

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

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| Meeting: | NJR Steering Committee | | Date: Monday, 24 January 2022 |
| Location: | Zoom Conference | | |
| | Tim Wilton | TW | NJR Medical Director, Interim Chair |
| | Prof Mike Reed | MR | Orthopaedic Surgeon |
| | Prof Mark Wilkinson | MW | Public Health & Epidemiology |
| | Robin Brittain | RB | Patient Representative |
| | Sandra Lawrence | SL | ABHI, Orthopaedic Manufacturer Representative |
| | Jeff Stonadge | JS | ABHI, Orthopaedic Manufacturer Representative |
| Co-Opted Members: | Derek Pegg | DP | Chair Regional Clinical Coordinators and Data Quality Committees |
| | Sharon Knight | SK | MHRA Representative |
| | Andrew Smallwood | AS | NHS Procurement |
| | Prof Tim Briggs, CBE | TB | Chair, Getting It Right First Time (GIRFT); National Director for Clinical Improvement, NHSEI |
| | Prof John Skinner | JSk | President, BOA |
| 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 |
| | Becky Swinson | BS | Assoc. Director: Performance and Business Planning, NJR |
| | Jane Ingham | JI | CEO, HQIP |
| | Richard Armstrong | RA | Head of Health Solutions, NEC Software Solutions [Lot 1] |
| | Mike Swanson | MS | Business Relationship Manager, Healthcare, NEC Software Solutions [Lot 1] |
| | Prof Ashley Blom | AB | Head of Medical School, University of Bristol [Lot 2] |
| | Leeanna Alloway | LA | Executive Assistant to Director of Operations, NJR [Minutes] |
| Apologies: | Peter Howard | PH | Orthopaedic Surgeon |
| | Prof Amar Rangan | AR | Orthopaedic Surgeon |
| | Gillian Coward | GC | Patient Representative |
| | Robin Rice | RR | Welsh Government Representative |
| | Prof Andrew Price | AP | Professor of Orthopaedic Surgery, University of Oxford [Lot 2] |
| | Prof Karen Barker, OBE | KB | Allied Health Professional |

| REF. | ITEM | ACTION |
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| 1. | Welcome and Apologies for Absence TW welcomed members to the meeting and noted apologies as above. | |
| 2. | Declarations of Interest MW declared he had joined The Paget's Association as a Trustee. | |
| 3. | Minutes of the Previous Meeting The minutes from the meeting of 26 October 2021 were agreed as an accurate record. | |
| 4. | Business Update Members noted the following business updates not elsewhere on the agenda: | |
| 4.1 | <u>Under Performing Hospitals Report</u> – This action would roll forward as there had been no DQC meeting held since the last NJRSC in October 2021. | |
| 4.2 | <u>Implant Scrutiny</u> – Development of the proposal for Kaplan Meier analysis was ongoing and a final proposal from the ISC was expected to be brought to the NJRSC in April for consideration. | |
| 4.3 | <u>NJR Benefits Paper Publication</u> – EY advised that an initial draft had been circulated by AB. This had been reviewed by the NJREC where it was agreed further input and enhancement was required. The result was expected to be one paper incorporating the views of Lot 1, Lot 2 and the NJRMT and committees. The focus of the publication would be on exemplifying benefits to its key stakeholder groups, with a particular focus on benefits to patients. A further suggestion was the inclusion of infographics to make it more accessible and easier for readers to understand. Work was ongoing and a revised draft, which would include the NJREC feedback, would be returned to AB in due course. EY advised the aim was to have the document finalised by mid-2022 and published to align with the NJR's 20 th anniversary in 2023. | |
| 4.4 | <u>Ongoing Items for Monitoring</u> – EY advised that the Business Update now included a section for items which were dormant or pending, to ensure the NJRSC did not lose sight of these matters longer term and continued to monitor them. | |
| 5. | NJRSC Terms of Reference EY advised she was currently updating the NJRSC ToRs incorporating the following : <ul style="list-style-type: none"> • Governance arrangements recently agreed with NHSEI • Quarterly Accountability Meetings between the NJR, HQIP and NHSEI • Membership of a representative from Northern Ireland Action: EY to circulate NJRSC ToR to members for comment. | EY/NJRSC |
| 6. | Strategic Update TW briefed members on the NJR/NHSEI Accountability Meeting held 24 November 2021 as follows: <ol style="list-style-type: none"> a. <u>National PROMs Collection</u> – there was further discussion regarding the proposal for the NJR to manage the National PROMs programme for hips and knees. NJR advised a business case was being developed for submission to NHSEI for consideration. b. <u>NHSX/D Merger with NHSEI</u> – the merging of NHSX and NHSD into NHSEI was discussed and TW advised that detail regarding how the merger would affect the NJR was unclear, pending confirmation of new organisational arrangements. c. <u>NJR Risks</u> – EY reported the NJR's three 'top' risks were discussed as was requested at the previous meeting-these were given as <ol style="list-style-type: none"> 1) Financial impact of COVID with mitigation set out in the three-year budget; 2) Potential impact of the national medical device agenda; and 3) NHS Digital data linkage challenges and delays. | |

