul style="list-style-type: none"> • Planning work for MDS8 • Engagement with NHSE/X and BOA/TORUS re MSK registry • Recruitment and induction of new chair • Development of new strategic plan for next 3-5 years <p>Agreed: NJRSC approved the 2021/22 Annual Plan as presented.</p>	
9.	<p>2021/22 NJR Risk Register (Draft) CB presented the draft risk register 2021/22 for approval, noting the inclusion of two new risks as follows:</p> <p><u>Changes to NJR data flows (Risk 33)</u> – Proposed changes to establish a national medical devices database. If NJR were forced to accept data from a source before that source was sufficiently matured to be able to reproduce what NJR had now, this could cause serious disruption. NJR would need to work with NHSD/E/I to assure their databases were designed in an appropriate way so that NJR requirements were met.</p> <p><u>NJR governance arrangements (Risk 34)</u> – Uncertainty around NJR’s governance structures and reporting lines. NJR currently worked with an assumed joint data controllership arrangement with NHSE/I, but there was no formal documentation clarifying the relationship. NJR needed to continue discussions with NHSE/I to clarify.</p> <p>Agreed: NJRSC approved the 2021/22 Risk Register as presented.</p>	

<p>10.</p> <p>10.1</p> <p>10.2</p>	<p>Northgate IT Presentations and Demonstrations</p> <p>Implant Scanning for Safety</p> <p>RA provided an overview of new software that had been developed in response to the 2018 HSIB report, which identified that implants with mismatched attributes were being used together. The software was designed to carry out compatibility component combination checks pre-implantation, to prevent the likelihood of surgical never events.</p> <p>Two pieces of software had been developed: 1) An Application Programming Interface (API) which allowed any third party system already routinely capturing details of implants, to pass details of the implant list to the NJR and get a response, in real-time and 2) software created for users who had not had access to a third party system. This technology could be used with any laptop, tablet or mobile phone to scan implants from the theatre ahead of a procedure.</p> <p>EC provided a demo of the scanning software. Members raised queries about whether the software would pick up in-brand combinations and concern that relevant never events would be recorded but not flagged. RA confirmed the software did not flag such in-brand validations, as it was not something the NJR currently checked, but he advised that it could be possible to incorporate should NJR receive the relevant data from the manufacturers. It was noted there was a disclaimer in place, which clearly outlined what was checked and what was not. The software was designed to flag/alert potential never events, based on current NJR validation rules, but would then be at the surgeon's discretion about how to proceed.</p> <p>TW noted there were different complexities with different joints and if there were sizing checks/flags in place for some implants, it would be fair for a user to assume the same had been done for all implants. Agreed this required further discussion with Northgate.</p> <p>Members discussed transparency related to gaps in the information and ways to disclose those gaps to surgeons. LPF recommended a broad disclaimer, which should be checked by lawyers before going live.</p> <p>Action: Discuss with Northgate the nature of disclaimer and whether there was more information that could and/or should be provided.</p> <p>NJR IT Platform</p> <p>RA provided a demonstration of the first iteration of the new NJR IT Platform (NJR Connect) which went live on 31 March 2021, highlighting the following new features:</p> <ul style="list-style-type: none"> • A contact database had been established to hold NJR's stakeholders contact details; • Users had more capability to explore new levels of their own data held by the NJR; • Clinicians were able to view outcome status of all their patients, trends in outcome data, and record level activity; • Additional functionality within the Consultant Level Report enabled CLR download and declaration and use in appraisal for revalidation; • New alert features were built into the platform, to notify users of a 90 day mortality event, or attributable revision and direct them to relevant information within the platform for review; and • Consultant publication provided clinicians a preview period, allowing them to view their data that would be published in the public domain ahead of publication. <p>DP enquired whether watermarks for funnel plots, could be implemented to avoid misrepresentations.</p> <p>Action: Consider incorporating watermarks in the printed version of the funnel plots available via NJR Connect.</p>	<p>RA/CB</p> <p>RA</p>
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	RA reported that iteration 2 of the IT platform was next to be launched and would provide hospitals with access to similar sets of data. It was noted there was still a need for consensus regarding security levels amongst user roles.	
11.	<p>NJR Website-site Architecture and Structure</p> <p>DT provided a demonstration and overview on progress with the new NJR website, highlighting some of the new features within the site. Noted that the new content management system would allow greater functionality, making it easier to navigate and access information, optimising user experience and providing a more engaging and effective way to communicate with NJR stakeholders.</p> <p>DT reported that work on development of the new website was being undertaken internally by NJRMT/Communications, in collaboration with NJRSC patient representatives and patient network. It was noted that use of external agencies had been considered for this development, but it was felt that the in-house solution would better meet NJR requirements and be more cost efficient.</p> <p>NJRSC were asked to approve the proposed structure and agree that work begin to move content into the new site.</p> <p>Agreed: That the proposed structure as presented, was a significant improvement on the current website and should be progressed.</p>	DT
12.	Update from the NJRSC Sub-Committees	
12.1	<p>Circulation of Committee Minutes Previously Reported</p> <p>The following minutes were received and noted:</p> <ul style="list-style-type: none"> • Editorial Board, 15 January 2021 • Data Quality Committee, 18 January 2021 	
12.2	<p>Executive Committee</p> <p>Draft minutes from the meeting held 9 March 2021 were received and noted.</p>	
12.3	<p>Editorial Board</p> <p>Draft minutes from the meeting held 17 March 2021 were received and noted.</p> <p>MR reported EB were on track to produce this year's annual report and would be planning presentations to launch the report at this year's BOA congress in September.</p>	
12.4	<p>Surgical Performance Committee</p> <p>Draft minutes from the meeting held 16 February 2021 were received and noted.</p>	
12.5	<p>Implant Scrutiny Committee</p> <p>PH verbally reported there was nothing to note from meeting held 22 February 2021.</p>	
12.6	<p>Research Committee</p> <p>Draft minutes from the meeting held 16 March 2021 were received and noted.</p> <p>MW noted the RSC had welcomed two new members, DP and David Townsend, a foot and ankle specialist and highlighted CB's achievement in finally obtaining approval from NHSD for sublicensing linked data to research applicants.</p>	
12.7	<p>Data Quality Committee</p> <p>TW provided a verbal update from the meeting held 12 April 2021 noting that:</p> <ol style="list-style-type: none"> a) DP had been appointed DQC Chairman; b) Ongoing audits were going well, some even progressing faster than expected; c) PROMS data quality audit was a major item, with Bristol undertaking an exploration of PROMs data quality in the first instance. 	

12.8	Regional Clinical Co-ordinators Committee DP provided verbal update from meeting held 15 February 2021 noting membership figures were changing and work was being done to finalise the numbers.	
12.9	Medical Advisory Committee TW provided a verbal update from the meeting held 29 March 2021, noting that; a) MAC had received the same Northgate demonstrations as presented to NJRSC today and concerns had been expressed about security/access levels amongst users; and b) there had been discussions regarding surgeons dual operating, as well as problems with implants such as dual mobility hips. Some matters needed referral to the specialist societies and TW and PH had agreed to participate in various annual meetings, to engage with the members and obtain their views.	
13.	Quarterly Statistics Report The QSR for Q3 was received and noted.	
14.	Quarterly Management Report Q4 The QMR for Q4 was received and noted.	
15.	Any Other Business None.	
	Date of Next Meeting Thursday, 22 July 2021	
	END OF MEETING PART 1 Representatives of Lot 1 and Lot 2 [AP, MWh, RA, AS) left the meeting.	