



Scoping Inquiry into the CervicalCheck Screening Programme – Progress Report September 2019

Implementation of Recommendations

Status Update ^{5th} September, 2019

Scally Implementation – Overview



Implementation Plan

Following publication of the report of the Scoping Inquiry into Cervical Check in September 2018, an Implementation Plan was developed by the HSE, the Department of Health & the National Cancer Registry of Ireland to support all of the recommendations made by Dr Gabriel Scally. A Supplementary Report was subsequently provided by Dr Scally in June 2019 and the recommendations from this report have been incorporated into the implementation plan. There are a total of 58 recommendations across all of the reports.

Overall, 42 recommendations are being implemented by the HSE (34 wholly owned and 8 jointly owned with the Department of Health). From these 42 recommendations a set of 116 actions has been developed. The plan is reviewed on a regular basis to ensure the actions being taken to support the implementation of recommendations are appropriate. To date, 78 actions have been completed by the HSE. (see next page)

A Q2 2019 progress report on the implementation of all recommendations has also been published by the Department of Health and can be found [here](#).

Governance Arrangements for Implementation

Implementation Lead

Michele Tait was appointed as the HSE Implementation Lead for the Scally Report in September 2018.

Oversight Group

An Oversight Group has been established to monitor the Scally Report implementation and to provide continued oversight to other ongoing Cervical Check matters. The Group is co-chaired by the Chief Clinical Officer and the Chief Operations Officer and includes patient representatives. The group meets fortnightly to oversee implementation of actions. The group also provides regular updates on implementation to the Cervical Check Steering Committee established by the Minister for Health.

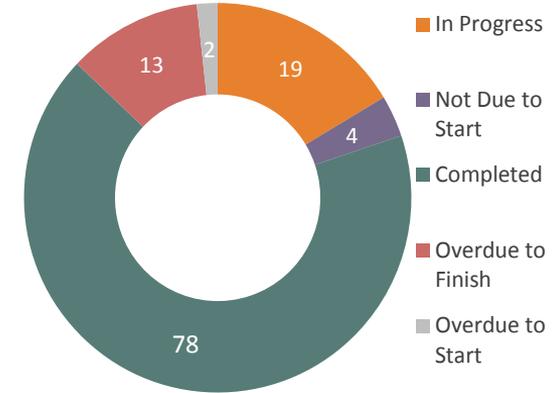
Scally Implementation Overview



Owner	In Progress	Not Due to Start	Completed	Overdue to Finish	Overdue to Start	Total
CCO	3	2	17	2	1	25
NSS	10		31	10	1	52
CCO & CIO	2		3			5
NSS & CCO	1					1
Procurement			18			18
Comms			4			4
Comm Ops			2			2
DG			1	1		2
DPO		2				2
CIO			1			1
Proc & NSS	3		1			4
Total	19	4	78	13	2	116



Action Status 27.08.19 (116 Total)



Scally Implementation – Overview



Scally Implementation Key Areas of Progress -

Method of Approach

- A review of the HSE Healthcare Records Management Policy is underway and an audit of current patient access to hospital healthcare records has been completed – once both reports are complete, appropriate improvement plans will be developed – these are expected in Q4 2019. In the meantime, the National Screening Services (NSS) client services team which was put in place during 2018 to assist patients wishing to access their healthcare records in publicly funded hospitals has been maintained and continues to provide support to patients in accessing their records.

Governance and Management

- 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 the NSS for consideration and approval. It is expected that the process of its implementation will commence in Q3 2019 following approval of the report.
- Work is continuing on enhancing and further strengthening the deployment of professional and public health expertise into the screening services.

Scally Implementation Key Areas of Progress –

Governance and Management

- Key appointments to Cervical Check include the appointment of a Clinical Lead, Deputy Programme Manager and a Laboratory Quality Assurance Lead. Recruitment of a Programme Manager and other key roles within Cervical Check are at an advanced stage.
- The Director of Public Health as part of their role continues to ensure public health is positioned strategically and appropriately within NSS structures.
- The NSS has appointed a Quality, Safety & Risk Manager and the Quality Safety & Risk Committee which is independently chaired continues to meet every 2 months. The membership of this committee is inclusive of patient representatives.
- The group commissioned by the HSE Chief Clinical Officer to review the HSE risk management structures has completed a report which is under consideration.
- The NSS has completed a review of its governance and risk management processes in addition to its risk registers across all screening programmes.

Scally Implementation – Overview



Scally Implementation Key Areas of Progress -

CervicalCheck – Laboratory Services

- CervicalCheck continues to review its programme standards, inclusive of laboratory standards and updating these standards remains under development. Once this is complete they will be incorporated into the relevant chapters of the CervicalCheck QA guidelines.

Procurement of Laboratory Services

- All actions identified by the HSE in response to the 8 recommendations relating to procurement have been fully implemented. The NSS procurement function has been integrated into the HSE National Health Business Services (HBS) Procurement portfolio. A HPV procurement strategy has been developed for future procurement of laboratory services for HPV primary screening and this has taken account of all recommendations relating to contracts, service delivery metrics, performance, market engagement, service specifications etc. 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.

Scally Implementation Key Areas of Progress –

Auditing Cervical Screening

- The work of the expert group established to review clinical audit of interval cancers in three cancer screening programmes continues to be progressed.

Open Disclosure and the HSE

- An interim revision of the HSE Open Disclosure policy has been completed and was launched by the HSE CEO on the 12th of June 2019. The revised policy includes a provision for the inclusion of independent patient advocates in a decision not to disclose in response to the recommendation of Dr Scally.
- An open disclosure governance steering group has been established in the HSE and an open disclosure governance framework has been developed to strengthen the governance relating to open disclosure at a system level.
- To strengthen guidance and support for staff in screening programmes on the implementation of open disclosure, the HSE engaged the RCPI to develop a screening education programme outlining the benefits and limitations of screening and this education programme went live before the end of Q2 2019.