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| | <p>d. <u>International Relations</u> – NHSEI had noted continued development of the NJR profile internationally and were keen for it to continue.</p> | |
| 7. | <p>NJR Chair Recruitment</p> <p>EY updated members on the progress for the recruitment of the NJR Chair. The closing date for applications had been 19 January 2022 and the recruitment consultants were now arranging for shortlisting and interviews. EY noted there would be a two-part interview process a) pre interview panel; and b) formal interview panel. The pre-interview panel would be made up of NJR Committee Chairs and the NJRSC Patient Representatives. The formal interview panel would be made of up senior representatives from the NJR, HQIP, BOA and NHSEI.</p> <p>EY noted if a successful candidate were to be appointed from this tranche of applicants the new Chair's first NJRSC meeting would likely be on 28 April.</p> | |
| 8. | <p>NJR 2022-2025 Strategic Plan</p> <p>BS presented the draft 2022-2025 NJRSC Strategic Plan and provided an overview of its main themes/priorities and the stages of development. These would be incorporated into a more detailed document. The initial draft was developed using a) the NJR Lot 1 and Lot 2 contract specifications, drawn up following a comprehensive stakeholder consultation; b) the agreed NJR Data Quality Strategy, which included input from the Specialist Societies; c) relevant output from the NJR Stakeholder Research Workshop held on 17 January 2022. BS noted that feedback had already been received from RB, GC and DP, and based on this feedback, the ordering of the priorities had been revised to ensure a patient focused approach.</p> <p>Members were encouraged to carefully consider the draft and provide comments on the proposed priorities to contribute to the final document. The revised draft would be taken to the NJREC on 8 March for consideration and then submitted to NHSEI before sign-off by the NJRSC on 28 April.</p> <p>Action: To submit comments on the draft strategic plan priorities to BS in writing by 4 February.</p> | All |
| 9. | <p>NJR 2021/22 Annual Plan</p> <p>BS provided members with an update on the progress in Q3 of the Annual Plan. NJRSC were asked to consider removing the following deliverables from the 2021/22 Plan:</p> <p><u>1.3.1 Investigate opportunities for sublicensing of PEDW data</u></p> <p>Due to changes in information governance structures within Wales and limited interest in linked PEDW data from researchers, it was proposed this be managed on an individual project basis rather than an NJR-level solution. There was a discussion regarding the benefits of this project and CB assured members that the mortality data the NJR receives covers England and Wales and therefore would not affect outcomes analysis. CB further advised this is a piece of work that would likely be picked up in the future, but was not a good investment of resources at this time.</p> <p>Agreed to pause/remove project from the 2021/22 Annual Plan.</p> <p><u>1.4.1 Pilot collection of PREMs to determine feasibility of ongoing collection</u></p> <p>Due to ongoing challenges in establishing sufficient levels of capture of mobile phone numbers and email addresses to make this work stream feasible, as well as the broader context of the business case proposing the NJR to run the national PROMs programme, it was agreed at the 7 December 2021 NJREC this work should be paused while discussions with the NHSEI regarding the national PROMs programme continued.</p> <p>Agreed this deliverable to be paused while discussions with NHSEI continued.</p> | NJRMT |
| 10. | <p>NJR 2021/22 Risk Register Q3</p> <p>CB provided an update on the 2021/22 Q3 Risk Register noting that 13 risks were Red prior to mitigation. The following risk remained red after controls had been implemented:</p> | |

