PROGRESS TRACKER: ACTIONS AGREED IN HEARING AND RESPONDING TO THE STORIES OF SURVIVORS OF SURGICAL MESH

The report *Hearing and Responding to the Stories of Survivors of Surgical Mesh | Ngā korero a ngā mōrehu - he urupare* contained nineteen actions agreed by stakeholder representatives to respond to the needs identified through the restorative process and address surgical mesh harm.

The table below tracks progress in delivering these actions. Actions identified as COMPLETED are those where the action has been delivered and no further activity is required/expected. Actions identified as ONGOING are those that have been delivered but some level of ongoing implementation is required and will occur. Actions identified as IN PROGRESS are those that are underway and not yet delivered.

Where status is coloured GREEN this means the action is on track. AMBER means there are some delays and/or issues impacting delivery. RED means the action is off track and/or experiencing significant issues impacting delivery.

Action	Description	Status	Comment
1	The severity of the harm from surgical mesh should be acknowledged when the report is released publicly.	COMPLETED	**December 2021** - The Ministry of Health is working with the Minister's Office to release the evaluation of the Restorative Justice process. **March 2022** - Minister Verrall agreed on 16 March 2021 to go ahead with publishing the report. A meeting is being scheduled with Carmel Berry and Jo Wailing (VUW) to discuss the comms approach and agree the key messages. **May 2022** - The report was published by the MoH.
2	The Ministry of Health was identified as the coordinating agency for each workstream.	ONGOING	The Ministry of Health handed over responsibility of implementation of the specialist service to Te Whatu Ora in 2022. The Ministry will oversee the 2024 credentialling rounds and from 2025, Te Whatu Ora will assume the responsibility for this or its equivalent in quality and safety.
3	A collaborative approach is required to respond to harm from surgical mesh, and groups that should collaborate were identified for each workstream.	ONGOING	A collaborative approach is being taken with broad representation involved in each workstream.
4	The Health and Disability Commission will promote the visibility of their national advocacy service.	ONGOING	The Nationwide Health and Disability Advocacy Service is a free service that operates independently from all health and disability service providers and agencies. They have a freephone 0800 555 050 and website.
5	Attendees will share the final report with their professional members/within agencies.	COMPLETED	The report has been widely shared across the health sector by health professionals, including medical colleges, and health organisations.
6	The surgical mesh round table is considered an appropriate group to oversee the delivery of the workstreams. To restore trust, there was an expectation of transparent reporting and regular public updates to communicate progress.	ONGOING	Terms of Reference for the Surgical Mesh Roundtable have been published establishing that it is responsible for providing oversight and monitoring of the surgical mesh work programme, including the actions and recommendations arising from the Health Committee and Restorative Justice reports. The group also provides advice and recommendations to the Ministry of Health. Public updates to communicate progress on the surgical mesh programme and workstreams have so far been published on the Ministry website in May and September 2020. This requires ongoing action. **October 2023** The terms of reference for the mesh round table were reviewed in October and the updated version can be found online.
7	Consumers will be reimbursed when participating in the co-design of each workstream.	ONGOING	This principle has been established and is clear in the Terms of Reference of the groups established to date.

