

Implementation of the Recommendations of the Report of the Scoping Inquiry Progress Report Summary, Q2 2020

Section 1: Establishment of the Process to implement the *Final Report of the Scoping Inquiry into the CervicalCheck Screening Programme Recommendations*

Following publication of the Final Report of the Scoping Inquiry into the CervicalCheck Screening Programme, led by Dr Gabriel Scally, in September 2018, a comprehensive Implementation Plan was developed to support implementation of all 56 recommendations made by the Scoping Inquiry. Dr Scally's laboratory supplementary report was published on 11 June 2019, and contains two additional recommendations bringing the total number to 58. The HSE has developed additional actions against these recommendations.

The Minister for Health is committed to publishing progress reports against the recommendations on a quarterly basis in order to provide details of the work which is underway across the health system to implement all 58 recommendations from the three reports of Dr Gabriel Scally. Significant progress has been made by all parties, throughout 2019 and into 2020 on the actions.

Impact of the COVID-19 Pandemic & the safe recommencement of screening services (Q1-Q2 2020)

There is no doubt that the COVID-19 global pandemic has had a significant impact on the safe provision of screening services, both in Ireland and other countries.

The National Screening Service's (NSS) four national screening programmes BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen were paused in March 2020. This move was taken on public health advice due to the situation with COVID-19. This pause in community testing was put in place to protect patients and staff by complying with social distancing guidelines. In addition, the HSE temporarily redeployed staff and resources to the response to COVID-19. However, clinical staff continued to work within the programmes.

Challenges were experienced during Q2 2020 in progressing some of the work on the implementation of the recommendations, as the health service prioritised its response to the COVID-19 pandemic. Similarly towards the latter part of Q2, priorities have been focussed on developing and implementing plans for a safe return to health services and developing capacity for the ongoing delivery of COVID-19 and non COVID-19 care and services side by side.

The National Screening Service has a plan in place for and will continue to prioritise the safe and effective resumption of the Screening Programmes:

- CervicalCheck resumed screening on 6 July with a targeted invitation campaign for those who need an early test based on programme prioritisation;
- Diabetic RetinaScreen (DRS) will resume screening on 1 July. The programme have been sending screening invitations to eligible people in line with programme prioritisation;
- BreastCheck resumed screening in October; and
- BowelScreen resumed the issue of new invitations for screening on a phased basis from 4 August.

In order to ensure a safe resumption and delivery of screening services in the context of the COVID-19 pandemic, the NSS is taking measures to protect both participants and staff and monitor the delivery of screening services to ensure their continuing safety. This includes ensuring the appropriate infection controls are in place and PPE requirements are identified and made available.

Work on implementing the remaining recommendations will be re-prioritised in line with this process and some of this work commenced towards the end of Q2 2020.

