

**CervicalCheck Steering Committee**  
**Weekly report to the Minister**  
**2 August 2018**

**1. Overview**

Meetings of the CervicalCheck Steering Committee will be held fortnightly during August. There was no meeting this week; the next meeting will be on Thursday, 9 August 2018.

**2. Update on support package and *ex gratia* payment**

The HSE reported that Liaison Officers have to date held 225 face-to-face meetings with women and families to discuss their needs. This includes 175 initial meetings and 50 follow-up meetings, together with other frequent contact between women, families and Liaison Officers.

Now that Liaison Officers engagement with women is well established, it is not expected that the numbers of meetings held will change significantly from week to week. It is important to note that every individual's circumstances will be unique to them and thus the HSE has taken care to respect the wishes of the women and their families regarding the timing of contacts and subsequent meetings. Where meetings have not yet been held, this reflects the wishes of the individuals concerned either to meet at a future date that suits them or, in some instances not to take up the offer of support.

***Ex gratia* payment as recommended by Dr Scally**

Arrangements to make the ex-gratia payment of €2,000 to each of the women affected or, where a woman has died, to their next-of-kin are being coordinated through the Liaison Officers. The HSE reported that 194 payments had been made by 31 July. Remaining payments will issue once individuals' banking details have been received.

***Delivery of supports***

- As of 1 August, the HSE had issued 628 new medical cards to women and family members or next-of-kin where the woman has, sadly, died. This includes the amendments that have been made to the terms of existing medical cards or G.P visit cards in 94 cases to recategorise these as medical cards under the terms of the CervicalCheck support package.
- Alongside the provision of medical cards, primary care supports, including counselling, have been made available to those requesting them. This is very much a client-driven process and requests for supports will differ from individual to individual. A range of other health supports is being provided in response to requests for physiotherapy, occupational therapy, dental, ophthalmic and nursing services among others.
- The Government decision of 11 May provided that where women had been prescribed a medicine by their treating clinician, any out-of-pocket costs would be met. This includes medicines not officially approved for reimbursement and any other non-standard therapies, once prescribed for the patient by their doctor. Arrangements are in place to reimburse a range of costs that the women and their families incur from 11 May including travel costs, childcare costs and medical appointment costs among others. These will be reimbursed upon receipt of claims from individuals. The HSE has developed a simplified claim process for women and their families to minimise the burden involved while providing the required assurance from a public finance perspective. To date, almost €45,000 has been reimbursed in respect of various health and social care costs.
- The Department has engaged with DPER officials on the issue of retrospective payments. Following from this, it has been confirmed with the HSE that arrangements should be put

in place to enable retrospective financial support to be provided. The HSE has indicated that arrangements are being finalised and that some of the more straightforward requests for retrospective assistance that are already on hand should be paid early next week. (A more detailed note on this matter was provided to you on this matter on 2<sup>nd</sup> August)

#### **4. Release of records**

A significant team is in place in CervicalCheck to deal with requests for records. The HSE is fully committed to providing any requested documents in line with the Minister's expressed expectation that all patient information, including documents, files and audits related to patients, will be made available to patients or their representatives without delay, and that the provision of information will be streamlined to the fullest extent possible to avoid unnecessary bureaucracy.

- 131 legal requests have been received to date, of which 3 were received within the past week; 98 have been processed, of which 3 were within the past week
- 208 FOI or data access requests have been made and 205 of these have been responded to.

The HSE has advised that a protocol for providing women with access to their physical smears is now in place, aimed at preserving the integrity of the smears for women who may wish to take legal action. Information in relation to the protocol is now being issued to women with their records, to facilitate them in receiving smears should they wish to do so. The HSE advises that solicitors are now using this protocol to access smears when required.

#### **5. Independent Expert Panel Review**

A senior and experienced HSE Project Manager is in place, together with key project leads and support staff, to ensure all possible support is provided for the RCOG review.