8	Specialist multi-disciplinary centre(s) are required. A group will meet in January 2020 to advise: the number of specialist centres required to ensure equity of access, the model of care and team required. This may be informed by learning from successful models elsewhere.	IN PROGRESS	**November 2023** In January 2023 a team of 54 stakeholders from a wide range of discipline, agencies and services, including six mesh injured consumer advisors undertook to plan and facilitate the operationalisation of the Ministry of Health Model of Care document (2022). The team continued to meet and work on aspects of the Service until late June 2023. The New Zealand Female Pelvic Mesh Service opened to referrals in late April 2023, with a northern hub in Tāmaki Makaurau (Auckland) and southern hub in Ōtautahi (Christchurch). The Service opened with Health Navigators, specialist nurses, service coordinators and surgeons. As of November 2023, there have been 210 referrals to the service. The national co-leads and booking and scheduling administrators' roles are currently being recruited to. All other foundation roles are in place.
9	Establish a credentialing committee by the end of January 2020 to recommend national standards for individual practitioners and services commencing with urogynaecology procedures. Minimum standards for insertion, renewal, repair and removal surgery and native tissue repair will be included.	IN PROGRESS	The first round of national credentialling of surgeons against the National Framework, focused on credentialling clinicians for Tier 3 procedures. The first round, including appeal assessments was completed June 2023. Manatū Hauora have opened and received over 70 expressions of interest for the three panel sittings currently planned for 2024 which will see candidates credentialled for Tier 1 and 2 procedures. The current panel sittings are planned for February, May and September 2024. The Credentialling Committee is continuously reviewing credentialling to further strengthen and streamline this process.
10	The Ministry of Health will lead, supported by ACC, interdisciplinary education and build the capability of the required technical skills to prevent future harm and reduce the severity of existing harm. This action intends to also support the provision of removal surgery.	IN PROGRESS	Two documents, one for non-surgical management and one for surgical management, are close to being finalised and will shortly go out for consultation with consumers, Te Whatu Ora and the Professional Colleges (RACS, RANZCOG). Te Tāhū Hauora (HQSC) will lead the publication of the document and translation into te reo, some Pasifika languages, Chinese, as well as versions accessible for the blind, large print, easy read (with MSD) and ensure it is also web-based and downloadable.
11	Professional colleges will inform and educate their members about their role in preventing and reducing harm from surgical mesh.	ONGOING	The professional colleges are involved in all work to date with representatives on each of the groups as well as the Surgical Mesh Roundtable. They are expected to keep their college members up to date and informed on all work being undertaken.
12	ACC will partner with consumer representatives to design an approach for looking back through declined mesh-related treatment injury claims. Recognising those claim outcomes may not change; the process will also aim to learn where improvements can be made to the consumer experience.	COMPLETED	On 30 October 2020 ACC announced the opportunity for people with declined surgical mesh claims to have these reassessed based on new cover guidance. (Refer: https://www.acc.co.nz/surgical-mesh/). More recently ACC updated their website in regard to reassessing declined surgical mesh claims - https://www.acc.co.nz/surgical-mesh. ACC provides regular updates on mesh claims to the Mesh Roundtable and other stakeholders on a two monthly basis.
13	ACC will explore the potential to provide support services, such as counselling, while cover decisions are pending.	COMPLETED	ACC is unable to provide support services while cover decisions are pending. ACC has commissioned explorative customer insight research to identify further improvements throughout the cover process, and these will be applied as appropriate.
14	ACC recognises the complex and sensitive nature of mesh claims and intends to use an approach that ensures mesh injured clients are matched to case owners with an appropriate background, experience, and skills.	ONGOING	ACC recognises the complex and sensitive nature of mesh claims and ensures clients with mesh injuries are supported by people with appropriate experience and skills. Accepted mesh claims are initially matched to a dedicated ACC case owner who will work with the client to manage their injury. The dedicated cover assessor will manage the transition of the claim to the case owner. Clients can choose if the case owner is male or female. For clients with ongoing complex needs, they'll stay with their dedicated case owner who will coordinate their support. If needs have stabilised and supports established, and the client is confident in their recovery, the ACC case owner will discuss with the client about whether it is appropriate to transfer them to ACC's team management approach.

15	ACC will continuously improve the collation and sharing of information on injuries caused by surgical mesh with key stakeholders and agencies under its Risk of Harm reporting framework to support prevention of future harm.	COMPLETED	ACC is currently refreshing its risk of harm reporting process and is working alongside the Ministry of Health, DHBs and registration authorities to make sure the information gathered through the claim decision process is provided to the authority responsible for patient safety for that treatment. From 1 March 2020 ACC started capturing data in a new way and are working on how to provide this information to the right parts of the health sector to promote a learning culture and support safer treatment.
16	National standards of practice and the code of rights for informed consent are already in place. Credentialing and training will support these to be embedded in everyday clinical work.	ONGOING	This is clearly outlined in the draft framework for all procedures.
17	National information resources for mesh-related procedures should be created with consumers and include informed consent processes. Information should incorporate the product safety profile, outcomes and risks, alternative treatments available, and the informed consent process.	ONGOING	As per action 10 above
18	The Ministry of Health and Medsafe will support the Government in modernising the regulation of medical devices in New Zealand, including the development of new legislation (Therapeutic Products Bill) to improve device safety.	COMPLETED	On 26 July 2023 the Therapeutic Products Bill received Royal assent, becoming the Therapeutic Products Act (2023). Most provisions in the Act will not commence (come into effect) until mid-2026. Until then, Manatū Hauora (the Ministry) will be busy developing the necessary rules and regulations to support the new therapeutic products regulatory regime. The Ministry will also be establishing the Regulator to administer the Act. The new regime will be flexible enough to support innovation, while ensuring effective control over quickly evolving health technologies. It will also align with international standards and uphold the quality of regulation currently carried out by the Ministry. As well as replacing and modernising the regulatory arrangements for medicines, the Act provides fit-for-purpose regulation of medical devices, and cell, gene and tissue therapies, which are currently not fully regulated. The Act also covers natural health products. These will have their own regulations under the Act.
19	The Ministry of Health will identify the actions and supports required to meet the need for a collaborative approach to safety systems and culture.	IN PROGRESS	The Ministry is collaborating with other health sector agencies to ensure that the lessons from surgical mesh inform wider improvements to safety systems and culture.