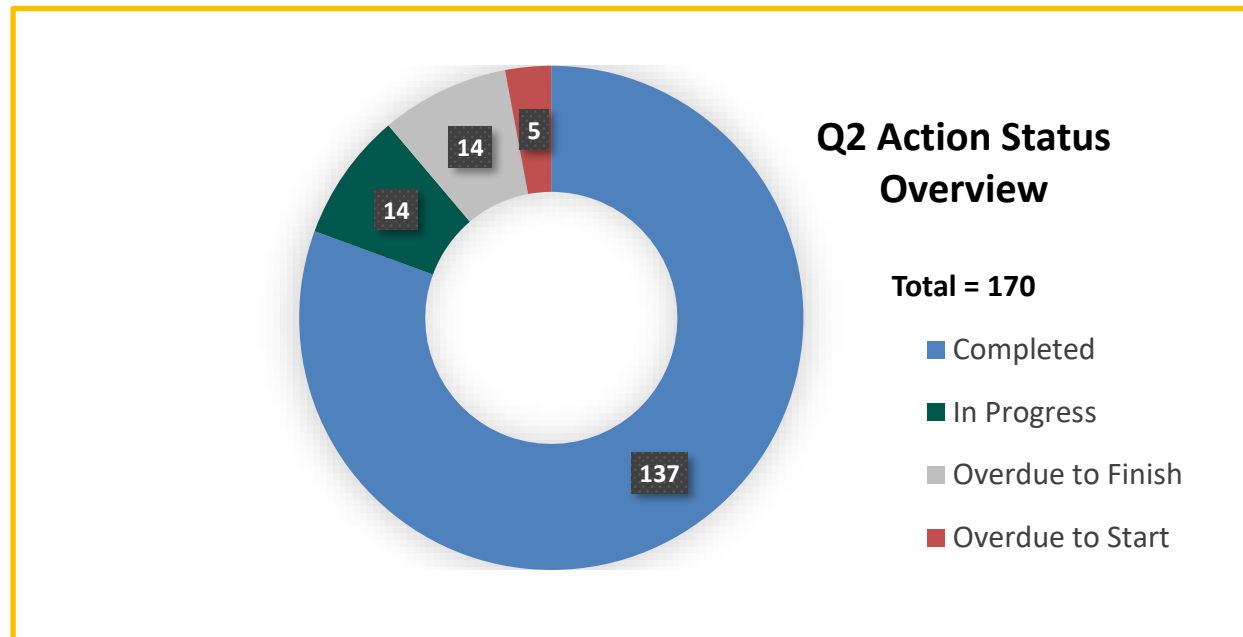
Ongoing commitment under the Programme for Government to implementation of the Scoping Inquiry into the CervicalCheck Screening Programme Recommendations

The Government fully supports the full implementation of the recommendations of Dr Scally's Report, as committed to in the Programme for Government. The PFG also outlines Government support for the national screening programmes, notwithstanding the ongoing response to the COVID-19 pandemic.

Section 2: Overall summary position at end of Q2 2020

As of the end of Q2 2020, there were 170 actions arising from the 58 recommendations. The number of completed actions has remained at 137 with a further 14 in progress, 14 overdue to finish and 5 overdue to start. A breakdown of the status of actions is detailed below.

As noted above, due to Covid 19, many staff and resources have been allocated to other areas to respond to the emerging pandemic which has resulted in no additional progress in Q2.



Section 3: Q2 2020 Progress Report by recommendation theme

There has been significant progress with the implementation of the recommendations to date. For example, the CervicalCheck Screening Programme made the technical transition to HPV cervical screening on March 30. Following the pause due to the COVID -19 pandemic the programme has now resumed screening, and any test taken from Q2 onwards is a HPV cervical screening test with follow-up cytology if required.

The move to HPV cervical screening means that Ireland joins a small group of countries that employs the best-in-class testing to screen their populations for cervical cancer. The others are Australia, England, the Netherlands and Wales. This improved testing methodology, along with the continued roll-out of HPV vaccinations, means that Ireland can look forward to a significant reduction in the incidence of cervical cancer cases over the next 10-20 years.

Method of Approach

The Department of Health's record management protocol has been updated as per previous reports. A project based approach was adopted to identify areas with potential for improvement and scope requirements. Following research and completion of the project a suitable document management solution was identified. Work is now underway to progress implementation. This is supported by other actions including the roll out of eApplications - ePQS, eSubmissions, eCorrespondence etc. and an exercise to update the Department's record management protocol.

As was reported in the Q1 2020 progress report, the HSE's Chief Clinical Officer (CCO) had commissioned a review of the HSE Healthcare Records Management Policy during 2019. A process to support the revision of the HSE HCRM Policy continued to be progressed during Q2 2020 with a first draft of the HSE Healthcare Records Management Practices document completed in Q1 2020, however, due to issues which emerged in response to the COVID-19 pandemic, there was no further significant progress by the group. However, as at the end of Q2 2020 the Clinical Design Programme commenced a review of work done to date with a view to considering next steps and timelines for completion of the work in 2020.

