



An tSeirbhís Náisiúnta Scagthástála
National Screening Service

**Implementation of Dr Scally Reports
A Review by the National Screening Service**

31 January 2023

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1. Executive summary

In 2018/2019, the entire cervical screening programme was systematically reviewed. This work, which was undertaken across CervicalCheck, the National Screening Service (NSS), Health Service Executive (HSE) and Department of Health, was guided by the recommendations from the Dr [Sally reports 2018 & 2019](#), the Prof [McCraith Report, 2019](#) and the [Royal College of Obstetricians and Gynaecologists \(RCOG\) Review, 2019](#) with a particular focus on communications, accountability and governance.

The HSE, NSS and CervicalCheck accepted in full, without exception, the recommendations from each of these reports and have embraced the changes required to improve screening services.

The work included an updated reporting structure for the NSS within the Health Service Executive (HSE), and the provision of significant investment to enable restructuring of the CervicalCheck programme and to implement changes across the four NSS population screening programmes.

The resultant organisational and reporting structure has strengthened its overall governance and operations and made a positive impact on the services provided by the NSS. Changes made across the NSS include those in relation to:

- Enhanced governance and clear accountability
- Quality assurance culture embedded
- Multi-disciplinary Public Health
- Clinical advisory structures
- Risk, incident and open disclosure management
- Interval cancer review and disclosure processes
- Communications, engagement, and information development
- Public, patient and partnership working and participation
- Feedback and service user experience
- Procurement processes
- Operational planning and delivery
- Equity strategy development
- CervicalCheck specifically:
 - Enhanced oversight of laboratories
 - Commissioning of a new National Cervical Screening Laboratory
 - Investment in colposcopy to support rapid access to diagnostics and treatment after screening
 - Extended education and training programmes
- Information governance and records management
 - Improved access to records
 - Improvement in data analytics and reporting
 - Strengthened data sharing arrangements including with the National Cancer Registry Ireland (NCRI) and the National Immunisation Office (NIO) consistent with best information governance practices

The NSS is committed to clear governance, stakeholder involvement and to continue embedding the recommendations from the aforementioned reports to improve the screening services and strengthen the health benefits from a public screening programme. A key part of this is to promote learning and education for all in society regarding what screening is and what it is not, to enable people to make informed choices about screening. The work to build on these changes forms a major part of the NSS strategy for 2023 onwards.

2. Background and Context

The National Screening Service (NSS) encompasses three organised cancer screening programmes and one non-cancer screening programme: BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen. The cancer screening programmes aim to reduce morbidity and / or mortality in the population through early detection of disease and treatment. The Diabetic RetinaScreen aim is to reduce the incidence of blindness.

CervicalCheck provides free cervical screening to women in Ireland aged 25 to 65. Cervical screening is provided for women who are asymptomatic and presumed to be well, with the aim of identifying the risk of cancer and pre-cancerous abnormalities at the earliest stage when treatment options are more effective, and reducing their risk of developing cancer in the future. Between 2008 and 2020 there has been:

- Almost 3.2 million cervical screening tests provided
- 64,110 cases of high-grade pre-cancerous cells detected
- 60,650 cases of low-grade pre-cancerous cells detected
- 1,786 cancers diagnosed in women who had come for screening

From a recent review of cancer statistics in Ireland, National Cancer Registry Ireland (NCRI) has concluded that since the introduction of CervicalCheck the incidence of cervical cancer in the population has dropped, and more women have been diagnosed with cervical cancer at an early stage. This has led to an improved 5-year survival rate and decreased mortality from cervical cancer in the population.

- Since 2008, the number of people per 100,000 that develop cervical cancer annually has decreased from 14 per 100,000 to 11 per 100,000 approximately.
- Women with cervical cancer that is detected at screening are more likely to have been detected at an earlier stage than those women in the non-screened population. The report shows that diagnosis at stage 1 is to be expected in 80% of women diagnosed as a result of screening, compared to 34% of those women diagnosed with cervical cancer in the non-screened population. The reduction in later-stage disease means that more women can avoid chemotherapy, radiotherapy, and radical surgery.
- Screening has led to an increase in 5-year survival for women diagnosed with cervical cancer because of the increased chance of being diagnosed at an earlier stage. Overall, 5-year net survival for cervical cancer has increased from 57% in women diagnosed in 1994-1998 to 65% in those diagnosed in 2014-2018.
- Mortality rates from cervical cancer in the screening age group have decreased steadily since 1994 by on average 1.1% per year.