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| | <p><u>Changes to NJR Data Flows (Risk 33)</u> risk related to uncertainty regarding the development of the national medical devices agenda. TB provided an update and advised there had been significant progress with identifying the data analytic flows for the MSK and following the merge of NHSX and NHSD into NHSEI there would eventually be one data source. He assured members that the NJR remained the exemplar registry, which would set the standard for all other registries within the programme.</p> <p>The following two risks had been rescored in Q3:</p> <p><u>Funding (Risk 14)</u> risk relating to financial risk associated with subscription income was rescored to 8 after implementation of controls. The agreement of NHSEI to set subscription payments to hospitals based on pre-COVID volumes would protect NJR from the impact of reduced volumes on subscription income.</p> <p><u>NJR Governance Arrangements (Risk 34)</u> risk surrounding the uncertainty of the NJR governance and reporting lines was rescored to 10 as the re-establishment of regular ongoing Accountability Meetings between the NJR and NHSEI Medical Directorate meant that risks associated with the uncertainty of operating protocols were less likely to impact the NJR. CB advised the scoring would further reduce once a Joint Data Controllership Agreement with NHSEI was agreed.</p> | |
| 11. | <p>MDSv8</p> <p>DP briefed members on the development of the MDSv8 noting the working group had met three times and anticipated that by the next meeting a clear list of agreed changes would be finalised for review/approval at the NJRSC in April. Following that, work would begin looking at the implications of the changes and mapping out the impact of various outputs, with the aim that development would start in July 2022.</p> | |
| 12. | <p>Update from the NJRSC Sub-Committees</p> | |
| 12.1 | <p>Circulation of Committee Minutes Previously Reported</p> <p>The minutes of the following meetings were received and noted:</p> <ul style="list-style-type: none"> • Executive Committee held on 10 September 2021 • Editorial Board held on 8 October 2021 • Data Quality Committee held on 11 October 2021 (draft) • Regional Clinical Coordinators meeting held 13 October 2021 (draft) | |
| 12.2 | <p>Executive Committee</p> <p>TW provided an update on the NJREC [Extended] meeting held on 7 December 2021 noting the following:</p> <ul style="list-style-type: none"> • It had been agreed that the project 'Single Version of the Truth' would be more appropriately renamed 'Data Alignment Project'. • It was intended that the NJREC [Core] meetings would resume with the new Chair although details regarding frequency and timing would need to be confirmed once the new Chair was in post. • A paper proposing altering the data flows for linking the NJR and NHSD datasets had been agreed. The new process would see the NJR send identifiers from the NJR cohort to NHSD, which they would link to HES, PROMs and Civil Registration datasets and return to the NJR. • A proposal regarding the NJR and PHIN sharing PROMs data was considered. The NJREC agreed to collaborate with PHIN but with hospital level data only. • The issue of attributable revisions was discussed, as it was a matter frequently raised by surgeons who felt they should not be held accountable for revisions performed by staff grade surgeons. NJREC agreed to formal wording in line with the NJR guidance/policy to be published on the NJR website. | |
| 12.3 | <p>Medical Advisory Committee</p> <p>TW updated on the MAC meeting held on 30 November 2021 noting the following:</p> | |