The initial focus is on validation of the details of the 1,850 women within the review cohort (other than the details of the 221 women and families already known) in advance of sending out consent documentation for the review. An introduction letter, a patient information sheet provided by RCOG, a consent form and FAQs have been drafted, reviewed by NALA, and will issue to the 221 women and families shortly. The approach for obtaining consent will be tailored to the different cohorts of women and families involved, recognising the very sensitive nature of this issue.

The Department of Health is committed to continuing to support and facilitate RCOG and the HSE in progressing this review as expeditiously as possible, and to do so in a way that ensures quality, comprehensiveness and integrity of the results.

#### **6. Implementation of recommendations of the Scally Inquiry**

An implementation plan to address the four recommendations contained in the First Report from Dr Scally, on information for women, is in place. The HSE has reported that work is continuing to implement the plan, with working groups coordinating the various streams of work. Subject matter experts have been identified who will support the work and the scoping of work is underway.

#### **7. Introduction of HPV as the primary method of testing**

The introduction of HPV testing as the primary screening mechanism for CervicalCheck, with cytology as a reflex test, will involve a reconfiguration of the laboratory work involved and will be subject to a tendering process for any work carried out outside the public sector. The HSE has confirmed that substantial implementation planning has been carried out. A project Steering Group comprising all key stakeholders is in place and a project manager has been appointed. Recognising that this is a policy and operational priority, the Group is working to secure further specialist expertise to support the project. The Department is continuing to

engage with the HSE, within the Steering Committee, to ensure the switch to HPV testing progresses as quickly as possible.

#### **8. Smear-taking activity**

The HSE has reported that lab activity, which had risen as a consequence both of out-of-cycle smears and increased uptake generally, is decreasing, but is still approximately 20% above normal levels. The total number of additional consultations to date is more than 57,000. A backlog of smear tests remains to be cleared and this is a priority concern for the HSE. Due to the skilled nature of cytology screening and the difficulty in recruiting trained staff, lab turnaround time issues can be slow to resolve as they require the use of overtime for existing staff and there are workload limits set for quality assurance purposes. Every effort is being made to ensure that tests are processed as quickly as possible, having regard to the high standards required for testing.

To aid resolution, laboratories have brought on additional staff, commenced overtime, tapped into their wider organisation for assistance, and in some cases cancelled annual leave. The target cycle time for each lab is 17 days, however, the current average reporting time is 43 days. The lab working group continues to work closely with the three labs to understand and manage current capacity issues. The labs are reporting to the HSE CervicalCheck team on a weekly basis providing status updates on the number of samples received, processing times etc. Lab action plans are being monitored to ensure that they address the problem in the shortest possible timeframes.

#### **9. Communications**

On the 27 July, a cover letter, together with an information pack covering the two reviews, the package of supports and how to request records issued to the 221 women and families identified in the initial cohort. The HSE has reported a mixed reaction from recipients of these letters. A dedicated information line is available at 1800 832 191 to answer any questions.

Preliminary work has begun within the HSE, with generous support from the Irish Cancer Society, on the organisation of workshops for the 221 women and families. An update on this is expected next week.

*2 August 2018*

**CervicalCheck Steering Committee**  
**Weekly Report from HSE 2<sup>nd</sup> August 2018**

1	<b>Oversight and engagement with the HSE on modules of their work as follows</b>			<b>Deadline</b>	<b>Status</b>
1.a	<b>Management of supports to patients/families</b>				
		Yes	No		
	Project Manager in Place David Walsh/Mary Walshe	Yes			
	<b>Project Team Composition</b> David Walsh ND, Mary Walshe Chief Officer Maria Kavanagh Liaison Officers in each of ( Community Healthcare Organisations) CHO 1 C Walsh CHO 2 B Austin CHO 3 B Carroll CHO 4 H Sweeney CHO 5 S Murphy CHO 6 D Healy CHO 7 C Hanley CHO 8 J Bourke CHO 9 B Horgan				
	Project Plan				
		This week	To date		
	Number of meetings held with affected women & families (Liaison Officers)	4	175 initial meetings and 50 additional meetings.		
	Number of medical cards issued	24	628		
	Number of ex gratia payments made	2	194		

