### Method of Approach

<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Action(s)</th>
<th>SRO</th>
<th>Start</th>
<th>End</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>The Department will review its current policy on document management to identify areas with potential for improvement and scope requirements.</td>
<td>Deputy Secretary Governance and Performance, DOH</td>
<td>Q4 2018</td>
<td>2019</td>
<td>Work has commenced on updating relevant protocols to assure with efficient document management. Work has also commenced on identifying improvements and scope requirements including meeting with document management system providers.</td>
<td>In Progress</td>
</tr>
<tr>
<td>1.2</td>
<td>The HSE will commence discussions on a process to identify and review its current policy on document management. The purpose of this review will be to identify any improvements and amendments including available document management systems.</td>
<td>HSE CIO &amp; CDO</td>
<td>Q4 2018</td>
<td>2019</td>
<td>The Chief Director Office (CCD) has commenced discussions with the National Director of Quality Assurance and Verification (QAVD) and Quality Improvement (QID) in relation to reviewing Health Care Records Management (HCRM) policy. Additional actions are under development in relation to non-healthcare record management policies.</td>
<td>Completed</td>
</tr>
<tr>
<td>1.3</td>
<td>The HSE will engage with staff to highlight the importance of best practice and direct staff to the Healthcare Record Management (HCRM) policy and standards.</td>
<td>HSE CCO &amp; CIO</td>
<td>Q4 2018</td>
<td>2019</td>
<td>A communication was issued to all HSE staff alerting them of the importance of HCRM. The communication included a link to the HCRM Policy and National Standards as well as an interactive quiz highlighting best practice for HCRM.</td>
<td>Completed</td>
</tr>
<tr>
<td>1.4</td>
<td>The HSE will conduct engagement with operations regarding responsibility and accountability for HCRM.</td>
<td>HSE CCO &amp; CIO</td>
<td>Q4 2018</td>
<td>2019</td>
<td>An engagement with operations regarding responsibility and accountability for HCRM has commenced.</td>
<td>In Progress</td>
</tr>
<tr>
<td>1.5</td>
<td>The HSE will evaluate compliance with HCRM through health care audit.</td>
<td>HSE CCO &amp; CIO</td>
<td>Q1 2019</td>
<td>2019</td>
<td>The National Director of Quality Assurance and Verification has commissioned an audit of access to healthcare records which will measure compliance with best practice in relation to same.</td>
<td>In Progress</td>
</tr>
<tr>
<td>2</td>
<td>The Minister for Health should give consideration to how women’s health issues can be given more consistent, expert and committed attention within the health system and the Department of Health.</td>
<td><em>In Progress</em></td>
<td></td>
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<tr>
<td>2.1</td>
<td>Working with the HSE and the NWCC, the Department will oversee the scoping exercise on the development of the Women’s Health Action Plan (WHAP) as envisaged under the National Strategy for Women and Girls.</td>
<td>CMO</td>
<td>Q4 2018</td>
<td>2019</td>
<td>The working group developing the Women’s Health Action Plan, comprising members from the Department of Health, HSE and NWCC, met on 26 February to review the draft initial outcome of the scoping exercise undertaken and agree next steps in the development of the Action Plan.</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.2</td>
<td>Following completion of the scoping exercise, the Department will work with the HSE and the NWCC to review the outcome of the scoping exercise and set out a work programme for 2019.</td>
<td>CMO</td>
<td>Q2 2019</td>
<td>2019</td>
<td>The working group held a scoping workshop on 2 May to agree a framework, which will serve as a template for wider consultation. This is due for completion at the end of Q2 2019.</td>
<td>Not Due to Start</td>
</tr>
<tr>
<td>2.3</td>
<td>A wider consultation process will be undertaken with key stakeholders, including the perspectives of patients.</td>
<td>Q4 2018</td>
<td>2019</td>
<td>A wider consultation process with key stakeholders, including the perspectives of women will begin in Q2 2019.</td>
<td>Not Due to Start</td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>A first draft of the WHAP will be completed subsequently, incorporating all relevant feedback.</td>
<td>CMO</td>
<td>Q4 2019</td>
<td>2020</td>
<td>Preparations for the first draft of the WHAP will commence in Q4 2019.</td>
<td>Not Due to Start</td>
</tr>
<tr>
<td>2.5</td>
<td>The Department will carry out a review of challenges and opportunities, incorporating the learning from previous and current initiatives and international approaches, in order to identify high-potential solutions and necessary changes to policy analysis, processes and decision-making.</td>
<td>Deputy Secretary, Policy and Strategy, DOH</td>
<td>Q4 2021</td>
<td>2020</td>
<td>The Policy and Strategy Division in the Department of Health held a Department-wide working session on 13 February in the Department of Health. The Division is now preparing an options paper for submission to the Management Board in Q2 2019.</td>
<td>In Progress</td>
