

| Quarterly Progress Report on Implementation of Scoping Inquiry Recommendations<br>Quarter 1 2020 |   |     |  |  |         |         |   |                   |  |
|--|---|-----|--|--|---------|---------|---|-------------------|--|
| No.  | Recommendation  |     | Actions  | SRO  | Start   | End     | Update  | Status            |  |
| Method of Approach   |   |     |  |  |         |         |   |                   |  |
| 1  | The Department of Health and the HSE should revise their policies in respect of document management. This should ensure that good quality records are created and maintained which are authentic, reliable, and complete in searchable format. They should be protected and preserved to support future actions and ensure current and future accountability. | 1.1 | The Department will review its current policy on document management to identify areas with potential for improvement and scope requirements.  | Assistant Secretary, Corporate Division, DoH | Q4 2018 | Q2 2019 | 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 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.   | Completed         |  |
|  |   | 1.2 | 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.   | HSE CIO & CCO                                | Q4 2018 | Q1 2019 | The Chief Clinical Officer (CCO) has engaged with the National Director of Quality Improvement in relation to reviewing the HSE Health Care Records Management (HCRM) Policy (see action 1.6). Additional actions have also been developed in relation to access to healthcare records (see action 1.5) and also to non - healthcare record management policies (see action 1.7, 1.8 & 1.9).  | Completed         |  |
|  |   | 1.3 | 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.  | HSE CCO & CIO                                | Q4 2018 | Q2 2019 | A communication was issued to all HSE staff on the importance of best practice and adherence to HCRM. The communication included a link to the HCRM Policy and National Standards in addition to an interactive poster highlighting best practice for HCRM.   | Completed         |  |
|  |   | 1.4 | The HSE will conduct engagement with operations regarding responsibility and accountability for HCRM.  | HSE CCO & CIO                                | Q4 2018 | Q1 2019 | An engagement with operations regarding responsibility and accountability for HCRM has taken place.   | Completed         |  |
|  |   | 1.5 | The HSE will evaluate compliance with HCRM through health care audit.  | HSE CCO & CIO                                | Q1 2019 | Q4 2019 | The National Director of Quality Assurance and Verification completed an audit during 2019 of access to healthcare records which measured compliance with best practice in relation to same. The draft report and recommendations were under consideration by the CCO with a view to planning for implementation in early 2020, however, given the scale of issues which emerged in response to the COVID-19 Pandemic, the report has not been considered fully but will be re-prioritised at the most appropriate opportunity.   | Overdue to Finish |  |
|  |   | 1.6 | The HSE will complete a revision of the HSE Healthcare Records Management Policy.  | HSE CCO & CIO                                | Q1 2019 | Q4 2019 | A first draft of the HSE Health Care Records Management Practices document was considered by the working group in January 2020 and a meeting was scheduled the digital experts in March 2020 to proceed with further work. Due to issues emerging in response to the COVID-19 pandemic, the meeting was postponed, the work was paused but will be re-prioritised at the most appropriate opportunity   | Overdue to Finish |  |
|  |   | 1.7 | HSE Data Protection Officer will commission the development of a policy on best practice for records management in the HSE including a review of the current HSE policy on records retention.  | DPO  | Q3 2019 | Q4 2019 | Work is continuing on developing a policy on best practice for records management in the HSE by the DPO in collaboration with the Chief Information Officer. The work is expected to extend into 2020, however, due to issues emerging in response to the COVID-19 Pandemic, the work has been paused but will be re-prioritised at the most appropriate opportunity.   | Overdue to Finish |  |
|  |   | 1.8 | 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.   | DPO  | Q4 2019 | Q1 2020 | This action will commence once action 1.7 has been completed.   | Overdue to Start  |  |
|  |   | 1.9 | In reviewing the HSE Electronic Communications Policy, ICT will incorporate guidance on the requirements relating to the transmission of records/documents.  | CIO  | 02 2019 | 03 2019 | The HSE electronic communications policy has been updated by ICT to incorporate guidance on the requirements relating to the transmission of records/documents.   | Completed         |  |
| 2  | 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.  | 2.1 | Working with the HSE and the NWCI, 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.  | CMO  | Q4 2018 | Q2 2019 | Women's Health in Ireland An Evidence Base for the Development of a Womens Health Action Plan' was published in September 2019 and is available on the Department's website.  | Completed         |  |
|  |   | 2.2 | Following completion of the scoping exercise, the Department will work with the HSE and the NWCI to review the outcome of the scoping exercise and set out a work programme for 2019.  | CMO  | Q2 2019 | Q2 2019 | The Department, the HSE and the National Women's Council of Ireland are now working together under the Womens Health Taskforce to progress a womens health policy programme in a comprehensive and coordinated way. See progress under Action 2.4.  | Completed         |  |
|  |   | 2.3 | 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.  | Deputy Secretary, Policy and Strategy, DoH   | Q4 2018 | Q2 2019 | The Department has concluded this review and agreed to establish a Womens Health Taskforce to improve womens health outcomes and womens experience of healthcare in Ireland. See Progress under Action 2.4.   | Completed         |  |
|  |   | 2.4 | Establish a Women's Health Taskforce to give focus on direction to women's health policy in the Department of Health. The Taskforce will agree and implement actions to improve women's health outcomes, and women's health experiences, drawing on available evidence and the outcomes of consultation to be undertaken by the Taskforce, including a listening exercise. | Secretary General                            | Q3 2019 | Q3 2019 | The Department has now established a Women's Health Taskforce which has met in September and October 2019, and will continue to meet every 4 - 6 weeks. The Taskforce is co-chaired by the Secretary General of the Department of Health and the Directory General of the European Institute for Women's Health. It combines internal and external membership, with a strong bias towards involving 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. The Taskforce is currently working through a number of exploratory themes in order to select priority work areas. It is envisaged that priorities will be selected on a rolling basis every quarter. Every meeting of the Taskforce and all inputs to its work are published regularly on the Women's Health Taskforce website on gov.ie/health.<br><br>The Women's Health Taskforce have agreed as their first action to initiate a Radical Listening Exercise. Planning is well underway and the exercise will formally commence shortly. In addition, the Taskforce has been seeking direct input into its work programme, into which 500+ women have contributed to date. These inputs are published routinely on the Women's Health Taskforce website. | Completed         |  |
| 3  | 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.  | 3.1 | The HSE will retain the current National Screening Services team to assist with continued medical record access in publicly funded hospitals.  | HSE CCO                                      | Q4 2018 | Q4 2018 | The client services team established during 2018 has been retained in the NSS to manage access to patient records in publicly funded hospitals when requested. The team continues to manage requests for access to records in addition to other supports to service users and legal representatives.  | Completed         |  |
|  |   | 3.2 | 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.   | HSE CCO                                      | Q4 2018 | Q4 2018 | A draft proposal has been developed to examine the current arrangements, capacity and demand in the system regarding access to records - this work will be completed as part of the audit of access to healthcare records which will measure compliance with best practice.   | Completed         |  |
|  |   | 3.3 | The HSE will develop improvement plans to review current arrangements, capacity and demand in the system regarding access to records across hospitals.   | HSE CCO                                      | Q1 2019 | Q2 2019 | The National Director of Quality Assurance and Verification completed an audit during 2019 of access to healthcare records which measured compliance with best practice in relation to same. The draft report and recommendations were under consideration by the CCO with a view to planning for implementation in early 2020, however, given the scale of issues which emerged in response to the COVID-19 Pandemic, the report has not been considered fully but will be re-prioritised at the most appropriate opportunity.   | Overdue to Finish |  |

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| No.  | Recommendation |     | Actions  | SRO     | Start   | End     | Update  | Status           |
|  |                | 3.4 | The HSE will implement improvement plans in relation to how service users can access their medical records in publicly funded hospitals. | HSE CCO | Q2 2019 | Q4 2019 | Implementation of improvement plans in relation to how service users can access their medical records in public hospitals was due commence in Q1 2020 once the audit of access to healthcare records and compliance with same had concluded and improvement plans had been developed. Given that the work was paused in Q1 2020 as a result of the COVID-19 Pandemic, there has been no further progress in implementing improvement plans. However, in line with all other actions which were temporarily paused due to the COVID-19 pandemic response, work will be re-prioritised at the most appropriate opportunity. | Overdue to Start |

