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

Update July 2025

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 have been delivered and embedded within business as usual by the responsible organisation. Actions idenified as IMPLEMENTED have been initiated and are being established with business as usual by the responsible organisation but still requires active oversight by MRT. Actions identified as IN PROGRESS are those that are underway and not yet delivered.

Action	Description	Status	Comment
1	The severity of the harm from surgical mesh should be acknowledged when the report is released publicly.	COMPLETED	The Ministry of Health supported the release of the report in December 2019 with the press release Report highlights severity of harm from surgical mesh. The Ministry's Chief Medical Officer Dr Andrew Simpson and Chief Nursing Officer Margareth Broodkoorn also spoke to this during an interview with Radio New Zealand. The severity of harm was also acknowledged in press releases by the Royal Australasian College of Surgeons, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and ACC.
2	The Ministry of Health was identified as the coordinating agency for each workstream.	COMPLETED	The Ministry has taken responsibility for overall coordination of the surgical mesh work programme and workstreams.
3	A collaborative approach is required to respond to harm from surgical mesh, and groups that should collaborate were identified for each workstream.	IMPLEMENTED	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.	IMPLEMENTED	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.	IMPLEMENTED	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. Terms of reference were re-confirmed in October 2023. Public updates to communicate progress on the surgical mesh programme and workstreams continue to be published here: https://www.health.govt.nz/strategies-initiatives/programmes-and-initiatives/surgical-mesh
7	Consumers will be reimbursed when participating in the co-design of each workstream.	IMPLEMENTED	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.	COMPLETED	The Service has accepted a total of 660 referrals since opening; of which 569 are active cases, 68 have received appropriate treatment and discharged, 23 were declined as not within the scope of the Service. 96% of First Specialist Assessments (FSAs) are completed within allocated priority waiting times. Waiting times for investigations (UDS) and Pelvic Floor Ultrasound continue to decline and are now consistently under 16 weeks and 10 weeks respectively.
9	Establish a credentialing committee by the end of January 2020 to recommend national standards for individual practitioners and services commencing with urogynecology procedures. Minimum standards for insertion, renewal, repair and removal surgery and native tissue repair will be included.	IMPLEMENTED	Planning is underway for credentialling rounds in 2025. This will include focus on expressions of interest applicants who have not had a chance to submit evidence before, in particular for procedures and regions where known challenges lay in consumers accessing care closer to home and where MDM quorum requirements are impacted by number of credentialled surgeons.
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	RACS and RANZCOG are developing a Supported Return to Practice process for surgeons returning to MUS practice when the pause is lifted including peer-proctoring in a dual surgeon operating approach. The focus of this approach will be to ensure patient safety, and that surgeons have the technical skills that in turn leads to safer patient outcomes. MRT are actively monitoring the development of this process. Mesh removal surgery only takes place within the FPMS.
11	Professional colleges will inform and educate their members about their role in preventing and reducing harm from surgical mesh.	IMPLEMENTED	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.
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.	IMPLEMENTED	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.	IMPLEMENTED	ACC report harm from mesh using ss284 and 263 of the ACA s284 could be used on rare occasions to report an individual practitioner to the relevant RA if there are practitioner safety concerns. s263 is the primary meshanism that ACC use to provide monthly reports to Medsafe regarding any rx injury that could be related to mesh. Medsafe receive these reports via a dedicated secure Teams channel and review these reports via the Smarty database system. If systemic issues were identified Medsafe would genereate a report within their device reporting team and then pass to the clincial team at the Ministry. When the SUI mesh pause is lifted medsafe will establish regular meetings with ACC to capture any issues promptly
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.	IMPLEMENTED	The National credentialing framework has set the expected competencies for pelvic floor reconstructive procedures, urogynaecological procedures and procedures for mesh revision and/or removal. The framework supports principles of holistic models of care, assessing not only the health professional's technical ability but also their knowledge and judgement skills, the patient experience and the health team environment. See action 17 for an update on consent and action 10 for an update on training.
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.	COMPLETED	The patient information resource *Considering Surgical Mesh to Treat Stress Urinary Incontinence* is available on the Ministry of Health and Health New Zealand's website. https://info.health.nz/assets/Womens-health/surgery-stress-urinary-incontinence.pdf Waitemata DHB has also, with consumers, developed patient information booklets on treatment options for stress urinary incontinence and pelvic organ prolapse, as well as managing complications. These are available on the Waitemata DHB website.
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	First completed July 2024, however changed to 'in progress' as of December 2024 due to the repeal of the Therapeutic Products Act. This action is now completed as assurance has been sought from the Ministry team leading the development of the the Medical Product Bill (MPB) that SUI mesh is an implant device will be given priority within thr regulatory regime as a 'high risk device'.
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	Te Tāhū Hauora (HQSC) are leading the Aotearoa New Zealand system safety strategy. A Rōpū (a leadership collaborative of stakeholders) has been formed to guide the development of the strategy through a co-design approach involving leadership by consumers, whānau, and the health and disability workforce. They have engaged with existing established stakeholder groups to ensure the strategy captures how to collectively improve the quality and safety of the health and disability system. The development of the strategy will reflect the Code of Health and Disability Services Consumers' Rights, the Healing, learning, and improving from harm policy, and be informed by both relevant system safety literature and consumer views. The strategy will recognise that whilst harm may occur as a result of providing health and disability services, the importance of understanding the context in which harms occurs and the opportunity to heal, learn and improve from these events is key. The collaborative approach taken will help build a system learning culture that supports delivery of quality health care.