</tr>
<tr>
<td>3</td>
<td>The Department of Health should examine the current arrangements for patients to have access to their hospital medical records so that such access can be achieved in a timely and respectful way.</td>
<td><em>In Progress</em></td>
<td></td>
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<tr>
<td>3.1</td>
<td>The HSE will retain the current National Screening Services team to assist with continued medical record access in publicly funded hospitals.</td>
<td>HSE CCO</td>
<td>Q4 2018</td>
<td>2018</td>
<td>The client services team established during 2018 has been retained in the NSS to manage access to patient records in publicly funded hospitals.</td>
<td>Completed</td>
</tr>
<tr>
<td>3.2</td>
<td>A proposal to examine the current arrangements, capacity and demand in the system regarding access to records will be developed and will be presented to the HSE Scally Oversight Group.</td>
<td>HSE CCO</td>
<td>Q4 2018</td>
<td>2018</td>
<td>The National Director of Quality Assurance and Verification has commissioned an audit of access to healthcare records which will measure compliance with best practice in relation to same.</td>
<td>Completed</td>
</tr>
<tr>
<td>3.3</td>
<td>The HSE will develop improvement plans to review current arrangements, capacity and demand in the system regarding access to records across hospitals.</td>
<td>HSE CCO</td>
<td>Q1 2019</td>
<td>2019</td>
<td>An audit report will be provided and will include recommendations for action.</td>
<td>In Progress</td>
</tr>
<tr>
<td>3.4</td>
<td>The HSE will implement improvement plans in relation to how service users can access their medical records in publicly funded hospitals.</td>
<td>HSE CCO</td>
<td>Q2 2019</td>
<td>2019</td>
<td>Implementation of improvement plans in relation to how service users can access their medical records in publicly funded hospitals will commence in Q2 2019.</td>
<td>Not Due to Start</td>
</tr>
<tr>
<td>4</td>
<td>The Minister for Health should consider the appointment of two patient advocates to the proposed new Board for the HSE.</td>
<td><em>In Progress</em></td>
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<tr>
<td>4.1</td>
<td>The Department will oversee the conclusion of the PAG campaign for recruitment of Board members, including members with experience or expertise in patient advocacy.</td>
<td>Deputy Secretary Governance and Performance, DOH</td>
<td>Q4 2018</td>
<td>2018</td>
<td>The PAG campaign for recruitment of Board members has concluded. The prospective members of the Board have met and have begun preparation for the formal establishment of the board.</td>
<td>Completed</td>
</tr>
<tr>
<td>4.2</td>
<td>The Department will support the Minister in bringing the Health Service Executive (Governance) Bill through the Houses of the Oireachtas.</td>
<td>Deputy Secretary, Policy and Strategy Division, DOH</td>
<td>Q4 2018</td>
<td>2019</td>
<td>The Health Service Executive (Governance) Bill 2018 was passed by the Dáil with the Minister’s amendments on Board membership (subject to further amendments to these when the Bill returns to the Seanad) and with two non-Government amendments.</td>
<td>Completed</td>
</tr>
<tr>
<td>5</td>
<td>A National Screening Committee should be constituted to advise the Department of Health and the Minister on all new proposals for screening and revisions to current programmes.</td>
<td><em>In Progress</em></td>
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</tr>
<tr>
<td>5.1</td>
<td>The Department will review the advice (draft specifications) provided to it.</td>
<td>CMO</td>
<td>Q4 2018</td>
<td>2018</td>
<td>The Department has reviewed the advice provided to it.</td>
<td>Completed</td>
</tr>
<tr>
<td>5.2</td>
<td>The Department will consider the elements not covered by this advice and develop a proposal which also aligns with the need for expert National Committees in relation to other important public health areas including, for example, immunisation.</td>
<td>CMO</td>
<td>Q1 2019</td>
<td>2019</td>
<td>Work is ongoing in relation to a National Screening Committee (NSC), with a proposed operational model for the NSC being drafted, which will require consultation with future chairs and stakeholders. This work includes cross referencing and aligning with work in relation to a proposal for developing an evidence hub.</td>
<td>In Progress</td>
</tr>
<tr>
<td>5.3</td>
<td>The Department will commence the recruitment process for the Chair of the National Screening Committee.</td>
<td>CMO</td>
<td>Q1 2019</td>
<td>2019</td>
<td>The job specification of the Chair of the Irish National Screening Committee is to be live on the State Boards website on 8 April 2019.</td>
<td>In Progress</td>
</tr>
<tr>
<td>5.4</td>
<td>The Department will commence an expressions of interest process for membership of the NSC in Q2 2019.</td>
<td>CMO</td>
<td>Q3 2019</td>
<td>2019</td>
<td>The Department will host the inaugural meeting of the National Screening Committee in Q2 2019.</td>
<td>Not Due to Start</td>
</tr>
</tbody>
</table>
The NSS, however, to locate within the HSE, should be able to
access senior levels of the organisation and be located close to
strategically and logically linked services.

