Terms of Reference
Transvaginal Mesh Implants Oversight Group

1 Background

The Scottish Government has requested that Healthcare Improvement Scotland establish an independent oversight group for the use of transvaginal mesh implants in Scotland. The oversight group has been set up to run until the managed clinical network is established and able to take on the monitoring role.

2 Governance structure

Healthcare Improvement Scotland will lead the work of the oversight group and will bring the expertise and resource needed to support this group. It is the responsibility of Healthcare Improvement Scotland to quality assure and sign-off any final reports. The Standards and Indicators team, who provide secretariat to the group, will report into the Healthcare Improvement Scotland Evidence Directorate team.

The Transvaginal Mesh Implants Oversight (TVMO) group will approve the final terms of reference.

3 Role and responsibilities of the Transvaginal Mesh Implants Oversight Group

The TVMO group is a multidisciplinary group (see appendix A for group membership) with the remit of:

- reviewing data on the use of transvaginal mesh implants in NHSScotland
- reviewing adverse event reporting by NHS Boards
- considering how significant new evidence can be incorporated into the agreed NHSScotland pathways of care, and
- ensuring that any patient information is up to date and appropriate.

In addition to these four main functions, the group will also:

- develop and issue a self-evaluation framework to NHS boards for completion and analyse the results, and
- discuss the potential for the development of quality performance indicators (QPIs).

Healthcare Improvement Scotland recognises that involvement in this work is provided in addition to existing commitments and will support members as much as possible. It is important to be aware of the commitment that will be expected of group members for the duration of this work.

3.1 Transvaginal Mesh Implants Oversight Group Independent Chairperson

The Chairperson will:

- be appointed to provide expert leadership and chairing of the group
• work in collaboration with the Standards and Indicators team for a period of approximately 24 months
• work collaboratively with the Standards and Indicators project team in the development of all reports
• facilitate discussions at meetings ensuring discussions are within the agreed scope and process, and
• facilitate group consensus.

3.2 Group members

The role of the group member is to contribute to the review of data on the use of transvaginal mesh implants in NHSScotland, review of adverse event reporting by NHS Boards, consideration of how significant new evidence can be incorporated into the agreed NHSScotland pathways of care and ensuring that any patient information is up to date and appropriate. In addition, they will also develop and issue a self-evaluation framework to NHS boards for completion and analyse the results and discuss, and possibly develop, quality performance indicators (QPIs).

Specifically, group members will:

• attend all oversight group meetings to ensure there is adequate representation
• provide a deputy representative, where appropriate and after discussion with the project team
• liaise regularly with the group and/or organisation that they represent, communicating updates on progress, discussing points, canvassing views, and feeding these views into the wider oversight group
• between meetings respond to queries from the chair and/or the project team in a timely manner
• follow agreed codes of conduct (including those relating to confidentiality), and
• if subgroups are convened, contribute to subgroup activities as required (e.g. attend meetings, sourcing documents and/or reviewing and commenting on documents via e-mail).

3.3 Public partners/patient representation

Patient/carer representation, including public partners, is an important aspect of the monitoring role the oversight group has. Patient/carer/public representatives have full membership to the group, with further responsibilities to:

• ensure any areas relating to patient and carer issues are taken into account,
• help ensure the any documents produced are written in a format and style that is accessible and sensitively worded, and
• help raise awareness of the published report/s via networks.
3.4 **Role of Healthcare Improvement Scotland and the Standards and Indicators project team**

The role of the Standards and Indicators team is to facilitate and support the work of the TVMO group by providing appropriate expertise and project management support.

A project team will be assigned to this group with the following roles and responsibilities:

- provision of project management including planning, managing risks, and budgets
- provide a secretariat function for all oversight group meetings
- provide the group with project timelines and keep members updated on progress against these timelines
- provide timely feedback on the contribution of group members to papers and draft outputs
- budget management including reimbursement of group members’ travel expenses and, for GP members, locum fees, according to Healthcare Improvement Scotland policy, and
- facilitate in the writing and editing of any draft and final reports to ensure it meets Healthcare Improvement Scotland’s house style.