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	Number of supports requested	19	450 Top ten supports requested to date; <table><tr><td>Counselling</td><td>136</td></tr><tr><td>Complimentary Therapy</td><td>40</td></tr><tr><td>Transport costs</td><td>39</td></tr><tr><td>Medical appointment expenses</td><td>27</td></tr><tr><td>Medical Notes</td><td>25</td></tr><tr><td>HCP</td><td>21</td></tr><tr><td>Childcare Costs</td><td>20</td></tr><tr><td>Diagnostic</td><td>20</td></tr><tr><td>Physio</td><td>17</td></tr><tr><td>Medication</td><td>17</td></tr></table>	Counselling	136	Complimentary Therapy	40	Transport costs	39	Medical appointment expenses	27	Medical Notes	25	HCP	21	Childcare Costs	20	Diagnostic	20	Physio	17	Medication	17		
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## CervicalCheck Steering Committee

### Weekly Report from HSE 2<sup>nd</sup> August 2018

	<p>Current position, issues &amp; challenges</p> <ul style="list-style-type: none"> <li>Clients are eager to be in receipt of the updated support guidance. A large number of clients were confused and upset by the communication received by them from the NSS.</li> </ul>				
	<p>Update Action 2/1207 A written communication to be developed within the next week, to issue to the 221 women as soon as possible</p> <p>Update Action 3/1207 Preliminary work to begin within the HSE in relation to the holding of workshops for the 221 women. An update on this is to be provided at next week's meeting</p> <p>Update Action 4/1207 A solution in relation to the simplification of the claims process is to be identified and reported on at the meeting next week</p>		<p>This has been completed and issued.</p> <p>Work is ongoing with generous support from the Irish Cancer Society to organise this event</p> <p>Revised forms are now finalised. Arrangements for an Independent Appeals Officer are in place. Revised guidance notes are ready to issue to all women/families reflecting the retrospective issue.</p>	<p>19/07/18</p> <p>19/07/18</p> <p>19/07/18</p>	
1.b	<b>Provision of documents to patients</b>				
		<b>Yes</b>	<b>No</b>		
	<p><b>Project Manager in Place</b></p> <p>There is an operational manager assigned to oversee access to records and smear results.</p>	√			
	<p><b>Operational Team Composition</b></p> <p>While this process was not in place prior to the cervical check crisis a significant team has been put in place to ensure that women and their legal representatives receive their records in the most timely manner possible.</p> <p>The team comprises of:</p> <ul style="list-style-type: none"> <li>PM (Kevin Murphy) for overall coordination.</li> <li>Four legal personnel with three in Dublin and one part time</li> </ul>	√			

**CervicalCheck Steering Committee**  
**Weekly Report from HSE 2<sup>nd</sup> August 2018**

	in Limerick. - Administrative support.				
	<b>Project Plan</b>  There is a defined operational process for the release of records.	√			
		<b>This week</b>	<b>To date</b>		
	Number of legal requests made	3	131		
	Number of legal requests responded to	3	98		
	0 - 30 days	-	TBC		
	30 days +	-	TBC		
	Number of requests on hold, awaiting clarification from solicitor	-	4		
	Number of FOI / Data access Requests made	8	208		
	Number of FOI / Data access Requests responded to	8	205		
	0 - 30 days	-	195		
	30 days +	-	10		
	<b>Current position, issues &amp; challenges</b>  The team remains focused on responding to all requests as soon as possible. External legal advisors are liaising with women and their solicitors on the release of slides. Solicitors are required to provide specific information about their chosen laboratory before slides can be released. This ensures the integrity of the slide is protected and all slides can be traced when they leave their current location. There have been some teething problems in this process with the labs but these are being addressed. Seven requests have been processed and are en-route to the destination labs.				
	<b>Update Action</b>				