6.1  The HSE will maintain the current reporting line of the Interim National Director reporting directly to
HSE Director General.
HSE DG  Q4 2018  Q4 2018  The HSE has maintained the current reporting line of the Interim National Director of NSS reporting
directly to the HSE Director General.

6.2  The Head of the NSS will be at a CEO level and will report to a senior level within the HSE structure.
This position will be subject to a HSE Leadership decision.
HSE DG  Q4 2018  Q4 2018  The appointment of the Head of the National Screening Service (NSS) will be progressed following the
completion of the organisational and governance review which is at an advanced stage.

6.3  The HSE Steering Group will oversee the development of a wider organisational governance
implementation plan taking account of stakeholder engagement for the NSS.
HSE ND NSS  Q4 2018  Q3 2019  The development of an organisational governance implementation plan for NSS is at an advanced stage and
will be presented to the National Director for approval.

6.4  The HSE will implement a governance improvement plan for the NSS.
HSE ND NSS  Q2 2019  Q3 2019  The governance improvement plan for NSS will be implemented once approved (i.e. pending completion of
action 6.3).

6.5  A far greater component of professional and public health expertise should be deployed across the screening services, not as external
advisors but with significant roles within the screening programme.

1. The Department will publish the Crowe Horwath Review of Public Health Medicine.
CPIO  Q2 2018  Q2 2018  The Crowe Horwath Report on the Risk, Training and Career Structures of Public Health Physicians in
Ireland was published in December 2018.

2. The Department will establish a Public Health Medicine (PHM) Oversight Implementation Group.
CPIO  Q4 2018  Q4 2019  The implementation Oversight Group has been established by the Department of Health to oversee the
development and implementation of a new model for the delivery of public health medicine in Ireland. This Group, led by the Department of Health, includes representation from across the HSE, including from the National Cancer Control Programme and the National Screening Programme. It also includes representation from HQA, the National Cancer Registry, the Institute of Public Health in Ireland, the Royal College of Physicians of Ireland and academics.