As was also reported in the Q1 2020 progress report that the National Director of Quality Assurance and Verification had completed an audit of access to healthcare records to measure compliance with best practice in relation to same during 2019. The draft report and recommendations were under consideration by the CCO with a view to planning for implementation in early 2020, however, due to the issues which emerged in response to the COVID-19 pandemic, further progress was temporarily paused. As at the end of Q2 2020, the National Director of Quality Improvement has prioritised the work with a view to considering next steps and timelines for completion in 2020.

The HSE Data Protection Officer is continuing work on developing a policy on best practice for records management in the HSE in collaboration with the Chief Information Officer. As reported in the Q1 2020 progress report, the work is expected to extend into later in 2020 due to the issues which emerged in response to the COVID-19 pandemic in Q1 & Q2 2020. Once this has been completed, the HSE Data Protection Officer will ensure that

communication and implementation of the policy on best practice for records management is disseminated throughout the system, as per the recommendation.

Listening to the Voices of the Women and Families Affected

The Department established a Women's Health Taskforce in September 2019, with five meetings held to date. The Taskforce is co-chaired by the Secretary General of the Department of Health and the Director General of the European Institute for Women's Health. It combines internal and external membership, with a strong membership of internal staff, in keeping with Dr Scally's recommendation that the Department improve the consistency, commitment and expertise it applies to women's health issues. Taskforce engagement has included stakeholder workshops, weekly expert presentations through Women's Health Weekly, international learning visits to WHO Geneva, European Parliament, and public engagement through a webpage and mailbox with over 500 women providing direct input to the work of the Taskforce to date. Four initial priority areas were selected as the focus for Q1 2020:

- Improve services for Gynaecological Health,
- Increase Physical Activity among women and girls,
- Improve supports for Menopause and
- An Effective Approach to Mental Health for women and girls.

Meetings of the Taskforce and inputs to its work are published regularly on the Women's Health Taskforce website on gov.ie/health.

Due to the demands of the COVID-19 response, the work of the Women's Health Taskforce was paused on 24 March 2020. The work of the Taskforce was recommenced in July and has included stakeholder engagement, online briefings and webinars. A full Taskforce meeting was scheduled and held in September and further meetings scheduled for November and December.

CervicalCheck – Governance and Management

An implementation plan to support the organisational and governance review of the NSS, which was completed in late Q2 2019, continued to be progressed in Q2 2020. An interim CEO who was appointed to the National Screening Service in 2019, pending the recruitment of a permanent CEO and continued in post during Q2 2020. The recruitment campaign for a permanent CEO concluded during Q2 2020 and a permanent CEO was appointed and took up her role in the NSS in July 2020.

Work continued on enhancing and further strengthening the deployment of professional and public health expertise into the screening services inclusive of collaborating with the HSE National Women and Infants Health Programme to ensure the role of colposcopy is further developed within

the screening programmes and in particular through the introduction of HPV primary screening at the end of March 2020. This improved testing methodology, along with the continued roll-out of HPV vaccinations, means that Ireland can look forward to a significant reduction in the incidence of cervical cancer cases over the next 10-20 years.

A Primary Care Advisor is in place within the CervicalCheck Programme. The Director of Public Health also continues to ensure public health is positioned strategically and appropriately within NSS structures.

As reported in the Q1 2020 progress report, the Clinical Director of the CervicalCheck Programme resigned from her position in Q1 2020 to take up another role within the HSE. The Director of Public Health for the NSS was appointed as interim Clinical Director of CervicalCheck, pending the recruitment of a fulltime Clinical Director, and continued to hold this position during Q2 2020. Dr Nóirin Russell was appointed as the new Clinical Director of CervicalCheck in August 2020.

The NSS Quality Safety & Risk Committee which is independently chaired continues to meet. The membership of this committee is inclusive of patient representatives.

Public Health Expertise

In December 2018, the Department of Health published the Crowe Horwath review on the 'Role, Training, and Career Structures of Public Health Physicians in Ireland'.

In 2019, the Department established an Implementation Oversight Group to oversee the development and implementation of a new model for the delivery of Public Health Medicine in Ireland that reflects the Crowe Horwath review, Dr Gabriel Scally's report on the National Cervical Screening Programme and the need to develop public health medical expertise within the health system in line with Sláintecare.