**CervicalCheck Steering Committee**  
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1	<b>Oversight and engagement with the HSE on modules of their work as follows</b>			<b>Deadline</b>	<b>Status</b>
1.c	<b>Interface with Scally Inquiry</b>				
		<b>Yes</b>	<b>No</b>		
	<b>Project Manager in Place</b>  Yes. A senior manager is assigned to oversee the timely release of documents to facilitate Dr Scallys review.	√			
	<b>Project Team Composition</b>  There is an external legal services partner with a team of solicitors to support the release of documents. In addition we have a HSE senior manager assigned to support the legal team in the provision of documents. HSE divisions have also assigned lead personnel to support the provision of documents to the central team.	√			
	<b>Project Plan</b>  We are working to the timeframes as outlined by Dr Scally.	√			
	<b>Current position, issues &amp; challenges</b> <ol style="list-style-type: none"> <li>1. NSS team members are attending meetings with Dr Scally as requested.</li> <li>2. The HSE Director General has continued to link with Dr Scally on a regular basis to ensure that the review is supported by HSE leadership.</li> <li>3. Legally privileged documents requested by the Inquiry are being provided on a confidential basis.</li> <li>4. NSS provided information on the application of open disclosure policy to the individual 209 women.</li> <li>5. NSS provided further information on the audit and disclosure process.</li> </ol>				
	Update Action				



**CervicalCheck Steering Committee**  
**Weekly Report from HSE 2<sup>nd</sup> August 2018**

1.d	<b>Interface with RCOG Review</b>				
		<b>Yes</b>	<b>No</b>		
	<b>Project Manager in Place</b>  A project lead has been recruited to head up the HSE response to the RCOG review. Maria Lordan Dunphy started work this week and will create a detailed project plan with status updates for inclusion in the report from next week onwards. A project manager, Roisin Egerton, has also been appointed to support the project.	√			
	<b>Project Team Composition</b>  There are four main sections for the team required to support RCOG. These are: <ol style="list-style-type: none"> <li>1. Patient services.</li> <li>2. Logistics to support laboratories transfer process.</li> <li>3. Hospital co-ordination and delivery.</li> <li>4. Communications.</li> </ol> An overall resource plan has been finalised and priority positions have been filled. Work is underway to fill all other required posts.	√			
	<b>Project Plan</b>  The HSE are developing a plan alongside the overall RCOG plan. Priority tasks have been identified and these are being advanced while the full project plan is being worked through with RCOG. The newly appointed project lead will work to finalise the plan over the coming weeks.	In draft			
	<b>Current position, issues &amp; challenges</b>  The project lead is now in place so the RCOG response team will be mobilised over the coming weeks. The project lead will focus on the				

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1.d	<b>Interface with RCOG Review</b>				
	highest priority items and this will include agreement on the consent process with women / service users. A new public health advisor to the RCOG process has started, Dr Ronan Glynn. Ronan has developed the consent form alongside the RCOG documentation.				
	Update Action				
1	<b>Oversight and engagement with the HSE on modules of their work as follows</b>			<b>Deadline</b>	<b>Status</b>
1.e	<b>Management of laboratory capacity issues</b>				
		<b>Yes</b>	<b>No</b>		
	<b>Project Manager in Place</b>  Yes. The CervicalCheck Programme Manager is leading this response.	✓			
	<b>Project Team Composition</b>  Given the nature of the issues presenting a working group was put in place to support the project manager. This group comprise HSE procurement, HSE Legal and the CervicalCheck Operations team. This will ensure a coordinated response to the operational issues presenting as a result of the demand arising from the out of cycle smear tests.	✓			
	<b>Project Plan</b>  Since April any woman who is concerned can attend her GP for a free smear and this has resulted in a testing backlog in all three labs.				