7.1  The HSE’s Implementation Working Group will be established.
CPIO  Q4 2018  Q1 2019  The HSE’s Implementation Working Group has been established.

7.2  Finalise workplan for Oversight Group.
CPIO  Q1 2019  Q2 2019  Work is progressing on the workplan for the Oversight Group with finalisation intended for Q2 2019.

7.3  Future governance and organisational structures for public health medical services will be agreed.
CPIO  Q2 2019  Q4 2019  Agreement of future governance and organisational structures for public health medical services will take place in Q2 2019.

7.4  Agree future structures will be implemented.
CPIO  Q1 2020  Q3 2020  The implementation of the agreed governance and organisational structures for public health medical services will begin in Q4 2019.

7.5  The NSS will identify Public Health membership for the HPV Steering Group.
HSE ND NSS  Q2 2020  Q2 2020  Public Health membership for the HPV primary screening steering group has been identified.

7.6  The NSS will identify Public Health membership for the Clinical Advisory Group for CervicalCheck.
HSE ND NSS  Q1 2020  Q2 2020  The Clinical Director is reviewing all groups and committees inclusive of the Cervical Check Clinical Advisory Group to review its role to identify requirements and any gaps. Both the HPV Oversight and HPV Steering Group have public health representation. Implementation of this action is on-going.

7.7  The HSE will appoint the National Director of Public Health to the internal HSE Scally Implementation
Oversight Group.

7.8  The HSE will appoint a Director of Public Health for the National Screening Service, pending the
permanent filling of this post.
HSE ND NSS  Q4 2018  Q4 2018  A National Public Health Director has been appointed to the Scally Report Implementation Oversight Group.

7.9  The NSS will identify Public Health representatives for all Quality Assurance committees.
HSE ND NSS  Q1 2019  Q2 2019  The approval process for recruitment of these posts has commenced. A Director of Public Health (Interim) has been appointed to the NSS pending the permanent filling of this post.

7.10  The NSS will recruit Specialist in Public Health Medicine (SHPM) with commitment within the job plan
to support the CervicalCheck QA structures, including membership of the QA committee.
HSE ND NSS  Q2 2019  Q4 2019  Three posts have been identified, one at Director level and two at Specialist in Public Health Medicine (SHPM) level. The approval process for recruitment of these posts has commenced. A Director of Public Health (Interim) has been appointed to the NSS pending the permanent filling of this post.

7.11  The NSS will recruit Specialist in Public Health Medicine (SHPM) with commitment within the job plan
to support the CervicalCheck QA structures, including membership of the QA committee.
HSE ND NSS  Q2 2019  Q4 2019  Three posts have been identified, one at Director level and two at Specialist in Public Health Medicine (SHPM) level. The approval process for recruitment of these posts has commenced. A Director of Public Health (Interim) has been appointed to the NSS pending the permanent filling of this post.

7.12  The Director of Public Health will continue to develop the Public Health function in NSS as part of
developing overall governance structures.

8.1  The Department will support the Minister in bringing the Health Service Executive (Governance) Bill
through the Houses of the Oireachtas.

8.2  The NSS will establish a new Quality, Safety and Risk Committee.

8.3  The HSE will appoint a Quality, Safety and Risk Management Co-ordinator for the CervicalCheck QA structures.

8.4  Communication will be issued to community and acute operations regarding key risk management
practices to be implemented.
HSE CCO  Q4 2018  Q4 2018  A formal communication has been issued by the CCO to Community Health Organisation Chief Officers and hospital Group CEOs regarding key risk management practices to be implemented.

8.5  The NSS will commission an organisational review of risk management structures.
HSE CCO  Q4 2018  Q4 2018  The CCO has commissioned an organisational review of risk management structures.