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| | <ul style="list-style-type: none"> • There had been ongoing discussion regarding total knee and knee outlier status and whether the NJR should attach outlier status to overall knee practice of a surgeon or be specific to uni or total knees. These discussions would continue when he and PH attended the BASK meeting in May as some requesting the modifications may not realise the full implications of such a change. • The issue of total knee and knee outlier status was discussed as surgeons felt it unfair that the NJR published results of the units' revision rates for overall knee practice for a unit and PROMs data for their overall performance, but not for TKR and UKR. The matter was taken to the NJREC on 7 December 2021 where it was agreed to publish the results separately. • MAC members received a presentation provided by guest Josh Bridgens, Medical Director at DePuy Synthes, regarding the implications of the new Medical Device Regulations for industry and registries. One particular challenge discussed was the limited information on implants which were not used frequently or were considered niche. There was also an issue regarding companies providing information for the life of the product. This was felt unreasonable as the PROMs data deteriorates with time therefore survival data of the implant may be more appropriate. If agreed Industry would like Specialist Societies, the BOA and the NJR to support this view. • Members were advised that a tiered Data Quality Provider Award scheme was being developed to encourage a move towards 100% compliance as it was felt that units qualifying for an award for 95% could make some recipients complacent made recipients that 95% was sufficient compliance. | |
| 12.4 | <p>Surgical Performance Committee The draft minutes from the meeting held 13 December 2021 were received and noted.</p> | |
| 12.5 | <p>Implant Scrutiny Committee No update available – deferred to next meeting in April.</p> | |
| 12.6 | <p>Editorial Committee MR provided an update from the Editorial Board meeting held 12 January 2022. MR advised a name change had been agreed, changing from Editorial Board to <i>Editorial Committee</i>. It was noted the term 'Board' had been found to be misleading to external stakeholders as it implicated a higher status than the Steering 'Committee'. It was noted that consideration should also perhaps be given to changing the name of the NJRSC to reflect its responsibility for oversight of the NJR organisation and its sub committees. Action: Consider whether a name change for the NJRSC was appropriate in liaison with the new NJR Chair.</p> | NJRMT/EC |
| 12.7 | <p>Research Committee The draft minutes from the Research Committee meeting held 13 December 2021 were received and noted.</p> <p><u>NJR Research Webinar</u>-MW briefed members on the success of the recent NJR Research Webinar, which was held on 17 January 2022. The webinar was attended by c. 60 people from 10 different countries and the sessions provided an overview of the end-to-end process of an application for NJR data and how the Research Committee considered those applications. The webinar would be posted on the NJR YouTube channel with a link from the website, to be an enduring resource for those submitting an application.</p> <p><u>NJR/ORUK Collaboration</u>-MW updated members on a request from ORUK to collaborate with the NJR to fund a joint fellowship post. A framework for the joint fellowship was agreed in principle which would include the Royal College of Surgeons. If formally agreed, the fellowship would commence next year.</p> | |
| 13. | <p>Quarterly Statistics Report 2021/22 The QSR for Q2 was received and noted.</p> | |

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| 14. | <p>Quarterly Management Report Q 2021/22</p> <p>The QMR for Q3 was received and noted. RA provided an update on the new NJR management feedback system, which was due to go live at the end of January 2022. The system would give hospital managers/directors a new suite of reporting tools of NJR data around indicators and outcomes at both unit and individual consultant level, within their unit, as well as being able to review at the unit Annual Clinical Report.</p> | |
| <p>15.</p> <p>15.1</p> <p>15.2</p> | <p>Any Other Business</p> <p><u>NJR Committee Schedule</u></p> <p>Members received the 2022 NJR Committee Schedule. EY noted that this was a living document and would be updated as changes occurred.</p> <p><u>Future Meeting Status</u></p> <p>It was noted that the timing for <u>virtual</u> NJRSC meetings would be changed to 9:30am-12:30pm. Any face-to-face meetings (if/when agreed) would revert to a 10:30am start time to allow for travel.</p> | |
| 16. | <p>Date of Next Meeting</p> <p>28 April 9:30-12:30 via Zoom</p> | |
| | <p>END OF MEETING PART 1</p> <p>Representatives of Lot 1 and Lot 2 [AB, RA, MS, AS] left the meeting.</p> | |