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| No.  | Recommendation   |      | Actions   | SRO  | Start   | End     | Update   | Status      |
| Governance and Management  |  |      |   |  |         |         |  |             |
| 4  | The Minister for Health should consider seriously the appointment of two patient advocates to the proposed new Board for the HSE.  | 4.1  | The Department will oversee the conclusion of the PAS campaign for recruitment of Board members, including members with experience or expertise in patient advocacy.  | Deputy Secretary Governance and Performance, DoH | Q4 2018 | Q4 2018 | The Board has been established and held its first meeting on 28 June 2019.   | Completed   |
|  |  | 4.2  | The Department will support the Minister in bringing the Health Service Executive (Governance) Bill through the Houses of the Oireachtas.   | Deputy Secretary Governance and Performance, DoH | Q4 2018 | Q2 2019 | The Health Service Executive (Governance) Act 2019 was commenced on 28 June 2019. The Act establishes a Board for the HSE. In line with recommendation 4, the Act provides that at least 2 of the Board members must be people with experience of, or expertise in, advocacy relating to matters affecting patients.   | Completed   |
| 5  | 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.                           | 5.1  | The Department will review the advice (draft specification) provided to it.   | CMO  | Q4 2018 | Q4 2018 | The Department has reviewed the advice provided to it.   | Completed   |
|  |  | 5.2  | 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. | CMO  | Q1 2019 | Q2 2019 | The Department has considered the draft specification and has a proposal developed that will be taken forward with the outcome of 5.3 (Chair) and 5.4 (Membership) and in preparation for 5.5  | Completed   |
|  |  | 5.3  | The Department will commence the recruitment process for the Chair of the National Screening Committee.   | CMO  | Q1 2019 | Q2 2019 | Prof Niall O'Higgins was appointed as Chair of the National Screening Committee  | Completed   |
|  |  | 5.4  | The Department will commence an expressions of interest process for membership of the NSC.  | CMO  | Q2 2019 | Q3 2019 | Expressions of interest for Membership of the Committee were sought during the summer with a closing date of 13 September 2019. The Selection Panel met on 20 September 2019. All applicants contacted and advised of the outcome.   | Completed   |
|  |  | 5.5  | The Department will host the inaugural meeting of the National Screening Committee.   | CMO  | Q3 2019 | Q4 2019 | The Department hosted the inaugural meeting of the National Screening Advisory Committee (NSAC) on 18 November 2019. A second meeting of the Committee took place on 5 March 2020.   | Completed   |
| 6  | The NSS, whatever its location 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.  | Completed   |
|  |  | 6.2  | The Head of the NSS will be at a CEO level and will report in at a senior level within the HSE structure. This position will be subject to a HSE Leadership decision.   | HSE DG   | Q4 2018 | Q2 2019 | An interim CEO is currently in place pending the appointment of a permanent CEO, with a recruitment campaign to begin in October.  | Completed   |
|  |  | 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 | Q2 2019 | An organisational and governance review of the NSS has been completed. A draft report setting out a series of recommendations for implementation has been provided to the National Director of Screening for consideration and approval. It is expected that the process of its implementation will commence in Q4 2019.   | Completed   |
|  |  | 6.4  | The HSE will implement a governance improvement plan for the NSS.   | HSE ND NSS                                       | Q2 2019 | Q4 2019 | The NSS is actively continuing to implement improved governance arrangements as recommended in the organisational and governance review.   | Completed   |
| 7  | 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 programmes. | 7.1  | The Department will publish the Crowe Horwath Review of Public Health Medicine.   | CMO  | Q3 2018 | Q4 2018 | The Crowe Horwath Report on the Role, Training and Career Structures of Public Health Physicians in Ireland was published in December 2018.  | Completed   |
|  |  | 7.2  | The Department will establish a Public Health Medicine (PHM) Oversight Implementation Group.  | CMO  | Q4 2018 | Q1 2019 | An 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 HIQA, the National Cancer Registry, the Institute of Public Health in Ireland, the Royal College of Physicians of Ireland and academia. | Completed   |
|  |  | 7.3  | The HSE's Implementation Working Group will be established.   | CMO  | Q4 2018 | Q1 2019 | The HSE's Implementation Working Group has been established.   | Completed   |
|  |  | 7.4  | Finalise workplan for Oversight Group   | CMO  | Q1 2019 | Q2 2019 | The workplan for the Oversight Group has been finalised.   | Completed   |
|  |  | 7.5  | Future governance and organisational structures for public health medical services will be agreed.  | CMO  | Q2 2019 | Q4 2019 | The preferred high-level Service Delivery Model was presented to HSE leadership and the Department of Health in September 2019, and to DoH Management Board in November 2019 (Stage 1).  | Completed   |
|  |  | 7.6  | Agreed future structures will be implemented.   | CMO  | Q4 2019 | Q3 2020 | Stage 2 of the work is now underway. This phase will utilise enhanced governance structures (including a new Design Authority) and wider system involvement to ensure alignment, value, and the successful implementation of a new Public Health Service Delivery Model  | In Progress |
|  |  | 7.7  | The HSE will identify Public Health membership for the HPV Steering Group   | HSE ND NSS                                       | Q2 2019 | Q2 2019 | Public health membership for the HPV primary screening steering group has been identified.   | Completed   |
|  |  | 7.8  | The HSE will identify Public Health membership for the Clinical Advisory Group for Cervical Check   | HSE ND NSS                                       | Q1 2019 | Q2 2019 | The Clinical Director has reviewed all groups and committees in CervicalCheck, inclusive of the CervicalCheck Clinical Advisory Group (CAG), in relation to their role/function to identify requirements and any gaps etc. Both the HPV Oversight and HPV Steering Group have public health representation. A terms of reference for the CervicalCheck CAG has been developed and the membership is inclusive of public health representation. A chair has been identified for the CAG which met in Q3 2019.   | Completed   |
|  |  | 7.9  | The HSE will appoint the National Director of Public Health to the internal HSE Scally Implementation Oversight Group.  | HSE ND NSS                                       | Q4 2018 | Q4 2018 | A National Public Health Director has been appointed to the Scally Report Implementation Oversight Group.  | Completed   |
|  |  | 7.10 | 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 Director of Public Health (interim) has been appointed to the NSS pending the permanent filling of this post.  | Completed   |
|  |  | 7.11 | The HSE will identify Public Health representatives for all Quality Assurance committees  | HSE ND NSS                                       | Q1 2019 | Q2 2019 | Public health representation has been identified for all screening programme Quality Assurance (QA) committees - reflected in the terms of reference for each group.   | Completed   |
|  |  | 7.12 | The NSS will recruit Specialist in Public Health Medicine (SPHM) 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 | In addition to the appointment of a Director of Public Health to the NSS, a public health doctor has also been recruited to support the further development of the CervicalCheck QA structures, pending further recruitment of an additional SPHM.   | Completed   |
|  |  | 7.13 | The Director of Public Health will continue to develop the Public Health function in NSS as part of developing overall governance structures  | HSE ND NSS                                       | Q2 2019 | Q4 2020 | The Director of Public Health continues to work with the team in NSS to ensure public health is positioned strategically and appropriately within NSS structures.  | Completed   |
|  |  | 7.14 | The HSE will ensure there is a key representative professional role for cytopathology (National Laboratory QA Lead)   | HSE ND NSS                                       | Q4 2018 | Q1 2019 | A National Laboratory QA Lead was appointed to the CervicalCheck Programme during Q1 2019. Additionally, a medical scientist was recruited to provide further support in the laboratory area and was appointed in Q3.  | Completed   |
|  |  | 7.15 | The HSE will ensure there is a key representative professional role for colposcopy, and General Practice  | HSE ND NSS                                       | Q4 2018 | Q2 2019 | A Lead Colposcopist was appointed to the Cervical Check Programme in December 2019. Work is continuing in collaboration with the HSE Women and Infants Programme to ensure the role of colposcopy is further developed within the screening programmes and in particular through the introduction of HPV primary screening. A GP Advisor is in place for the HPV primary screening programme and the recruitment of a Primary Care Advisor to the Cervical Check Programme is progressing  | Completed   |
| 8  | The implementation of new governance arrangements for the HSE should include a substantial revision to the organisational approach to risk management and its reporting.                                   | 8.1  | The NSS will establish a new Quality, Safety and Risk Committee.  | HSE ND NSS                                       | Q3 2018 | Q4 2018 | A QSRM Committee with an independent Chairperson and patient/service user representation has been established in NSS and continues to meet every 2 months.   | Completed   |
|  |  | 8.2  | The HSE will appoint a Quality, Safety and Risk Manager for NSS.  | HSE ND NSS                                       | Q3 2018 | Q4 2018 | The HSE has appointed a quality, safety and risk manager for the NSS.  | Completed   |

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| No.  | Recommendation |     | Actions  | SRO        | Start   | End     | Update   | Status    |
|  |                | 8.3 | 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 CEO's regarding key risk management practices to be implemented.  | Completed |
|  |                | 8.4 | The HSE 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.   | Completed |
|  |                | 8.5 | The HSE will act on the findings from the organisational review of risk management structures, in collaboration with the HSE Risk Committee and the new HSE Board. | HSE CCO    | Q1 2019 | Q4 2019 | The CCO has commissioned an organisational review of risk management structures.   | Completed |
|  |                | 8.6 | The NSS will review governance and risk management processes, inclusive of risk registers and escalation pathways at department, programme and functions levels.   | HSE ND NSS | Q3 2018 | Q1 2019 | 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 | Completed |
|  |                | 8.7 | The NSS will implement revised incident and risk management structures and processes.  | HSE ND NSS | Q3 2018 | Q2 2019 | The NSS has reviewed the governance and risk management processes in addition to risk registers across all screening programmes, including the corporate risk register and escalation pathways.<br><br>A process for monitoring and management of risk registers in the NSS has been developed and is being currently implemented.   | Completed |