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**Weekly Report from HSE 2<sup>nd</sup> August 2018**

1.d	<b>Interface with RCOG Review</b>				
	<p>These delays remain a priority concern for the HSE. Because of the skilled nature of cytology screening and the difficulty in recruiting trained staff, lab turnaround time issues can be slow to resolve as they require the use of overtime for existing staff and there are workload limits set for quality assurance purposes. Staff leave at this time of year is also impacting the ability of the labs to address the backlog.</p> <p>The lab working group continues to work closely with the three labs to understand and manage current capacity issues. The labs are reporting to the CervicalCheck team on a weekly basis providing status updates on the number of samples received, processing times etc. Lab action plans are being monitored to ensure that they address the problem in the shortest possible timeframes without sacrificing patient safety.</p>				
	<p><b>Uptake of smear tests:</b></p> <p><i>Out of cycle smears</i></p> <p>Total number of additional consultations to date is more than 57,000. Weekly totals continue to run at more than 1,000 consultations. The normal capacity for a lab is approximately 5,000 per week so we are still seeing a 20% increase in uptake as a result on the free smear test. This is presenting serious patient safety issues for the HSE and the laboratories. All the labs have expressed concern at the continuing extension of the free smears due to the serious impact on the normal reporting cycle. The table below sets out the increased number of GP consultations.</p>				

## CervicalCheck Steering Committee Weekly Report from HSE 2<sup>nd</sup> August 2018

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	Our main concern remains the backlog of samples to be tested. Weekly calls and meetings continue with the lab in order to manage the situation.																																																																										
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1.f	Introduction of HPV Screening																																																																										
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1.d	<b>Interface with RCOG Review</b>				
	<b>Project Manager in Place</b>  Yes. A Project Manager is in place and negotiations are continuing with a possible clinical Lead for the HPV primary screening project.	√			
	<b>Project Team Composition</b>  Prior to April 2018 the project was being led by the former CervicalCheck clinical director . While efforts are ongoing to secure a clinical lead for the project a formal HPV screening project team has been established. This includes: <ul style="list-style-type: none"> <li>• A number of working groups are being established to address specific aspects of the project.</li> <li>• Further specialist resource will be required to deliver this project and given that HPV primary screening has only been rolled out in a small number of countries we are searching abroad for specialist advice.</li> <li>• A formal HPV Primary Screening steering group has been established to oversee the project comprising all the key stakeholders. This group met on July 25<sup>th</sup> and a further meeting is scheduled for August.</li> </ul>	√			
	<b>Project Plan</b> <ul style="list-style-type: none"> <li>• Substantial implementation planning had been conducted to date. This is being reviewed, documented in Project Vision and leveraged by the team.</li> <li>• Project plan now being populated in Project Vision. Two additional resources have joined the team to support on Project Vision expertise.</li> <li>• Work is continuing on the activities and tasks for the Gantt chart, risks and issues.</li> <li>• Laboratory reconfiguration: close to final decision reached on use of Coombe and NVRL for 50-60% of capacity requirements.</li> <li>• Critical path / dependencies:               <ol style="list-style-type: none"> <li>1. Finalise clinical pathway</li> <li>2. Laboratories: finalise service specifications</li> </ol> </li> </ul>				