8.6  The NSS will socio-etiologically review the organisational review of risk management structures, in
collaboration with the HSE Risk Committee and the new HSE Board.
HSE CCO  Q1 2019  Q1 2019  The group commissioned by the CCO to review HSE risk management structures has completed a draft report which is under consideration. Discussions have been commenced in relation to the recommendations and next steps.

8.7  The NSS will review governance and risk management processes, inclusive of risk registers and
risk management pathways in departmental programme and funding levels.

8.8  The NSS will implement revised incident and risk management structures and processes.
HSE ND NSS  Q2 2018  Q2 2019  A working group has been established to implement revised incident and risk management structures and processes within NSS. The NSS has commenced an enhancement of its structures and processes in relation to incident and risk management whilst complete implementation is ongoing.
<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>The NSS will develop a policy for accreditation for programme standards including mandatory standards in CervicalCheck</td>
<td>Q1 2019</td>
<td>Q4 2019</td>
<td>In Progress</td>
</tr>
<tr>
<td>1.2</td>
<td>The NSS will implement enhanced quality assurance arrangements to standardise quality assurance processes in CervicalCheck</td>
<td>Q1 2019</td>
<td>Q4 2019</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.1</td>
<td>The NSS will develop and agree the terminology to be used in service specifications and reporting of results</td>
<td>Q1 2019</td>
<td>Q4 2019</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.2</td>
<td>The NSS will review laboratory performance monitoring and reporting</td>
<td>Q2 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.3</td>
<td>The NSS will review quality assurance guidelines and programme standards in relation to terminology and governance for non-compliance</td>
<td>Q3 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.4</td>
<td>The NSS will specify and contract for standards and mandatory requirements as part of the move to HPV primary screening, in accordance with these timelines</td>
<td>Q4 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.5</td>
<td>The NSS will re-establish the Clinical Advisory Group for CervicalCheck which will provide oversight and governance for non-compliance</td>
<td>Q1 2019</td>
<td>Q4 2019</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.6</td>
<td>The NSS will specify and contract for standards and mandatory requirements as part of the move to HPV primary screening, in accordance with these timelines</td>
<td>Q2 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.7</td>
<td>The NSS will recruit clinical leads for colposcopy</td>
<td>Q3 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.8</td>
<td>The NSS will review clinical lead role for cytology (National Laboratory QA Lead)</td>
<td>Q4 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.9</td>
<td>The NSS will review laboratory quality assurance documentation in the context of HPV screening accreditation, Key Performance Indicators (KPI) and reporting arrangements</td>
<td>Q1 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.10</td>
<td>The NSS will update its quality assurance standards to adopt a formal quality assurance risk management approach</td>
<td>Q2 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.11</td>
<td>The NSS will update the HPV CAG and its sub-group the HPV Primary Screening Project Group are addressing the contract specification requirements for the move to HPV Primary Screening. These standards will inform the review of the CervicalCheck Quality Manual. Further work is required to update the HPV standards and will also be carried out by the HPV working group which will report into the HPV CAG. The CervicalCheck Laboratory service management process will continue to identify opportunities to avail of appropriate external expert advice/services.</td>
<td>Q3 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.12</td>
<td>CervicalCheck should adopt a formal risk management approach in programmes which do not reach acceptable standards despite full intervention and monitoring</td>
<td>Q4 2019</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.13</td>
<td>CervicalCheck should document which organisation (eg CervicalCheck, HSE, Providers) has responsibility for pursuing issues of continued non-compliance and the consequences thereof. An advisory group of cytopathologists and other laboratory-based staff should be established to advise on this process, and this should include input from those who work for non-State providers.</td>
<td>Q1 2020</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.14</td>
<td>The NSS will introduce an approach to performance management which clearly outlines roles and responsibilities of each responsible organisation for managing issues relating to contract non-compliance or quality standards non-compliance</td>
<td>Q2 2020</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.15</td>
<td>The NSS will re-establish the Clinical Advisory Group for CervicalCheck which will provide oversight and governance for non-compliance</td>
<td>Q3 2020</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.16</td>
<td>The NSS will review membership of the lab sub-committees to include external representation including the non-state lab providers</td>
<td>Q4 2020</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.17</td>
<td>The NSS will consult and publish annual data on reporting rates for all categories broken down by provider</td>
<td>Q1 2021</td>
<td>CervicalCheck Annual Report for Year 9</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.18</td>
<td>The NSS will specify and contract for standards and mandatory requirements as part of the move to HPV primary screening, in accordance with these timelines</td>
<td>Q2 2021</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.19</td>
<td>The NSS will define relevant report specifications (sampled or raw)</td>
<td>Q3 2021</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.20</td>
<td>The NSS will develop and validate the relevant report</td>
<td>Q4 2021</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.21</td>
<td>The NSS will specify and contract for standards and mandatory requirements related to CervicalCheck and CervicalCheck-Crosswalk Standards</td>
<td>Q1 2022</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.22</td>
<td>The NSS will develop lab sub-committees to include external representation including the non-state lab providers</td>
<td>Q2 2022</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.23</td>
<td>The NSS will revise laboratory quality assurance documentation in the context of HPV screening accreditation, Key Performance Indicators (KPI) and reporting arrangements</td>
<td>Q3 2022</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.24</td>
<td>The NSS will update its quality assurance standards to adopt a formal quality assurance risk management approach</td>
<td>Q4 2022</td>
<td>HSE ND NSS</td>
<td>In Progress</td>
</tr>
</tbody>
</table>
The different rates of sensitivity for ASCUS + identified by second CervicalCheck should ensure that its procurement approach is updated. HBS Procurement will update its Control Centre with revised procedures. Training will be carried out once DCC has been updated Q2 2019.