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| CervicalCheck – Laboratory Services  |   |      |  |            |         |         |   |           |
| 9  | CervicalCheck should revise its programme standards to clarify what is mandatory, and to clarify the level of reliance on external accreditation processes. This is particularly important in respect of laboratory service providers in other jurisdictions. | 9.1  | The NSS will adopt a policy for accreditation for programme standards including mandatory standards in CervicalCheck.  | HSE ND NSS | Q4 2018 | Q2 2019 | CervicalCheck has reviewed and updated programme standards - these standards will remain in place pending transition to HPV primary screening. Scheduled quality assurance inspections of laboratory providers has been completed with further inspections planned for Q4.  | Completed |
|  |   | 9.2  | The NSS will implement enhanced quality assurance arrangements to standardise quality assurance processes in CervicalCheck.  | HSE ND NSS | Q1 2019 | Q2 2019 | Implementation of enhanced QA arrangements & processes in CervicalCheck has been completed.<br><br>The CervicalCheck Clinical Director has reviewed and amended structures of CervicalCheck QA groups to ensure appropriate separation of standard setting from monitoring.   | Completed |
|  |   | 9.3  | 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 inclusive of any laboratory service providers that may arise from other jurisdictions. | HSE ND NSS | Q4 2018 | Q2 2019 | Quality assurance inspections of laboratory providers by a team from the NSS has taken place. Updated standards will also be implemented in line with the introduction of HPV primary screening. CervicalCheck has enhanced QA specifications which all laboratory providers will have to comply with.<br><br>This action has been transitioned to the HPV primary screening project group where they are currently updating QA guidelines inclusive of standards and mandatory requirements for HPV primary screening. | Completed |
| 10   | As a priority all providers should fully implement a single agreed terminology for the recording of results and ensure that criteria for defining the different grades of abnormality are consistently applied.   | 10.1 | The NSS will define and agree the terminology to be used in service specifications and recording of results.   | HSE ND NSS | Q1 2019 | Q2 2019 | Cytology reporting terminology has been agreed as per the Bethesda 2001 system. The cyto 1 report demonstrates that there is consistency with the content of the Scally report. A report to review specified outputs has been developed and has been incorporated into the programme for monitoring on a quarterly basis. The terminology for HPV testing modalities has been standardised in line with UK and international terminology.   | Completed |
|  |   | 10.2 | The NSS will review laboratory performance monitoring and reporting.   | HSE ND NSS | Q1 2019 | Q3 2019 | The process for reviewing laboratory performance monitoring and reporting has been defined.<br><br>The lab coordinator and the team review lab performance from the CYTO 1 report, where issues are identified these are escalated to the National Lab QA Lead and discussed with the lab during weekly operation meetings. Non-conformities are also discussed as a standing agenda item at the Lab advisory group and noted. Continuous non-conformities are then escalated as part of the QA structure.              | Completed |
|  |   | 10.3 | The NSS will review quality assurance guidelines and programme standards in relation to terminology.   | HSE ND NSS | Q1 2019 | Q3 2019 | The terminology has been reviewed and Bethesda 2001 reporting terminology will be used in the future as has been in the past.   | Completed |
| 11   | Based on revised programme standards, a specification for a new and more robust assurance procedure should be documented and form part of the contract for services with cytology providers.  | 11.1 | The NSS will implement enhanced quality assurance arrangements to standardise quality assurance processes in CervicalCheck.  | HSE ND NSS | Q4 2018 | Q2 2019 | Implementation of enhanced QA arrangements & processes in CervicalCheck has been completed.<br><br>The CervicalCheck Clinical Director has reviewed and amended structures of CC QA groups to ensure appropriate separation of standard setting from monitoring.  | Completed |
|  |   | 11.2 | 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.   | HSE ND NSS | Q4 2018 | Q2 2019 | As per action 9.3 This action has been transitioned to the HPV primary screening project.   | Completed |
|  |   | 11.3 | The NSS will recruit clinical leads for colposcopy.  | HSE ND NSS | Q4 2018 | Q2 2019 | A Lead Colposcopist was appointed to the Cervical Check Programme in December 2019.   | Completed |
|  |   | 11.4 | The NSS will recruit clinical lead for cytopathology (National Laboratory QA lead).  | HSE ND NSS | Q4 2018 | Q1 2019 | A National Laboratory QA Lead was appointed to the CervicalCheck Programme during Q1 2019 - in addition a medical scientist has been appointed to provide further support in the laboratory area.   | Completed |
|  |   | 11.5 | The NSS will revise laboratory quality assurance documentation as part of the introduction of HPV screening accreditation, Key Performance Indicators (KPI) and reporting arrangements.  | HSE ND NSS | Q4 2018 | Q2 2019 | Contracts have been signed with lab providers for the first 12 months of HPV screening provision with high level standards incorporated into the contract. More detailed pathways and processes are being developed for agreement, testing and sign off.<br><br>This action has been transitioned to the HPV primary screening project for implementation.  | Completed |
| 12   | CervicalCheck should adopt a formal risk management approach to parameters which do not reach acceptable standards despite full intervention and monitoring.  | 12.1 | The NSS will update its quality assurance standards to adopt a formal quality assurance risk management approach.  | HSE ND NSS | Q4 2018 | Q2 2019 | Governance structures have been reviewed, and reporting structures have been clarified, in relation to CervicalCheck updating its quality assurance standards. In addition, at the NSS corporate level, the NSS Director of Public Health is establishing a QA improvement project across all programmes.   | Completed |



## Quarterly Progress Report on Implementation of Scoping Inquiry Recommendations

### Quarter 1 2020

| No. | Recommendation  |      | Actions   | SRO        | Start   | End     | Update   | Status    |
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| 13  | 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. | 13.1 | 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 to quality standards non-compliance. | HSE ND NSS | Q4 2018 | Q2 2019 | 2019 Memorandums of Understanding (MOUs) reflecting enhanced strengthened quality assurance, risk management and performance management clauses have been issued to hospitals for signature and return to programmes. QA committees will oversee the implementation and monitoring of standards and non-conformities. A Steering Group to inform the further future development of MOUs and the wider performance framework for BowelScreen, CervicalCheck and Diabetic Retina Screen programmes has been convened (April 2019).<br><br>Further work will be progressed during 2019 between NSS, Acute Hospitals & hospitals groups to discuss and develop a more robust MOU & Performance Management Framework for 2020 and beyond. | Completed |
|     |   | 13.2 | The NSS will re-establish the Clinical Advisory Group for CervicalCheck which will provide oversight and governance for non-compliance.   | HSE ND NSS | Q4 2018 | Q1 2019 | The Clinical Director has undertaken a review of the roles and functions of all quality groups within CervicalCheck. A terms of reference and membership for the CervicalCheck CAG has been agreed, a chair has been identified and the group has met during Q3 2019.  | Completed |
|     |   | 13.3 | The NSS will review membership of the lab sub-committee to include external representation including the non-state lab providers.   | HSE ND NSS | Q4 2018 | Q2 2019 | The laboratory sub-group has reviewed the arrangements for meeting providers both state and non state to monitor quality. The terms of reference for the laboratory sub group has been reviewed including membership.<br><br>In line with national and international practice the programme will continue to review and update its ToR to ensure the most appropriate representation and input from key personnel.   | Completed |
| 14  | CervicalCheck should collate and publish annual data on reporting rates for all categories broken down by provider.   | 14.1 | The NSS will collate and publish data in the next Annual Report on reporting dates on all categories broken down by providers.  | HSE ND NSS | Q4 2018 | Q1 2019 | The Cervical Check Annual Report (for 2016 -2017) was published in November 2019 and is available at <a href="https://www.screeningservice.ie/publications/index.html">https://www.screeningservice.ie/publications/index.html</a>   | Completed |
|     |   | 14.2 | The NSS will run data for Year 9 and incorporate this into the CervicalCheck Annual Report for Year 9.  | HSE ND NSS | Q4 2018 | Q1 2019 | Annual Reports for Cervical Check will be published in future to include reporting rates for all categories by provider and the format and content of reports will be kept under review to ensure they are comprehensive.  | Completed |
| 15  | In order to obtain comparable data CervicalCheck should amend data specifications to exclude samples taken from colposcopy and analyse and publish all performance statistics on samples taken in primary care, or equivalent, only.  | 15.1 | The NSS will define relevant report specifications (amendment or new).  | HSE ND NSS | Q4 2018 | Q2 2019 | The NSS has defined the amended report specifications.   | Completed |
|     |   | 15.2 | The NSS will develop, test and validate the relevant report.  | HSE ND NSS | Q1 2019 | Q2 2019 | The NSS has defined, developed and tested the relevant report specifications in order to obtain comparable data to exclude samples taken from colposcopy and analyse and publish all performance statistics on samples taken in primary care or equivalent. The report has been implemented on live systems.   | Completed |
|     |   | 15.3 | The NSS quality assurance committee will provide oversight approval for the report.   | HSE ND NSS | Q1 2019 | Q2 2019 | The CervicalCheck QA committee has approved reports on performance statistics excluding colposcopy samples and has added this as a standard agenda item to be included in its meetings.  | Completed |
| 16  | When this change to comparable data is made further epidemiological investigation is required to establish whether the differential rates of abnormality persist and, if so, to what extent they can be attributed to underlying population differences.  | 16.1 | CervicalCheck will investigate whether the differential rates of abnormality persist.   | HSE ND NSS | Q1 2019 | Q4 2019 | The NSS Public Health Director will ensure that all available data sets within the programme are utilised to support continued epidemiological analysis. Additionally, a screening equity strategy is under consideration by the NSS Director of Public Health to further develop population screening and to examine its impact across the population.  | Completed |
|     |   | 16.2 | The CervicalCheck quality assurance committee will provide oversight approval for the report.   | HSE ND NSS | Q2 2019 | Q4 2019 | The QA committee will provide oversight approval for all reports generated from the Cervical Check Programme as they develop inclusive of future potential epidemiological analysis.   | Completed |
| 17  | The different rates of sensitivity for ASCUS + identified by second screen at each provider require further investigation by CervicalCheck.   | 17.1 | The National Laboratory QA Lead will review with the Laboratory QA sub-group to develop appropriate actions and timelines.  | HSE ND NSS | Q1 2019 | Q3 2019 | The programme continues to monitor cytology reporting rates by the continued consideration of CYTO 1 laboratory returns through the relevant QA structures.  | Completed |
| 18  | 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.  | 18.1 | The National Laboratory QA Lead will review with the Laboratory QA sub-group to develop appropriate actions and timelines.  | HSE ND NSS | Q1 2019 | Q2 2019 | The Public Health England (PHE) Health Technology Assessment (HTA) study findings have been incorporated into the updated laboratory section of the CervicalCheck Quality Guidance document.<br><br>This is being monitored by weekly operational management meetings with the laboratories.   | Completed |