Stage 2 of the work was paused in March 2020 due to demands related to Covid-19 response. The programme remobilised in July with a streamlined work plan prioritising workforce planning. The workforce plan identifies resources required to operationalize the new model of service delivery for Public Health Medicine and aligned resources required to manage pandemic response. A revised implementation plan, taking account of demands of pandemic response, will be agreed by Q4 2020, with a view to commencing phased implementation in Q1 2021.

National Screening Advisory Committee

The National Screening Advisory Committee held its first meeting of 2020 on 5 March. The meeting gave the Committee an opportunity to build on the work begun at its inaugural meeting in November of last year, and to agree the structural and procedural documentation that will set out how

the Committee conducts its business. A second meeting of the Committee that was scheduled to take place in June was postponed to July 2020 due to demands related to the COVID-19 response. A further meeting was held in October.

The Committee will provide independent expert advice when it comes to considering population-based screening programmes in Ireland. In accordance with best practice and in order to ensure appropriate use of finite resources, the National Screening Advisory Committee will:

- Effectively implement an agreed methodology for accepting applications to consider new or revisions to existing population screening programmes;
- Agree and implement a prioritisation process for the consideration of new or revised population screening programmes;
- Develop and implement a robust and transparent system to evaluate potential population-based screening programmes against a set of internationally recognised criteria;
- Clearly communicate the recommendations and the reasoning to the Department of Health, stakeholders and the public on the outcomes of deliberations.

The Committee will play a significant strategic role in the development of population screening programmes in Ireland. However, it will have no executive function i.e. day to day operational role. Day to day operations will remain the responsibility of the HSE.

The Committee also has a dedicated website <http://www.nsacommittee.gov.ie/> which contains information on the Committee.

Risk Management

Following approval by the HSE Board of the report from the review of risk management in the HSE, provision was made in the 2020 National Service Plan for the establishment of an Enterprise Risk Management Programme. It was envisaged that a Chief Risk Officer would be appointed by the HSE in Q1 2020 following a recruitment campaign which commenced in December 2019. This process however was unsuccessful in identifying a suitable candidate. While due to the demands of the HSE's COVID 19 response there have been delays in appointing a Chief Risk Officer and fully establishing the Enterprise Risk Management Programme, the CEO with the HSE's Executive Management Team have undertaken a fundamental review of the HSE's corporate risk profile and Corporate Risk Register and this continued during Q2 2020.

Incident and risk management continue to be standing agenda items on the Executive Management Team and Senior Management Team meetings of each screening programme.

CervicalCheck Laboratory Services

As reported in Q1 2020, CervicalCheck continues to review its programme standards, inclusive of laboratory standards and the implementation of enhanced quality assurance arrangements and processes has been completed. Updated standards are also being implemented in line with the introduction of HPV primary screening. All recommendations relating to CervicalCheck laboratory services were implemented by the end of Q4 2019.

Procurement of Laboratory Services

All actions identified by the HSE in response to the 8 recommendations from the September 2018 report relating to procurement have now been fully implemented. Additionally a further 4 procurement actions developed by the HSE in response to the supplementary report (June 2019) have been implemented and these actions ensure that future contracts for the provision of cytology and other laboratory services to CervicalCheck will explicitly state each precise locations by the precise company in the written contracts and that measures will be put into place to monitor compliance.

Auditing Cervical Screening

The Expert Reference Group draft reports on the audit of interval cancer in the BreastCheck, BowelScreen and CervicalCheck screened populations was completed in Q2, were submitted to the Board of the HSE and published on 21 October 2020. Following the report of the Royal College of Obstetricians and Gynaecologists (RCOG) in December 2019 which made specific recommendations in relation to clinical audit, the reports from the NSS Expert Group were further reviewed in order to consider these recommendations. In addition due to the issues which emerged in response to the COVID-19 pandemic, further progress in concluding the reports was curtailed into Q2 2020, however, the reports have now been completed and published.