HSE will ensure the HPV contract addresses the balanced focus on qualitative factors, supplier experience, governance and continuous improvement programmes, etc. The HSE will review and update its Contract Management and Change Control Procedure.

The HSE will develop and implement a comprehensive suite of service delivery metrics following consultation with clinical and technical advisors as part of procurement evaluation group.

The work has been commissioned and an Expert Group established. Assurance should be sought with respect to the capability to deliver the service as specified and without material change. Where change is possible, robust change management procedures, which include approval by the procuring authority, should be defined.

Procurement of Laboratory Services

The National Laboratory QA Lead will review with the Laboratory QA sub-group to develop appropriate actions and timelines.

The TOR for the HSE Expert Group for interval cancer audit will include two patient advocates.

The HSE will review and update its Financial Records Management (FRM) policy to incorporate CervicalCheck procurement. This will then be subject to National Finance Office approval.

HBS Procurement will update its Control Centre with revised procedures. The control centre has been updated with the revised NFR08 policy.

A system should be put in place for proactive contract governance in order to safeguard the future of the service and the relationship of the service with the market place.

The different inadequate rates are not a cause for immediate concern. The Scoping Inquiry recommends that the English HTA study findings are implemented across all providers to try to obtain more consistency.

Auditing Cervical Screening

The HSE will develop a sourcing strategy for laboratory services which includes a market soundings exercise has been carried out.

The HSE will review and update its Contract Management and Change Control Procedure.

The TOR for the HSE Expert Group for interval cancer audit will include two patient advocates.

The HSE will develop and implement a comprehensive suite of service delivery metrics following consultation with clinical and technical advisors as part of procurement evaluation group.

The work has been commissioned and an Expert Group established. assurance should be sought with respect to the capability to deliver the service as specified and without material change. Where change is possible, robust change management procedures, which include approval by the procuring authority, should be defined.
7. The HSE’s open disclosure policy and the HSE’s guidelines should be revised as a matter of urgency. The revised policies must reflect the principles of the Open Disclosure Act 2018.

8. The HSE Open Disclosure policy has been revised in line with amendments to the Assisted Decision Making Act 2015.

9. An expert group to develop an Open Disclosure training tool has been established.

10. The revised Open Disclosure policy will be implemented through the development of a comprehensive training programme and revised guidance documentation.