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|--|--|------|--|-------------------------|---------|---------|--|-----------|
| No.  | Recommendation   |      | Actions  | SRO                     | Start   | End     | Update   | Status    |
| Procurement of Laboratory Services   |  |      |  |                         |         |         |  |           |
| 19   | Winning proposals should be appended to the relevant contract and not destroyed until at least one year following termination of the contract (and any extension thereof).   | 19.1 | The HSE will review and update its Financial Records Management Policy (NFR08) as relevant to procurement. This will then be subject to National Finance Office approval.  | HSE Head of Procurement | Q4 2018 | Q2 2019 | A review of the financial records management policy (NFR08) has been completed and updated. This has been communicated across the HSE.   | Completed |
|  |  | 19.2 | HBS Procurement will update its Control Centre with revised procedures.  | HSE Head of Procurement | Q4 2018 | Q2 2019 | The control centre has been updated with the revised NFR08 policy.   | Completed |
| 20   | 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.   | 20.1 | NSS Procurement will be incorporated into HBS procurement and governed under HBS Policies and Procedures   | HSE Head of Procurement | Q4 2018 | Q2 2019 | Engagement has taken place with staff to support the transition of the National Screening Services procurement resources to the appropriate portfolio within HSE Health Business Services (HBS). Following discussions the portfolio has now been agreed and procurement of all services aligned to the National Screening Services will be managed via national HBS procurement.  | Completed |
|  |  | 20.2 | HBS procurement will agree upon a comprehensive suite of service delivery metrics with key stakeholders and these will be applied to the current and future contracts.   | HSE Head of Procurement | Q4 2018 | Q2 2019 | A pre-tender market engagement/ consultation for HPV primary screening was undertaken in late 2018 - this has assisted in defining appropriate service delivery metrics for future contracts. The HPV procurement strategy includes details on the market engagement feedback and the proposed service delivery metrics. The current contracts for laboratory services have incorporated a suite of service delivery metrics which will be used as part of monitoring performance against contracts. | Completed |
|  |  | 20.3 | HBS Procurement will review its procedure for proposal of contract extensions.   | HSE Head of Procurement | Q4 2018 | Q2 2019 | Currently a contract extension amendment recommendation (CEAR) is in place as a mechanism for contract extensions. This will be further defined in the HPV procurement strategy.<br><br>The HPV Procurement strategy includes a mechanism and protocol for any contract extensions.  | Completed |
| 21   | Procurement processes for external laboratory services should be designed to test the market at reasonable intervals (e.g. every four years), to ensure that CervicalCheck does not become overly reliant on a small number of incumbent suppliers, and to ensure that innovative approaches and added value can be formally captured within the procurement process.  | 21.1 | The HSE will develop a sourcing strategy for laboratory services which includes a market soundings exercise and this will be implemented in the shortest timeframe possible.   | HSE Head of Procurement | Q4 2018 | Q2 2019 | A HPV procurement sourcing strategy for laboratory services which includes a market soundings exercise has been developed. The procurement strategy is an iterative document which will be revised and updated regularly in line with the planned phased introduction of HPV primary screening.  | Completed |
|  |  | 21.2 | The HSE will carry out transparent market testing in advance of any proposal to extend a contract for these services.  | HSE Head of Procurement | Q4 2018 | Q2 2019 | Carrying out robust market testing in advance of any proposal to extend a contract has been included in the procurement strategy.  | Completed |
| 22   | CervicalCheck should ensure that its procurement approach maintains a balanced focus on qualitative factors, supplier experience, and innovation, alongside cost considerations.   | 22.1 | NSS Procurement will be incorporated into HBS Procurement and governed under HBS Policies and Procedures   | HSE Head of Procurement | Q4 2018 | Q2 2019 | Engagement has taken place with staff to support the transition of the National Screening Services procurement resources to the appropriate portfolio within HSE Health Business Services (HBS). Following discussions the portfolio has now been agreed and procurement of all services aligned to the National Screening Services will be managed via national HBS procurement.  | Completed |
|  |  | 22.2 | HBS Procurement will undertake a comprehensive review of award criteria and relative weightings in consultation with clinical and technical advisors as part of procurement evaluation group   | HSE Head of Procurement | Q4 2018 | Q2 2019 | The HPV Procurement strategy is inclusive of details relating to the award criteria and relative weightings to be applied in any future procurement of laboratory services. The award criteria and relative weightings were reviewed in consultation with clinical and technical advisors as part of a procurement evaluation group.   | Completed |
|  |  | 22.3 | HSE will ensure the HPV contract addresses the balanced focus on qualitative factors, supplier experience and innovation, alongside cost considerations  | HSE Head of Procurement | Q4 2018 | Q2 2019 | Award criteria to be applied in any future contracts for the provision of HPV primary screening is under consideration – the procurement evaluation group and market engagement will inform the most appropriate quality to cost ratios.<br><br>The HPV procurement strategy has been developed to address qualitative factors, supplier experience and innovation as well as cost considerations to ensure an appropriate cost to quality ratio is applied.   | Completed |
| 23   | CervicalCheck should ensure that future procurements incorporate measures to test performance in the current contract.   | 23.1 | The HSE will develop and implement a comprehensive suite of service delivery metrics following agreement with all key stakeholders   | HSE Head of Procurement | Q4 2018 | Q3 2019 | A pre-tender market engagement/ consultation for HPV primary screening was undertaken in late 2018 - this has assisted in defining appropriate service delivery metrics for future contracts. The HPV procurement strategy includes details on the market engagement feedback and the proposed service delivery metrics. The current contracts for laboratory services have incorporated a suite of service delivery metrics which will be used as part of monitoring performance against contracts. | Completed |
|  |  | 23.2 | The HSE will ensure the HPV contract and other future procurements will incorporate measures to test performance in the current contract   | HSE Head of Procurement | Q4 2018 | Q2 2019 | The current contracts for laboratory services have incorporated a suite of service delivery metrics which will be used as part of monitoring performance against contracts. Any future contracts for the provision of HPV primary screening will include measures to test performance against a set of key metrics - these are defined within the procurement strategy.  | Completed |
| 24   | External professional assistance should be sought in the construction of any future RFP, and the evaluation of proposals in order to ensure that best practices developed across the public sector since 2012 are incorporated into key areas such as development of RFP documents, supplier briefings, construction of award criteria, construction of evaluation panels, establishment of governance and continuous improvement programmes, etc. | 24.1 | NSS Procurement will be incorporated into HBS Procurement and governed under HBS Policies and Procedures   | HSE Head of Procurement | Q4 2018 | Q2 2019 | Engagement has taken place with staff to support the transition of the National Screening Services procurement resources to the appropriate portfolio within HSE Health Business Services (HBS). Following discussions the portfolio has now been agreed and procurement of all services aligned to the National Screening Services will be managed via national HBS procurement.  | Completed |
|  |  | 24.2 | HBS Procurement will incorporate recommendations as outlined in the Scally Report in future sourcing, strategy development and in the development of Request for Tender (RFT) documentation  | HSE Head of Procurement | Q4 2018 | Q2 2019 | The HPV procurement strategy for laboratory services has taken into consideration recommendations relating to the development of request for tender (RFT) documentation.   | Completed |
|  |  | 24.3 | NSS will appoint a suitably qualified procurement process auditor, to ensure that procurement processes are conducted in compliance with national and EU regulations. The procurement process auditor will also confirm that the relevant recommendations of the Scally Report are incorporated into procurement strategy and contract terms and conditions. | HSE Head of Procurement | Q4 2018 | Q1 2019 | An external procurement process auditor has been appointed to ensure that procurement processes are conducted in compliance with national and EU regulations.  | Completed |
| 25   | Assurances 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.   | 25.1 | The HSE will review and update its Contract Management and Change Control Procedure  | HSE Head of Procurement | Q4 2018 | Q2 2019 | The HPV procurement strategy incorporates provisions for contract management and also includes a provision for change control procedures.  | Completed |
|  |  | 25.2 | HBS Procurement will update its Document Control Centre with revised procedure.  | HSE Head of Procurement | Q4 2018 | Q2 2019 | The HBS Document Control Centre (DCC) will be updated with the revised procedures on an on going basis.  | Completed |
|  |  | 25.3 | The HSE will train staff in revised procedures   | HSE Head of Procurement | Q4 2018 | Q2 2019 | Staff will be trained on the revised procedures on an on going basis.  | Completed |