## CervicalCheck Steering Committee

### Weekly Report from HSE 2<sup>nd</sup> August 2018

1.d	<b>Interface with RCOG Review</b>				
	<p>3. Laboratory configuration options: Public procurement tender and contract to a laboratory for the remainder of capacity</p> <p>4. IT system changes (CSR; Laboratories; Colposcopy; GPs – all largely in parallel, laboratory IT development on longest timescale)</p> <p>5. Establish contracts and MOUs with and between the Coombe and NVRL.</p> <ul style="list-style-type: none"> <li>• Six work streams established; Clinical Pathways; Laboratory reconfiguration; Procurement; Communications; ICT; and Resources for Health Professionals. Five out of the six work streams have leads in place.</li> <li>• Detailed capacity planning with the Coombe and NVRL is to take place within the next 2 weeks.</li> </ul>				
	<p><b>Current position, issues &amp; challenges</b></p> <ul style="list-style-type: none"> <li>• Appointment of a clinical lead for the HPV primary screening project</li> <li>• Recruitment of a clinical director for CervicalCheck Programme</li> <li>• Decision required on the cervical screening pathway - clinical input required</li> <li>• Decision required on the HPV test type – clinical input required</li> <li>• Laboratory reconfiguration options (Coombe, NVRL, +)</li> <li>• Tender for additional laboratory provider through EU tendering process</li> <li>• Stabilisation of the current programme (increase in demand on the laboratories and colposcopy with repeat and additional workload)</li> <li>• Capacity planning to scope the increased demand on laboratories and colposcopy clinics</li> <li>• Demand on resources due to RCOG and Scally review</li> <li>• Engagement with hospitals (hospital groups)</li> </ul>				
	<p><b>Update Action 04/28</b> An update on the possibility of appointing a clinical lead for the move to HPV testing will be provided next week</p>				Ongoing
	<p><b>Update Action 04/29</b> A more detailed project plan is to be provided for next week's meeting</p>				Ongoing

**CervicalCheck Steering Committee**  
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3	Implementation assurance on Scally Inquiry and RCOG recommendations	Deadline	Status
	<p><u>Members of the Scally Implementation working group</u></p> <p>CervicalCheck Team:</p> <ul style="list-style-type: none"> <li>• Smear taker Co-ordinator</li> <li>• Senior Health Promotion Officer</li> </ul> <p>National Screening Service team:</p> <ul style="list-style-type: none"> <li>• Communications Information Manager</li> <li>• Information and Communications Officer</li> </ul> <p>Advocacy Team:</p> <ul style="list-style-type: none"> <li>• Head of Open Disclosure</li> <li>• Members of the Advocacy team on a needs basis</li> </ul> <p>Communications Team:</p> <ul style="list-style-type: none"> <li>• Client Services Director</li> <li>• Senior Comms Manager</li> <li>• Content Manager</li> <li>• Content writer</li> <li>• Communications Manager</li> </ul> <p>Based on the phase of development different skill sets such as user testing, web development and social media management will be used.</p> <p>The working group will be supported in their work by a research process and a reference group, which will provide expert advice at key points of the project.</p>		

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3.a	<b>Scally Inquiry recommendations</b>	Current position, issues & challenges			
	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 information easily	Core content is in development, content and formats will form part of research process		01.10.18	In progress
	2. The information statements provided to women about the limitations of 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 their consent form	Scoping of work is underway.  Work is ongoing on logistical details on the dissemination of materials.		01.10.18	In progress
	3. The information for women accompanying the consent form should guarantee that they will have full and open access to their cervical screening record on request	Scoping of work is underway.  Work is ongoing on logistical details on the dissemination of materials.		01.10.18	In progress
	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	The HSE's Open Disclosure Lead is now participating in the working group. Work continues to scope out the details of open disclosure and how it relates to CervicalCheck.		01.10.18	In progress
	5. The provision of an immediate ex gratia payment of €2,000 to each woman involved and to the next of kin of the deceased, recognising that it is important that women do not encounter any financial obstacles to participating and making their voices heard in relation to both the Scoping Inquiry and any resulting	N/A			



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	Commission of Inquiry				
	6. That a process be commenced to hold structured conversations with each of the women affected by the CervicalCheck issues who wish to have their experience documented, and with the relevant surviving family members of any affected woman who has died, if they so wish	N/A			
	<p>Update Action</p> <p>A set of materials for the 221 women and their families, was developed, in consultation with patient representatives and the DoH's CervicalCheck Steering Committee. The materials included;</p> <ul style="list-style-type: none"> <li>- a cover note,</li> <li>- a client services record request form and information about the CervicalCheck audit,</li> <li>- updates on current developments, including the Scally Inquiry, the Independent Expert Panel Review help and supports available.</li> </ul> <p>The Advocacy Unit issued the materials.</p> <p>Work progressed on the development of a CervicalCheck update for health professionals.</p>				
3.b	<b>RCOG recommendations</b>				
	TBC				