11. The Office of the Parliamentary Counsel to the Government and the Department will consider the recommendations from the Special Rapport and the Civil Liabilities Act 2018.

12. The Department will hold further meetings with the Medical Council and the Post-Graduate Training Bodies to progress engagement on strengthening the guidance for registered medical practitioners.
A statutory duty of candour must be placed both on individual healthcare professionals and on the organisations for which they work.

The Office of the Parliamentary Counsel to the Government and the Department will oversee the introduction of the Patient Safety Bill, which will provide for mandatory open disclosure for health practitioners disclosing serious patient safety incidents to patients and for organizations to externally report serious patient safety incidents to the appropriate authority.

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The development of the Patient Safety Bill will include consideration of appropriate sanctions.

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The NCRI will develop a proposal for the establishment of a National Cancer Screening Registry.

The Department of Health should work with the Board of the NCRI to establish and imbed a formal quality and audit process to ensure data is not only timely reported but full, complete and accurate. The NCRI will hold a workshop to discuss quality and audit processes.

The NCRI will review data definitions related to cervical cancer and other cancers. This review will include continued work on cervical intra-epithelial neoplasia cases to ensure that the screening flags are meaningful for analysis of the effectiveness of the CervicalCheck programme.

The NCRI will develop a proposal for the establishment of a National Cancer Screening Registry (NCNR) in Ireland in collaboration with NCRI, HSE, NCCP, and the Department of Health. This process will include the defining of uniform screening data definitions. The proposals will set the potential of NCNR to inform current practice, provide a uniform expandable cancer screening data infrastructure and enhance public health capacity as well as directly address other Scally Report recommendations with a view to the future. Other Scally recommendations will be referenced back to this.

The NCRI will webinar the NCRI Data Use Register to improve its access to, and use, of electronic data.

The NCRI will develop, populate and maintain an Electronic Data Use Register to record and track the use of electronic data.

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The NCRI will undertake a stakeholder survey

The NCRI will implement a data quality and audit programme as part of developing data management intelligence.

The NSS will implement recommendations from the project improvement plan

One of the requirements for the establishment and good management of a screening programme is that health services should be of a good standard to manage those people detected with disease by the screening programme. NCCP, through links with the clinical community, should seek to engage actively in the assessment of the quality of cancer services, comparing these for screen and non-screen detected cases.

The NSS will develop a project improvement plan for all quality assurance programmes based on international best practice.

The NSS will implement recommendations from the project improvement plan

The HSE will undertake a review of all job descriptions within CervicalCheck and ensure all roles have a job description in place. All new roles will have a job description.

As part of the QA Improvement project, the QA committees will provide documentation of the arrangements for introductory training and continuous staff development.

The USS & NCCO

The HSE will ensure that the implementation of the HSE’s performance management framework (including performance reviews relating to SLA’s and MOU’s) for BowelScreen, CervicalCheck, and the Head of the National Screening Service.

Other Screening Programmes

Other Screening Programmes

The Department of Health should encourage and facilitate (but not necessarily participate in) a meeting involving the presidents of the Medical Council, the Royal College of Physicians of Ireland and of the Royal College of Surgeons in Ireland, leaders of other leading medical organisations and representatives of the women and families involved with the cervical screening problems.

The Department of Health should consult with interested parties as to how women and families who wish to, can be facilitated in meeting with the clinician who saw involved with their care and/or disclosure.

The Department of Health should consult with the HSE (NSS, Acute Hospitals Division and the National Accreditation Unit) and representatives from the 221+ Patient Support Group in relation to the mechanisms and principles which should underpin the engagement framework (including performance reviews relating to SLA’s and MOU’s) for BowelScreen, CervicalCheck and the Head of the National Screening Service.