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|--|---|------|---|---------|---------|---------|--|-------------------|
| No.  | Recommendation  |      | Actions   | SRO     | Start   | End     | Update   | Status            |
| Auditing Cervical Screening  |   |      |   |         |         |         |  |                   |
| 26   | Audits should continue to be an important component of cervical screening as this complies with all good clinical practice. Common, robust and externally validated approaches to the design, conduct, evaluation and oversight of audits should be developed across the screening services.  | 26.1 | The NSS will set up an Expert Group to review clinical audit processes for interval cancer across all cancer screening programmes.  | HSE CCO | Q4 2018 | Q4 2018 | The work has been commissioned and an Expert Group established.  | Completed         |
|  |   | 26.2 | NSS Expert Group will develop a report on clinical audit processes for interval cancer, setting out recommendations for the operation of clinical audit processes across all screening programmes.  | HSE CCO | Q1 2019 | Q3 2019 | Work continued into Q1 2020 on the review and evaluation of clinical audit for interval cancers in three screening programmes taking account of the report of the Royal College of Obstetricians and Gynaecologists (RCOG) from December 2019 which made specific recommendations in relation to clinical audit. it was envisaged that the work of the NSS Expert Group would conclude during Q1 2020, however, given the issues which emerged in response to the COVID-19 pandemic during Q1 2020, the work did not conclude but is expected to do so during Q2 2020.   | Overdue to Finish |
|  |   | 26.3 | The NSS will implement the recommendations following the review of clinical audit processes for interval cancer across all cancer screening programmes  | HSE CCO | Q3 2019 | Q1 2020 | The NSS will implement the recommendations following the review of clinical audit processes for interval cancers across all cancer screening programmes. Planning for this implementation has commenced.   | Overdue to Start  |
| 27   | There should be a minimum of two patient advocates involved in the oversight of clinical audits for the screening services.   | 27.1 | The TOR for the HSE Expert Group for interval cancer audit will include two patient advocates.  | HSE CCO | Q4 2018 | Q4 2018 | The terms of reference for the HSE expert group for interval cancer audit includes two patient advocates.  | Completed         |
| Open Disclosure and the HSE  |   |      |   |         |         |         |  |                   |
| 28   | The HSE's open disclosure policy and HSE/SCA guidelines should be revised as a matter of urgency. The revised policies must reflect the primacy of the right of patients to have full knowledge about their healthcare as and when they so wish and, in particular, their right to be informed about any failings in that care process, however and whenever they may arise. The revision process should be overseen by a working party or committee with a minimum of two patient advocates amongst its members. | 28.1 | The National Patient Safety Office will finalise a proposal, including terms of reference and proposed membership for the establishment of an Independent Patient Safety Council to be submitted to the Minister for approval. The Council will have, as its first task, the completion of a detailed review of existing policy on Open Disclosure, reflecting the full range of Dr Scally's recommendations and make recommendations to the Department of Health in this regard. | CMO     | Q4 2018 | Q1 2019 | The Minister approved the terms of reference and membership of the Independent Patient Safety Council. The immediate priority of the Council is to undertake a 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. The Independent Patient Safety Council had its first meeting in January 2020 and includes strong patient and public representation and international patient safety expertise.  | Completed         |
|  |   | 28.2 | A Chair and Membership of the Independent Patient Safety Council will be appointed.   | CMO     | Q1 2019 | Q2 2019 | The appointment of a Chair and the Membership of the Independent Patient Safety Council was completed in December 2019. The first meeting of the Independent Patient Safety Council took place on 27 January 2020.   | Completed         |
|  |   | 28.3 | A more detailed revision of the HSE open disclosure policy will be completed by the HSE and will follow the outcome of the work which will be undertaken by the Patient Safety Council under the leadership of the Department of Health   | HSE CCO | Q4 2018 | Q2 2019 | The National Patient Safety Office (NPSO) will finalise a proposal, with a terms of reference and proposed membership for the establishment of an Independent Patient Safety Council to be submitted to Government for approval. The HSE will at that stage carry out a further revision of its Open Disclosure Policy. No further action can be taken in relation to this until the patient safety advocacy council is established and DoH commission a review of the Open Disclosure Policy. However, the recently published HSE interim policy on open disclosure has included an addendum which states that the policy will be further reviewed pending the commencement of provisions for mandatory open disclosure in the forthcoming Patient Safety Bill.   | Completed         |
|  |   | 28.4 | The HSE will launch an interim revision of the open disclosure policy, incorporating recommendations from the Scally Report and the Civil Liabilities Act 2018.   | HSE CCO | Q1 2019 | Q2 2019 | An interim revision of the HSE Open Disclosure policy has been completed. The revised policy was launched on the 12th of June 2019. An addendum to the policy states that a further revision will be undertaken once the Patient Safety Council has been established and the Open Disclosure Policy has been revised following the enactment of the Patient Safety Bill. Additionally the HSE has committed to making any further necessary amendments to its Open Disclosure Policy as relevant to screening once the work of the expert group (as per action 26.2) has been concluded.   | Completed         |
|  |   | 28.5 | The HSE will implement the revised policy for open disclosure through the development of a comprehensive training programme and revised guidance documentation.   | HSE CCO | Q1 2019 | Q4 2019 | Training in open disclosure in the HSE has been updated to reflect the interim revised Open Disclosure Policy and briefing sessions for open disclosure leads and trainers is continuing.<br><br>A number of update training days for open disclosure leads and trainers on the revised policy, revised training programmes, Civil Liabilities Act 2017 and national developments in relation to open disclosure have taken place. Workshops were held with members of the HSE Leadership Team during Q3.<br><br>Workshops for open disclosure leads are also being held across all divisions to ensure the effective implementation approaches to the open disclosure policy and programme at community, hospital group, National Ambulance Service and screening services level.   | Completed         |
| 29   | The option of a decision not to disclose an error or mishap to a patient must only be available in a very limited number of well defined and explicit circumstances, such as incapacity. Each and every proposed decision not to disclose must be subject to external scrutiny and this scrutiny process must involve a minimum of two independent patient advocates.   | 29.1 | The Office of the Parliamentary Counsel to the Government and the Department will oversee the introduction of the Patient Safety Bill.  | CMO     | Q2 2018 | Q3 2019 | The general scheme of the Patient Safety Bill, approved by Government in July 2018, underwent pre-legislative scrutiny at the Oireachtas Joint Committee on Health on the 26 September 2018. The Report from the Oireachtas Health Committee was issued on 7 December 2018 with 9 recommendations. The Minister for Health responded to all recommendations on the 21 March 2019.<br><br>In advance of the publication of the Patient Safety (Notifiable Patient Safety Incidents) Bill, meetings were held with key stakeholders including HIQA, the HSE, the Mental Health Commission and the State Claims Agency 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.<br>The Patient Safety (Notifiable Patient Safety Incidents) Bill provides that mandatory open disclosure of a notifiable patient safety incident must be made to a patient and / or their family. Following the Department of Health meeting with Dr Gabriel Scally on 5 November 2019, further provisions were included in the draft of the Patient Safety (Notifiable Patient Safety Incidents) Bill.<br>A Government decision (S180/20/20/2008) 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. | Completed         |
|  |   | 29.2 | The HSE will continue to revise its open disclosure policy in line with other relevant developments, e.g. the Assisted Decision Making Act.<br><br>The revised policy will incorporate the inclusion of independent advocates in a decision not to disclose.  | HSE CCO | Q4 2018 | Q2 2019 | The HSE revised (interim) Open Disclosure policy has been launched and was revised in response to the Report of the Scoping Inquiry into CervicalCheck but also in line with amendments to the Assisted Decision Making Act and the Civil Liability Amendment Act 2018. The HSE revised policy has included provision for the inclusion of independent patient advocates in a decision not to disclose (page 19 see <a href="http://www.hse.ie/opendisclosure">www.hse.ie/opendisclosure</a> ).  | Completed         |
| 30   | A detailed implementation programme must be developed that ensures the principles and practice of open disclosure are well understood across the health service. In particular, medical staff must be required, as a condition of employment, to complete training in open disclosure.  | 30.1 | The HSE will establish an integrated forum of experts to scope the communications and open disclosure skills training programme.  | HSE CCO | Q4 2018 | Q2 2019 | An expert group to develop an Open Disclosure learning tool for healthcare professionals has been established and the work is progressing.   | Completed         |
|  |   | 30.2 | The Communication and Open Disclosure Skills Training programme will be completed in partnership with the Training Bodies and delivered as part of their training programmes and the training programme of the HSE.   | HSE CCO | Q2 2019 | Q2 2019 | 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 has been paused but will be re-prioritised at the most appropriate time.  | Overdue to Finish |



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| No.  | Recommendation  |       | Actions  | SRO     | Start   | End     | Update  | Status      |
|  |   | 30.3  | The HSE will continue and develop open disclosure training programmes across the system that are responsive to changing policy and future expectations   | HSE CCO | Q4 2018 | Q2 2019 | Revision and enhancement of open disclosure training on a continuous basis in the HSE has been developed to reflect policy changes.<br><br>National HR has also commenced a process to ensure that training in open disclosure is incorporated in future contracts of employment for medical staff.   | Completed   |
| 31   | A governance framework for open disclosure must be put in place that includes evaluation and audit.   | 31.1. | The Office of the Parliamentary Counsel to the Government and the Department will consider requirements for governance of evaluation and audit in relation to open disclosure in the context of the Patient Safety Bill.   | CMO     | Q2 2018 | Q3 2019 | The Office of the Parliamentary Counsel to the Government and the Department worked to ensure that the Patient Safety Bill was introduced in the Autumn Dáil session.<br>The Patient Safety (Notifiable Patient Safety Incidents) Bill provides for the mandatory external reporting of notifiable patient safety incidents which will enable the evaluation and audit of mandatory open disclosure. A Government decision (S180/20/20/2008) 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. | Completed   |
|  |   | 31.2  | The HSE will strengthen governance for Open Disclosure at a system level which will provide leadership for the evaluation of audit of compliance with Open Disclosure.   | HSE CCO | Q4 2018 | Q2 2019 | An open disclosure governance steering group has been established in the HSE. The group is chaired by the National Director of Quality Improvement and an open disclosure governance framework has been developed. The governance framework and the group will provide leadership for the evaluation of audit of compliance with the open disclosure policy.  | Completed   |
|  |   | 31.3  | The HSE will establish a National Open Disclosure Office to provide support and leadership for the organisation on the implementation of the principles of OD and the evaluation of same.  | HSE CCO | Q4 2018 | Q2 2019 | Recruitment of a national open disclosure office team has been completed. A programme of work for the national open disclosure office for the remainder of 2019 has been completed.   | Completed   |
| 32   | An annual report on the operation of open disclosure must be presented in public session to the full Board that is to be appointed to govern the HSE. | 32.1  | The HSE will prepare an annual report for 2018 on the operation of open disclosure within the service  | HSE CCO | Q4 2018 | Q1 2019 | An annual report for 2018 has been developed including the operation of open disclosure within the service. The report includes Q4 2018 training statistics, open disclosure updates, 2019 service plan provisions relating to open disclosure and 2019 priorities.   | Completed   |
|  |   | 32.2  | The HSE will prepare annual reports for 2019 and onwards on the operation of Open Disclosure within the service. These reports will be provided to senior management and presented in public session to the full Board that is to be appointed to govern the HSE | HSE CCO | Q1 2020 | Q2 2020 | A report on Open Disclosure for 2019 was presented to the Quality & Safety Committee of the HSE Board in February 2020.   | In Progress |