The reports have set out a number of recommendations for the National Screening Service (NSS) and the Board of the Health Service Executive (HSE). Their recommendations will support the NSS in establishing an independent and safe system to support future management of interval cancers. Implementation of recommendations will now commence and progress on implementation will be reported early in 2021.

Open Disclosure

A Government decision approved the publication of the Patient Safety (Notifiable Patient Safety Incidents) Bill 2019 on 3 December 2019. Following publication, the Minister for Health introduced the Bill into Dáil Éireann on the 12 December 2019, completing the second stage with approval to progress to next legislative stage (Committee Stage), with a view to progressing through the legislative process in the Houses of the Oireachtas to enactment.

The Patient Safety (Notifiable Patient Safety Incidents) Bill 2019, for the first time in Irish law, provides a legislative framework for the mandatory open disclosure of patient safety incidents. The Bill is intended to provide a ‘future-proofed’ legislative framework for mandatory open disclosure of designated notifiable patient safety incidents. In summary it requires a health services provider to ensure that where a notifiable patient safety incident has occurred, a disclosure must be made to the patient and/or their family. This will ensure that patients and their families receive appropriate, timely information in relation to a serious incident that may have occurred concerning their care. Importantly, the Bill provides a dual approach to the designation of notifiable patient safety incidents which are the subject of mandatory open disclosure–

- a) the Bill contains a Schedule listing a number of the most serious notifiable patient safety incidents which are subject to mandatory open disclosure. The incidents listed are of a very serious nature, result in unintended or unanticipated death and are preventable;
- b) the Bill sets out a process by which the Minister for Health will make regulations expanding the list of notifiable patient safety incidents over time in line with advancements in clinical practice and international developments.

As part of the development of the Patient Safety (Notifiable Patient Safety Incidents) Bill, the Department has been engaging with key stakeholders including HIQA, the HSE, the Mental Health Commission and the State Claims Agency, and other organisations in relation to the progression of the Bill. Requirements to meet this recommendation have been included in the HSE's interim revision of its open disclosure policy. The Patient Safety (Notifiable Patient Safety Incidents) Bill places an obligation on the health services provider to make a mandatory open disclosure of a notifiable patient safety incident and externally notify to the appropriate regulator. It is an offence (class A fine) to fail to disclose to a patient/relevant person a notifiable patient safety incident or to notify the appropriate regulator of the occurrence of a notifiable patient safety incident.

The Independent Patient Safety Council has been established by the Minister for Health and notwithstanding the pandemic, has during Q2 2020 been progressing work on the immediate priority of the Council, namely the review of open disclosure policies, informed by legislation, international best practice and research with a view to standardising and optimising the process of open disclosure to enhance the patient experience and maximise the opportunities for system-wide learning.

Training in open disclosure in the HSE continued to be progressed during Q2 2020. An Open Disclosure e-learning programme was launched in April 2020 with a further module in development. (>5,000 staff have completed the programme to date in April and May 2020). All NCHDs are now required to upload evidence of their attendance at Open Disclosure training to NER as part of their rotation. Refresher training is required every three years. The RCPI have been commissioned to build a 4 module programme on communication and open disclosure specifically for medical staff and is due to be launched in Q3 2020. Review and revision of the Open Disclosure National Guidelines commenced in February 2020 and was put on hold due to the redeployment of the National Open Disclosure Team to work on COVID-19. The National OD Office will resume work on 13th July 2020 and revision of the guidelines has been identified as a priority in the office operations plan for 2020.

Cancer Registration

The working group established between the HSE and the National Cancer Registry of Ireland (NCRI) to collaborate on the common recommendations in the Scally report continues to meet.

A Memorandum of Understanding (MoU) between National Cancer Registry Ireland (NCRI) and National Screening Service (NSS) was signed in November 2019. This MoU will put in place a structure for collaborative working in 2020 which will involve the formalising of routine data sharing arrangements including the types of data that will be transferred between the two organisations. Revision of the Data Sharing Agreement (DSA) with HSE will incorporate any synchronising required in light of this MoU with NSS.