The HSE & NCCO

A steering group has been established to oversee all QA projects. A project improvement plan for all quality assurance programmes based on international best practice has been developed.

The HSE will engage with all and facilitate meetings between those women and families who wish to meet with their clinician.

The meeting with the medical organisations and representatives will be arranged and co-ordinated by the 221+ Support Group.

The CCO has engaged with patient representatives to identify any families / women who may wish to meet with their clinicians.

A business case has been developed and funding has been provided to the RCPI to develop this framework (including performance reviews relating to SLA’s and MOU’s) for BowelScreen, CervicalCheck, and the Head of the National Screening Service.

A Steering Group to inform the further future development of MOUs and the wider performance framework (including performance reviews relating to SLA’s and MOU’s) for BowelScreen, CervicalCheck, and the Head of the National Screening Service.

The composition and duration of appointments for all QA Committees should be reviewed. In conjunction with emerging clinical advisory committee structures.

The HSE will collaborate with the training bodies to develop a single curriculum of communication and open disclosure skills training for healthcare professionals which will be delivered through multiple training workshops in the 221+ Support Group.

An expert group has been established to review interval cancer clinical audit and make recommendations on how open disclosure will be implemented where appropriate following clinical audit. A terms of reference has been drafted for this group and membership identified.

A terms of reference has been developed for the communications and open disclosure skills training project which also outlines the project expert group membership. A skills based common curriculum will be developed in conjunction with the training bodies.

A business case has been developed and funding has been provided to the RCPI to develop this programme.
Recommendations of First Report

1. A more comprehensive guide to the CervicalCheck screening programme should be provided online so that women who wish to learn more about the programme can obtain the information easily. (HSE working groups set up to implement recommendations. Newly developed web page set up at hse.ie/cervicalcheck. New, more comprehensive information sheet and information leaflet developed.)
   - Q2 2018
   - Q4 2018
   - Completed

2. The information statement provided to women about the tests should be more explicit about the possible reasons why screening might miss abnormalities that are present as these can result in the development of cervical cancer. This information should be included in the leaflet sent to all women with their screening invitation, and in the information sheet accompanying the consent form. (Incorporated into new leaflet and information sheet.)
   - Q2 2018
   - Q4 2018
   - Completed

3. The information for women accompanying the consent form should guarantee that they will have full and open access to their cervical screening record upon request. (Incorporated into new leaflet and information sheet.)
   - Q2 2018
   - Q4 2018
   - Completed

4. The information for women accompanying the consent form should guarantee that should there be a problem or error of any significance with the screening or reporting process, open disclosure of all the details will take place in a timely, considerate and accurate manner. (New leaflet and information sheet clearly state that women will be communicated with in an open, honest, timely and transparent manner if an adverse event occurs.)
   - Q2 2018
   - Q4 2018
   - Completed

Recommendations of Progress Report

1. That the Minister of Health offer an immediate ex gratia payment to each woman affected and to the next of kin of the deceased. (Following government approval, the payment of €2,000 was offered to the 221 affected women or next of kin.)
   - Q2 2018
   - Q4 2018
   - The €2,000 payment has been offered to the 221 affected women or next of kin. Completed

2. That a process be commenced as soon as reasonably possible, to hold structured conversations with every woman affected who wishes to have her experience documented, and with the relevant surviving family members of any affected woman who has died if they so wish. (Ex gratia payment issued to help women to participate in the review. Over 150 women or families made contact with Dr Scally and his team, through face-to-face meetings, group meetings, telephone and email.)
   - Q2 2018
   - Q4 2018
   - An ex gratia payment was issued to the people who participated in the review. Completed

3. The Minister has confirmed that Judge Meaney’s report requires consideration by a number of Government Departments and he has committed to returning to Government with proposals in November. (Deputy Secretary Governance and Performance, DoH)
   - Q4 2018
   - The establishment of the Tribunal is an urgent priority for the Government and the Department of Health is currently preparing the necessary legislative proposals to expedite this. In Progress