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|--|--|------|--|----------------|---------|---------|---|-------------------|
| No.  | Recommendation   |      | Actions  | SRO            | Start   | End     | Update  | Status            |
| Open Disclosure and the Medical Council  |  |      |  |                |         |         |   |                   |
| 33   | The Department of Health should enter into discussions with the Medical Council with the aim of strengthening the guide for registered medical practitioners so that it is placed beyond doubt that doctors must promote and practice open disclosure.   | 33.1 | 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   | CMO            | Q4 2018 | Q4 2019 | The Department has engaged with, and will continue to progress this issue further with, the Medical Council, so as to enable the requisite strengthening of the guidance for registered medical practitioners.  | In Progress       |
| Open Disclosure and CervicalCheck  |  |      |  |                |         |         |   |                   |
| 34   | A statutory duty of candour must be placed both on individual healthcare professionals and on the organisations for which they work.   | 34.1 | 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 organisations to externally report serious patient safety incidents to the appropriate authority. | CMO            | Q2 2018 | Q3 2019 | A Government decision (S180/20/20/2008) 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.<br>The Patient Safety (Notifiable Patient Safety Incidents) Bill provides for the mandatory open disclosure of a notifiable patient safety incident to the patient and / or their family, and the notification of same to the relevant regulator.<br>Furthermore the Bill places a duty on both health services providers (organisations) and health practitioners to be open and transparent and provide all relevant information to a patient and / or their family in the context of open disclosure.   | Completed         |
| 35   | This duty of candour should extend to the individual professional-patient relationship.  | 35.1 | The Department will oversee the introduction of the Patient Safety Bill, under which it is proposed that mandatory open disclosure will apply to all health practitioners to disclose to patients.   | CMO            | Q2 2018 | Q3 2019 | A Government decision (S180/20/20/2008) 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.<br>The Patient Safety (Notifiable Patient Safety Incidents) Bill provides for the mandatory open disclosure of a notifiable patient safety incident to the patient and / or their family, and the notification of same to the relevant regulator.<br>Following the Department of Health meeting with Dr Gabriel Scally on 5 November 2019, a further provision was included in the draft of the Patient Safety (Notifiable Patient Safety Incidents) Bill placing a clear obligation on health practitioners to inform the health service provider where they are of the opinion that a notifiable patient safety incident has occurred. | Completed         |
|  |  | 35.2 | The development of the Patient Safety Bill will include consideration of appropriate sanctions   | CMO            | Q4 2018 | Q3 2019 | 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.<br>A Government decision (S180/20/20/2008) 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.  | Completed         |
| Cancer Registration  |  |      |  |                |         |         |   |                   |
| 36   | NCRI should urgently negotiate and implement data sharing agreements with all major providers and users of registration data. This is necessary in order to meet the requirements of the new EU General Data Protection Regulation but also, and more importantly, represents good governance.<br><br>Where such an agreement is with an overarching statutory body, such as the HSE, there should also be individual MoUs in place with distinct organizational users of data, such as the cancer screening programmes. | 36.1 | The NCRI will draft a template for individual MoUs to be concluded with all HSE-related bodies, together with a data-sharing agreement and memorandum of understanding for all institutions which provide data to NCRI but are not covered by the NCRI-HSE agreement, and progress discussion  | Director, NCRI | Q4 2018 | Q2 2019 | DSA in place with HSE since 2018.<br>An MOU signed between NCRI and NSS (November 2019).<br>An MOU is in progress between NCRI, NCCP and HIU to encure NCRI data is leveraged in cancer policy and development of services. Not signed currently<br><br>DSAs have been agreed with 2 private hospital groups, in negotiation with another and are in progress with more of the private hospitals and groups.<br>Work is ongoing to complete DSAs with all remaining hospitals to complete this action.".  | Overdue to Finish |
|  |  | 36.2 | The NCRI will implement a sustainable process that ensures that these documents are reviewed, reissued and resigned as per agreement   | Director, NCRI | Q4 2019 | Q4 2020 | Once DSA or MOU put in place NCRI DPO will take over the process to ensure DSA or MOU is updated and re-signed as per agreement   | In Progress       |
|  |  | 36.3 | The NCRI will agree and develop a suite of reports to share information on a regular basis with other institutions.  | Director, NCRI | Q2 2019 | Q4 2019 | These reports have been developed and some testing completed. Further testing is required before signoff.   | Overdue to Finish |
| 37   | Timely data is important to assure the effectiveness of both cancer screening and treatment services. This is a patient safety issue. To fulfill its role properly as a cancer registry:<br>(a) NCRI must be given additional support to recruit cancer registration officers and strengthen its public health medicine capacity.<br>(b) The Department of Health and the HSE should commit to make progress on electronic data capture by NCRI from hospitals and set clear targets for its achievement.                | 37.1 | The NCRI will prepare a priority resource list for consideration by the Department of Health.  | Director, NCRI | Q4 2018 | Q1 2019 | Completed.  | Completed         |
|  |  | 37.2 | The NCRI will develop, populate and maintain an Electronic Data Use register to record and track progress of NCRI electronic data.   | Director, NCRI | Q4 2018 | Q3 2019 | Completed.  | Completed         |
|  |  | 37.3 | The NCRI will use the Electronic Data Use Register to improve its access to, and use, of electronic data.  | Director, NCRI | Q3 2019 | Q3 2020 | The NCRI are continuously working to improve remote access.<br>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.<br>This interaction has been suspended due to Covid-19 resource reassignment, however the NCRI are continuing to progress remote access to hospitals as a need arises.   | In Progress       |
|  |  | 37.4 | The NCRI will tender for developing a data architecture system blueprint.  | Director, NCRI | Q1 2019 | Q3 2019 | This tender was facilitated by OGP and the preferred supplier identified. Contract signing and project kick-off was suspended due to Covid-19 and all internal stakeholders working remotely  | Overdue to Finish |
|  |  | 37.5 | Following completion of the blueprint, the NCRI will further tender for the development of data management architecture in line with the blueprint.  | Director, NCRI | Q4 2019 | Q1 2020 | This action is dependent on the output from 37.4. The delayed signing of the contract will delay the start of this.   | Overdue to Start  |
|  |  | 37.6 | The NCRI will commence work on the data architecture system once this second tender has been awarded, and the required data management intelligence will be phased in over the following 1-2 years.  | Director, NCRI | Q2 2020 | Q4 2021 | This action is dependent on the output from 37.5. This will be delayed due to delays in earlier actions and a suspension of this project due to Covid-19  | Not Due to Start  |