4 **Meetings**

- it is anticipated that meetings will take place quarterly in the first year and six monthly thereafter. All group meetings will be set in advance of the first group meeting. Where additional group meetings are required, there will be a 6 week notice period
- a quorate of 70% of group membership, excluding Healthcare Improvement project team members, is required
- distribution of meeting papers at least 7 days prior to allow members to review their content
- provision of action points within 2 weeks after the meeting, and
- the location and format of meetings will be agreed early in process to reflect the scope and membership of the group.

5 **Reporting**

- the Director of Evidence will report to Healthcare Improvement Scotland’s chief executive who will report to the Chief Medical Officer (CMO)
- the Director of Evidence will report on progress to Healthcare Improvement Scotland Executive Team, Healthcare Improvement Scotland Board and Scottish Government as requested, and
- the Programme Manager will report on progress via monthly progress reports to Standards and Indicators Team Lead, Healthcare Improvement Scotland Planning, and Healthcare Improvement Scotland Head of Knowledge and Information.
6 Quality assurance

All group members are responsible for contributing to the review of data on the use of transvaginal mesh implants in NHSScotland, reviewing of adverse event reporting by NHS Boards, consideration of how significant new evidence can be incorporated into the agreed NHSScotland pathways of care and ensuring that any patient information is up to date and appropriate. In addition, they will also develop and issue a self-evaluation framework to NHS boards for completion and analyse the results and discuss, and possibly, develop quality performance indicators (QPIs).

All group members made declaration of interests at the beginning stages of the project and have signed a confidentiality agreement. All agree to these Terms of Reference. More details are available on request from hcis.standardsandindicators@nhs.net

7 Further information

For further information on the project please contact the Standards and Indicators team as detailed below:

- Kelly Macdonald | Programme Manager | kelly.macdonald2@nhs.net | 0141 227 3260
- Tracey Mitchell | Project Officer | traceymitchell3@nhs.net | 0141 225 6991
- Sarah O'Shaughnessy | Administrative Office | sarah.oshaughnessy@nhs.net | 0141 225 6870
## Appendix A: Group Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Lorna McKee</td>
<td>Independent Chair</td>
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<tr>
<td>Karima Et Taouill</td>
<td>IRIC Co-ordinator</td>
<td>IRIC</td>
</tr>
<tr>
<td>Sarah Florida-James</td>
<td>Programme Manager</td>
<td>SIGN, Healthcare Improvement Scotland</td>
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<tr>
<td>Christine Hemming</td>
<td>Consultant Gynaecologist</td>
<td>Scottish Association of Medical Directors</td>
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<tr>
<td>Margaret Hogg</td>
<td>Public Partner</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Christine Jess</td>
<td>Public Partner</td>
<td>Healthcare Improvement Scotland</td>
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<tr>
<td>Carol McCambley</td>
<td>Stakeholder Engagement Manager</td>
<td>NHS Inform, NHS 24</td>
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<tr>
<td>Sharon Mercado</td>
<td>Patient representative</td>
<td></td>
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<tr>
<td>Isobel Montgomery</td>
<td>Patient representative</td>
<td></td>
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<tr>
<td>Jackie Montgomery</td>
<td>Team Lead Physiotherapist</td>
<td>AHP Directors Scotland Group/ NHS Greater Glasgow &amp; Clyde</td>
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<tr>
<td>Tim Norwood</td>
<td>Data and Measurement Advisor</td>
<td>Healthcare Improvement Scotland</td>
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<tr>
<td>Mahesh Perera</td>
<td>Consultant Gynaecologist</td>
<td>Royal College of Obstetricians and Gynaecologists</td>
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<tr>
<td>Nicola Steedman</td>
<td>Clinical and public lead for maternal and sexual health</td>
<td>ISD</td>
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<tr>
<td>Sara Twaddle</td>
<td>Director of Evidence</td>
<td>Healthcare Improvement Scotland</td>
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<tr>
<td>Veenu Tyagi</td>
<td>Subspecialist in Urogynaecology</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
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<tr>
<td>Julia Wilkens</td>
<td>Urogynaecologist</td>
<td>NHS Lothian</td>
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<tr>
<td>Brenda Wilson</td>
<td>Deputy Director of Nursing and care</td>
<td>Scottish Executive Nurse Directors and NHS 24</td>
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