The MoU requires the establishment of two groups, a steering group and an operational group that will include members from both organisations as well as a representative from the National Cancer Control Programme. Terms of Reference for both groups have been prepared. The setting up of the groups is in progress.

An MoU is also in progress of being signed between NCRI, National Cancer Control Programme (NCCP) and Health Intelligence Unit (HIU) to ensure NCRI data is leveraged in cancer policy and development of services. DSAs have been agreed with 2 private hospital groups. Negotiation has started with another but clarification, and potential update, of the Indemnity Insurance clause in the DSA is currently underway. Once this is complete this DSA will be completed and DSAs will progress with the remaining hospitals. Work has also started on DSAs with voluntary hospitals. This work will allow both the NCCP and HIU to undertake analytical work, supporting the planning of services with a coordinated approach and will increase use of the data collected in the NCRI.

Draft Terms of Reference (ToR) for the Peer Review were agreed between the Department of Health and the NCRI Board. These draft ToR were subsequently sent to the International Agency for Research on Cancer (IARC). IARC have made some suggested amendments to the draft ToR and have outlined their views on the way forward. The progress on commencing the review has paused due to COVID-19 and relating foreign travel restrictions.

The NCRI are continuously working to improve remote access to electronic data via Electronic Data Use Register. Working with the NCRI Board, NCRI-HSE working group, the HSE and supported by DoH, the Remote Access project will formalise the approach to this process.

This interaction was suspended due to Covid-19 resource reassignment, however the NCRI have worked with the HSE during this time and progressed remote access at HSE locations.

There have been 3 meetings of the the NSS/NCRI Strategic and Operation Groups. A 3rd scheduled meeting was deferred from April to July mainly because of Covid-19 reassignment of NSS staff. Progress to date includes preliminary completion of a checklist of internationally recommended performance indicators for breast, cervical and colorectal cancer screening programmes, to document indicators used or under consideration for Ireland and their implications for data sharing between NSS and NCRI.

Other Screening Programmes

Revised terms of reference and principles of operation for QA committess have been developed across all NSS screening programmes. A steering committee has been established in the NSS to oversee all QA projects and the implementation of a project improvement plan continues to be progressed. All recommendations relating to cross-programme learning in the National Screening Service have been implemented.

The open disclosure and skills training programme is in the final stages of development with the medical training bodies however, due to the COVID-19 pandemic, the work was paused but is expected to be launched as a programme later in 2020.

Resolution

The required legislation to establish the CervicalCheck Tribunal is now in place. As the key arrangements for the Tribunal were in place, it was intended that the Tribunal would be established by the end of March 2020. However, the establishment of the Tribunal was delayed due to the outbreak of COVID-19.

The original nominees for Chairperson and one of the ordinary members of the Tribunal are no longer in a position to take up those roles. The Minister for Health now intends to appoint Ms Justice Ann Power as Chairperson of the CervicalCheck Tribunal and Mr Justice Tony O'Connor as an ordinary member. These appointments are in addition to the appointment of Mr Justice Brian McGovern as an ordinary member which was previously announced in January 2020.

As the chairperson and the two ordinary members have now been identified it is envisaged that once final arrangements are in place, the Tribunal will be established without delay.

In addition to the Tribunal's function in hearing and determining claims, the CervicalCheck Tribunal Act also provides for Restoration of Trust Meetings which are independent from the Tribunal itself. The intention behind a restoration of trust meeting is to document experiences, facilitate discussion and provide information to the woman concerned or her family. As did the work on the Tribunal, the administrative work on setting up the Restoration of Trust Meetings continued during the delay to establishment and the process to identify a suitable Facilitator of the meetings has commenced.

A particular concern is in respect of how the meetings will operate in light of COVID-19. It was envisaged that these meetings would take place face to face and if they cannot now be implemented as intended, it may impact the arrangements for the meetings and their effectiveness. We anticipate that once the Facilitator is in place, they will consult with all stakeholders on how the meetings could best be arranged in line with safety measures in place.