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|--|---|------|--|-----------------------------------|---------|---------|---|-------------------|
| No.  | Recommendation  |      | Actions  | SRO                               | Start   | End     | Update  | Status            |
|  |   | 37.7 | The NCRI will establish baseline measures for timeliness and completeness.   | Director, NCRI                    | Q4 2018 | Q3 2019 | The timeliness reports have been completed. Substantial testing of the completeness reports have been carried out. The testers have identified some outstanding issues to be resolved and retested before signoff   | Overdue to Finish |
|  |   | 37.8 | The NCRI will implement an ongoing process to monitor measures with an aim to improving timeliness and completeness.   | Director, NCRI                    | Q3 2019 | Q1 2020 | This action is progressing with current state but further progression is dependent on the completion of 37.7  | In Progress       |
|  |   | 37.9 | The NCRI will establish and imbed a formal quality and audit process to ensure data is not only timely and complete but continuously of the highest possible quality.  | Director, NCRI                    | Q4 2018 | Q4 2020 | A group in the NCRI has documented the data flows and current quality checks. Recommendations for further checks are documented.<br><br>Quality reports have been developed and most of the testing/validation is complete. It is expected the testing signoff will be Q2 2020.   | In Progress       |
| 38   | NCRI should review data definitions related to cervical cancer and CIN (cervical intra-epithelial neoplasia) cases to ensure that the screening flags are meaningful for analysis of the effectiveness of the CervicalCheck programme.  | 38.1 | The NCRI will develop a proposal for the establishment of a National Cancer Screening Registry (NCSR) in Ireland with collaboration between NCRI, HSE, NSS, NCCP, and the Department of Health. This process will include the defining of uniform screening data definitions. The proposal will set out the potential of an NCSR to reform current practices, provide a uniform expandable cancer screening data infrastructure and enhance public health capacity as well as directly addressing other Scally Report recommendations with a view to the future; other Scally recommendations will be referenced back to this.   | Director, NCRI                    | Q1 2019 | Q4 2020 | There have been 2 meetings of the the NSS/NCRI Strategic and Operation Groups. A 3rd scheduled meeting was deferred 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.   | In Progress       |
|  |   | 38.2 | The NCRI will fully review and re-release its standard operating procedure.  | Director, NCRI                    | Q4 2018 | Q2 2019 | Completed   | Completed         |
|  |   | 38.3 | The NCRI will finalise minimum datasets to include clear documented definitions for all registered data.   | Director, NCRI                    | Q1 2019 | Q3 2019 | Completed   | Completed         |
|  |   | 38.4 | The NCRI will expand the current cancer registration system to include fields for screening history of all registered patients with cancer screening history.  | Director, NCRI                    | Q3 2019 | Q4 2019 | This action is progressing.   | Overdue to Finish |
|  |   | 38.5 | The NCRI will collaborate with the HSE, the NCCP and the NSS to ensure that all organisations work with agreed screening-related variable definitions.   | Director, NCRI                    | Q3 2019 | Q4 2019 | There have been 2 meetings of the the NSS/NCRI Strategic and Operation Groups. A 3rd scheduled meeting was deferred 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.   | Overdue to Finish |
| 39   | The need to duplicate the collection of patient level details of cervical cancers by both NCRI and CervicalCheck should be reviewed. It is notable that both CervicalCheck and NCRI have identified patients that the other has not. If it is determined that both systems should continue then properly functioning data sharing agreements must be put in place.  | 39.1 | The NCRI, the HSE/NCCP and the National Screening Service will meet to review current data procedures, design improved procedures and agree on an implementation schedule.   | Director, NCRI                    | Q3 2019 | Q1 2020 | There have been 2 meetings of the the NSS/NCRI Strategic and Operation Groups. A 3rd scheduled meeting was deferred 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.   | In Progress       |
|  |   | 39.2 | The NCRI, the HSE/NCCP and the National Screening Service will agree a reporting pack and reporting process between NCRI and NSS.  | Director, NCRI                    | Q4 2019 | Q4 2020 | There have been 2 meetings of the the NSS/NCRI Strategic and Operation Groups. A 3rd scheduled meeting was deferred 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  | In Progress       |
| 40   | The Department of Health must review the composition of the Board of the NCRI in order to ensure more robust governance, in particular in QA, data sharing and patient safety.  | 40.1 | The Department will re-run the recent recruitment campaign with a view to meeting the Board requirements while taking account of the governance recommendations set out by the Scally Report. This will facilitate the recruitment of additional Board members with relevant expertise while allowing for a more comprehensive mix of skills and expertise.  | A/Sec Acute Hospitals Policy, DoH | Q4 2018 | Q1 2019 | The Minister appointed the two successful candidate to the NCRI Board on 12 April 2019.   | Completed         |
| 41   | Any future consideration of the governance of the NSS needs to acknowledge, and contribute to the effective oversight of, the specific role played by NCRI in working in conjunction with the cancer screening programmes.  | 41.1 | The NCRI Board and DoH are in the process of putting oversight agreements in place. These will be revised to incorporate this recommendation. In the longer-term the NCSR would include clear governance between NCRI/HSE/NSS for all cancer screening programmes.   | Director, NCRI                    | Q4 2018 | Q4 2020 | The NCRI Director and Chair of NCRI Board has signed this agreement during Q2.  | Completed         |
| 42   | The Department of Health should work with the Board of the NCRI to commission an annual peer review, for at least the next three years, by external cancer registration and cancer control experts. The report of each review and the response to it by NCRI should be forwarded to the Minister for Health.  | 42.1 | The NCRI will work with the Department of Health to put in place a formal framework for implementing three annual peer reviews commencing in 2019. A peer review protocol will be developed for Board approval and Department of Health funding by quarter one of 2019. This protocol, the NCRI annual peer review framework, will be used for organising the first review in 2019 and will be modified accordingly after each annual review. There are a wide variety of cancer registration practices worldwide. To ensure maximum benefit from the annual peer review process, it is envisaged that reviewers will be sought from countries with complementary registration systems. A regular schedule of peer review audits will be maintained after the recommended three yearly ones are completed. | A/Sec Acute Hospitals Policy, DoH | Q1 2019 | Q4 2021 | Draft Terms of Reference (ToR) for the Peer Review were agreed between Department of Health and the NCRI Board. These draft ToR were subsequently sent to the International Agency for Research and Cancer (IARC). IARC suggested some amendments to th Draft ToR and have outlined their views on the way forward, including that the Review would be completed by end-May. The Review has been temporarily paused due to Covid 19 pandemic. It is hoped that, in line with evolving public health guidance, it will be possible to progress the Review later this year.                     | In Progress       |
| 43   | NCRI should establish stronger and more regular contacts with external clinical and public health experts to ensure scrutiny of, and advice on, outputs from NCRI so as to enhance the level of its clinical and public health interpretation, importance and impact.   | 43.1 | The NCRI will undertake a stakeholder survey.  | Director, NCRI                    | Q1 2019 | Q3 2019 | Completed   | Completed         |
|  |   | 43.2 | The NCRI will implement patient and clinical advisory committees.  | Director, NCRI                    | Q1 2019 | Q3 2019 | The NCRI are participating the Public Health Medicine Oversight Group (DoH). Also, the NCRI prepared a public health engagement plan which seeks to integrate public health engagement in the routine work of the NCRI.   | Overdue to Finish |
| 44   | 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. NCRI, 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. | 44.1 | The NCRI will implement a data quality and audit programme as part of developing data management intelligence.   | Director, NCRI                    | Q1 2019 | Q4 2020 | To contribute more fully to the NCRI's role to support in the planning and evaluation of cancer services, the Registry is currently finalising an MOU with the NCCP and HIU which will facilitate collaboration. The purpose of this MOU is to facilitate NCRI's legislated role to support in the planning and evaluation of cancer services, by strengthening existing links with the HIU and NCCP through more formal collaborative activity including the sharing of pseudonymised NCRI datasets with both HSE functions. The MOU is approved for content and in process of being signed. | In Progress       |

**Quarterly Progress Report on Implementation of Scoping Inquiry Recommendations**  
**Quarter 1 2020**

| No.                               | Recommendation  |      | Actions   | SRO              | Start   | End     | Update   | Status            |
|-----------------------------------|---|------|---|------------------|---------|---------|--|-------------------|
| <b>Other Screening Programmes</b> |   |      |   |                  |         |         |  |                   |
| 45                                | Considering the clinical and technical differences that characterise the different screening programmes, NSS needs to advance its thinking on cross programme learning, external QA, and governance oversight of the QA programme.  | 45.1 | The NSS will develop a project improvement plan for all quality assurance programmes based on international best practice.  | HSE ND NSS       | Q4 2018 | Q1 2019 | 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.   | Completed         |
|                                   |   | 45.2 | The NSS will implement recommendations from the project improvement plan.   | HSE ND NSS       | Q1 2019 | Q4 2019 | An equity strategy has been agreed for the NSS as an output from the QA project improvement plan which will continue to be implemented in line with normal operational functions within the screening programmes. The screening equity strategy being developed under the leadership of the NSS Director of Public Health will further support population screening and assist with examining its impact across the population.  | Completed         |
| 46                                | The composition and duration of appointments for all QA Committees should be reviewed, in conjunction with emerging clinical advisory committee structures.   | 46.1 | The NSS will agree and implement principles of operation for all quality assurance committees.  | HSE ND NSS       | Q4 2018 | Q1 2019 | Revised principles of operation for QA committees were reviewed and provided to all committees for consultation & feedback. Subsequently terms of reference have been developed across all programmes and whilst still in development, the QA committees are working to the revised principles of operation and terms of reference.  | Completed         |
| 47                                | The QA Committees should review and confirm the adequacy of the arrangements within their respective screening programmes for introductory training and continuing staff development, as well as the arrangements at all levels in the quality system for identifying and appropriately responding to inadequate technical or clinical performance. | 47.1 | HSE HR to 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.  | HSE ND NSS       | Q4 2018 | Q1 2019 | All CervicalCheck job descriptions have been reviewed by HR. All new roles which have been recruited through the HSE National Recruitment Service (NRS) have a job description and job descriptions for additional and interim roles have also been reviewed. NSS HR have provided a report to National HR.  | Completed         |
|                                   |   | 47.2 | HSE HR will ensure all new staff in NSS will receive formal induction training for the HSE and for the NSS.   | HSE ND NSS       | Q1 2019 | Q1 2019 | NSS has worked with HR to review and update the NSS induction process. Meetings with all managers as part of the review process have been completed. HR has provided an update to managers on their responsibilities to staff in relation to induction and ongoing training. A memo has been provided to managers in relation to induction training along with a draft induction pack. HR will provide inductions monthly (when required) and a schedule will be sent to managers. | Completed         |
|                                   |   | 47.3 | NSS will ensure the implementation of the HSE's performance management process across the NSS.  | HSE ND NSS       | Q1 2019 | Q4 2019 | The NSS will implement any and all policies relating to the HSE's performance management process as they develop through the organisation.   | Completed         |
|                                   |   | 47.4 | As part of the QA improvement project, the QA Committees should provide documentation on the arrangements for introductory training and continuous staff development.   | HSE ND NSS       | Q3 2019 | Q4 2019 | The NSS Director of Public Health has completed a report and provided a set of recommendations to the Senior Management Team in relation to training and continuous staff development - these recommendations will be implemented across the NSS.  | Completed         |
|                                   |   | 47.5 | As part of the QA Improvement project, the QA committees will provide documentation of the processes in place to identify and appropriately respond to inadequate technical or clinical performance   | HSE ND NSS       | Q3 2019 | Q4 2019 | The NSS Director of Public Health has completed a report and provided a set of recommendations to the Senior Management Team in relation to how the screening programmes respond to where inadequate technical or clinical performance has been identified. These recommendations will be implemented across the NSS.  | Completed         |
|                                   |   | 47.6 | As part of the QA improvement project the adequacy of the arrangements for introductory training and continuous staff development should be assessed and actions taken to strengthen the processes in each programme in line with HSE policies. | HSE ND NSS       | Q3 2019 | Q4 2019 | The NSS Director of Public Health has completed a report and provided a set of recommendations to the Senior Management Team in relation to training and continuous staff development - these recommendations will be implemented across the NSS.  | Completed         |
| 48                                | NSS should consider, with external assistance, the relevance of the HSE policy on 'Open Disclosure' as it develops in light of this Scoping Inquiry, for all of its screening programmes.   | 48.1 | The NSS will ensure that the implementation of HSE Open Disclosure policy is applied across all its screening programmes  | HSE ND NSS & CCO | Q1 2019 | Q4 2019 | Mandatory training in Open Disclosure for senior staff in NSS has taken place. Skills workshop training is currently underway and the NSS will be prioritised for train the trainer training.<br><br>Open Disclosure briefing sessions have begun and this will continue across the organisation. There is NSS representation on the Performance Monitoring group for Open Disclosure.   | Completed         |
|                                   |   | 48.2 | 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 sites.                              | HSE CCO          | Q4 2018 | Q3 2019 | 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 has been paused but will be re-prioritised at the most appropriate time.  | Overdue to Finish |
|                                   |   | 48.3 | To strengthen guidance and support for staff in screening programmes on the implementation of open disclosure, the HSE will fund the RCPI to develop a screening education programme outlining the benefits and limitations of screening.       | HSE CCO          | Q1 2019 | Q1 2019 | The HSE has funded the RCPI to develop an education programme for healthcare professionals to outline the benefits and limitations of screening - this programme has now been completed and went live at end of Q2 2019.   | Completed         |



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| No.  | Recommendation  |      | Actions  | SRO   | Start   | End     | Update  | Status      |
| Resolution   |   |      |  |   |         |         |   |             |
| 49   | 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 was involved with their care and/or disclosure.  | 49.1 | The Department will consult with the HSE (NSS, Acute Hospitals Division and the National Advocacy Unit) and representatives from the 221+ Patient Support Group in relation to the mechanisms and principles which should underpin this engagement   | CMO & Deputy Secretary, Governance and Performance, DoH | Q2 2019 | Q4 2019 | The CervicalCheck Tribunal Act provides that the Tribunal will facilitate restoration of trust meetings. The intention behind a restoration of trust meeting is to document experiences, facilitate discussion and provide information to the woman concerned or her family. The establishment of the Tribunal has been put on hold due to the ongoing public health emergency. However administrative work has continued and a facilitator for restoration of trust meetings will be recruited as soon as possible. The facilitator will consult with all stakeholders on how Meetings to Restore Trust can be arranged. | In Progress |
|  |   | 49.2 | The HSE will engage with and facilitate meetings between those women and families who wish to meet with their clinicians   | HSE CCO   | Q1 2019 | Q1 2019 | The CCO has engaged with patient representatives to identify any families / women who may wish to meet with their clinicians.   | Completed   |
| 50   | The Department of Health should encourage and facilitate (but not necessarily participate in) a meeting involving the presidents of the Medical Council, the Royal Colleges and their faculties, leaders of other leading medical organisations and representatives of the women and families involved with the cervical screening problems.  | 50.1 | The meeting with the medical organisations and representatives will be arranged and co-ordinated by the 221+ Support Group   | Stephen Teap/ 221+ Support Group                        | Q4 2018 | Q4 2018 | The 221+ Support Group have met with RCPI, RCSI and GPs in January 2019 and the Medical Council in March 2019. There will be continued liaison with the colleges on a number of items to progress mediation with consultants and relevant personnel.  | Completed   |
| Recommendations of Supplementary Report  |   |      |  |   |         |         |   |             |
| 51   | Future CervicalCheck contracts for the provision of cytology and other laboratory services should contain even more explicit provisions to ensure that no contracted cytology or other laboratory activity should be carried out anywhere other than in the precise locations, and by the precise company, identified in the written contract, without written prior permission from CervicalCheck.   | 51.1 | NSS Procurement will be incorporated into National HBS Procurement and governed under National HBS policies and procedures   | HSE Head of Proc & HSE ND NSS                           | Q4 2019 | Q2 2019 | Engagement has taken place with staff to support the transition of the National Screening Services procurement resources to the appropriate portfolio within HSE Health Business Services (HBS). Following discussions the portfolio has now been agreed and procurement of all services aligned to the National Screening Services will be managed via national HBS procurement.   | Completed   |
|  |   | 51.2 | The HSE will ensure that its Laboratory Procurement Sourcing Strategy will state that any current or future contracts for laboratory services will require providers to explicitly identify precise locations of each laboratory prior to undertaking services for the CervicalCheck Programme & provide evidence of relevant accreditation for each laboratory.   | HSE Head of Proc & HSE ND NSS                           | Q2 2019 | Q3 2019 | The laboratory sites are specified by precise location in the current contract and will be explicitly stated at all times. Evidence of relevant accreditation is mandatory under the contractual arrangements and QA inspection visits to labs are scheduled for Q4.<br><br>Weekly lab operations meetings are also taking place.   | Completed   |
|  |   | 51.3 | The HSE will ensure that laboratories will only be contracted to provide cytology and any future HPV primary screening services if they have identified precise laboratories where testing will take place, that they agree only to use these laboratories in providing services to the HSE, and that remedies for any breach of these provisions will be incorporated into Contract.  | HSE Head of Proc & HSE ND NSS                           | Q2 2019 | Q3 2019 | This action has been transitioned to the HPV primary screening project for implementation.<br><br>The programme will develop a monitoring plan in line with standards.  | Completed   |
|  |   | 51.4 | Performance monitoring and QA inspections (including site visit) of all contracted laboratories will include written declarations at defined intervals from providers as part of the agreed contracts that only those laboratories identified by them are being used in providing services to the HSE and that each laboratory will provide evidence and written confirmation of up to date compliance with the relevant accreditation (i.e. ISO or CAP) & agreed programme QA standards. These conditions will form part of all future contracts. | HSE Head of Proc & HSE ND NSS                           | Q2 2019 | Q3 2019 | Performance monitoring and QA inspections (including site visit) of all contracted laboratories are inclusive of written declarations at defined intervals from providers as part of the agreed contracts that only those laboratories identified by them are being used in providing services to the HSE.  | Completed   |
| 52   | The quality assurance (QA) process developed and operated by CervicalCheck must be based on a consistent and thorough approach to the quality of the laboratory services being provided to the cervical screening programme. This QA system must be designed and operated irrespective of the physical location of laboratories and the possession of external accreditation by the laboratory should not be viewed as in any way replacing or diminishing the need for QA processes. | 52.1 | The NSS will adopt a policy for accreditation of programme standards including mandatory standards in Cervical Check.  | HSE ND NSS  | Q4 2018 | Q2 2019 | CervicalCheck has reviewed and updated programme standards - these standards will remain in place pending transition to HPV primary screening. Scheduled quality assurance inspections of laboratory providers has been completed.  | Completed   |
|  |   | 52.2 | The NSS will implement enhanced quality assurance arrangements to standardise quality assurance processes in CervicalCheck.  | HSE ND NSS  | Q1 2019 | Q2 2019 | Implementation of enhanced QA arrangements & processes in CervicalCheck has been completed.<br><br>The CervicalCheck Clinical Director has reviewed and amended structures of CC QA groups to ensure appropriate separation of standard setting from monitoring.  | Completed   |
|  |   | 52.3 | A laboratory QA specification manual for the CervicalCheck Programme once developed, will be implemented as a mandatory compliance requirement across any current or future providers of laboratory services to the HSE.   | HSE ND NSS  | Q3 2019 | Q4 2019 | A laboratory QA specification manual for the CervicalCheck Programme has been developed and will continue to be revised as appropriate in line with the introduction of HPV primary screening. This will will be implemented as a mandatory compliance requirement across any current or future providers of laboratory services to the HSE.  | Completed   |
|  |   | 52.4 | All laboratory providers irrespective of location that are contracted by the HSE for the provision of laboratory services will be subject to compliance with the laboratory QA specification manual requirement. This requirement is in addition to laboratories providing evidence of relevant accreditation for each laboratory.   | HSE ND NSS  | Q3 2019 | Q4 2019 | Laboratories were assessed as part of the QA inspection visit in Q2 and in Q4. In addition, laboratories are continually monitored against standards at weekly ops meeting and at the Lab Advisory group quarterly.   | Completed   |

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|--|--|-----|---|--|---------|---------|---|-------------|
| No.  | Recommendation   |     | Actions   | SRO  | Start   | End     | Update  | Status      |
| 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.  | 1.1 | HSE working group set up to implement recommendations. Newly developed web page set up at hse.ie/cervicalcheck. New, more comprehensive information sheet and information leaflet developed.                  | HSE ND COMMS                                     | Q2 2018 | Q4 2018 | A newly developed web page has been set up at hse.ie/cervicalcheck to provide a more comprehensive guide to the CervicalCheck screening programme.  | Completed   |
| 2  | The information statements 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. | 2.1 | Incorporated into new leaflet and information sheet.  | HSE ND COMMS                                     | Q2 2018 | Q4 2018 | The new leaflets and materials includes information in relation to how screening might miss abnormalities & the limitations of screening. The new leaflets and information sheet are available at hse.ie/cervicalcheck.   | 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.   | 3.1 | Incorporated into new leaflet and information sheet.  | HSE ND COMMS                                     | Q2 2018 | Q4 2018 | This information has been incorporated into the new leaflet and information sheet available at hse.ie/cervicalcheck.  | 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.   | 4.1 | 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.  | HSE ND COMMS                                     | Q2 2018 | Q4 2018 | 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 which can be found at hse.ie/cervicalcheck.   | 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   | 1.1 | Following government approval, the payment of €2,000 was offered to the 221 affected women or next-of-kin.  | HSE ND Community Ops                             | 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 member/s of any affected woman who has died if they so wish.   | 2.1 | 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. | HSE ND Community Ops                             | Q2 2018 | Q4 2018 | An ex gratia payment was issued to the people who participated in the review.   | Completed   |
|  |  | 2.2 | The Minister has confirmed that Judge Meenan'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 | Q4 2019 | The required legislation to establish the CervicalCheck Tribunal is now in place. In addition to the core function of dealing with claims arising from the CervicalCheck controversy, the legislation provides that the Tribunal will facilitate restoration of trust meetings. The intention behind a restoration of trust meeting is to document experiences, facilitate discussion and provide information to the woman concerned or her family. The Tribunal Premises have been completed and fitted out to enable establishment, and other administrative arrangements have been finalised. The Tribunal will be established as soon as it public health advice indicates that it will be able to operate. | In Progress |