In 2018, CervicalCheck began to completely review the workings of the programme, with a particular focus on communications, accountability, and governance. This work, which was undertaken across CervicalCheck, the National Screening Service (NSS), Health Service Executive (HSE) and Department of Health, was guided by the recommendations from the [Scally reports 2018 & 2019](#) and the [McCraith Report, 2019](#) and [Royal College of Obstetricians and Gynaecologists \(RCOG\) Review, 2019](#). That work is now complete.

3. Governance: HSE, Department of Health and other National Bodies

The Dr Scally Report 2018, and Prof McCraith Report 2019, highlighted a lack of clear governance and adequate reporting lines between CervicalCheck, the NSS, and the HSE management structures. The HSE governance landscape and the NSS reporting structure has changed considerably since then. There is a HSE board which reports to the Minister for Health. The NSS is accountable to the HSE CEO and Board, under the remit of the HSE Chief Clinical Officer (CCO) as illustrated in *Appendix 8.1 CervicalCheck/NSS Governance*.

The HSE board has several oversight committees to provide assurance of the performance of the HSE with processes for risks identified, highlighted, and communicated as appropriate:

- Audit and Risk
- People and Culture
- Performance and Delivery
- Safety and Quality

The NSS Chief Executive and CCO report regularly to the HSE oversight committees, highlighting operational and strategic challenges, risks that arise and plans to address these.

As part of the Scally report implementation, the [National Screening Advisory Committee \(NSAC\)](#) was established in 2019 as an expert body to support the Department of Health in the development of policy on both new and existing screening programmes. The NSAC advises and reassures both Ministers and the public that Ireland's screening programmes are evidence-based and that the policies being implemented are appropriate.

The implementation of many recommendations in HSE and Department of Health continues to have a wider impact on multiple areas of health policy and programme delivery. This includes the ongoing work of the NSAC, the Women's Health Taskforce, as well as ongoing policy development around issues such as open disclosure, and patient and public participation in health policy development and implementation. The importance of continuing to work to improve public understanding, trust and uptake of population-based screening programmes is reflected in the strategic actions plans for the HSE, Sláintecare and Healthy Ireland.

The NSS has strengthened its relationships with key bodies such as the National Immunisation Office (NIO); the National Cancer Register of Ireland (NCRI) and the National Cancer Control Programme (NCCP). The NSS works regularly with these bodies on projects to improve the services offered in line with best international practice, such as calculation of interval cancer rates and elimination of cervical cancer. Internationally the NSS continues to build professional relationships with the World Health Organisation (WHO), International Agency for Research on Cancer (IARC) and the European Commission.

4. National Screening Service (NSS)

A streamlined NSS organisational structure was put in place with a new Chief Executive of the NSS responsible for the leadership, management, performance, quality, governance, and co-ordination of all four national screening programmes within the NSS, reporting directly to the Chief Clinical Officer of the HSE. New functions were added to support the work of the programmes as highlighted in *Appendix 8.2 NSS Organisation*

- **The NSS Public Health department** is an integral part of the NSS screening programmes, leading on several projects aimed at strengthening NSS systems, particularly in the areas of quality, safety, public patient partnership, equity and underpinning evidence base.
- **Quality, Safety and Risk** supports and advises the NSS organisation to ensure patient safety incidents and risks are identified and managed in line with the [HSE Incident Management Framework](#), [HSE Open Disclosure Policy](#) and [HSE Integrated Risk Management Framework](#)
- **Communication, Engagement and Information Development** is focused on placing the patient at the heart of NSS communication processes and information development; improving visibility of work; building staff and public trust; and inviting and responding to feedback.
- **Client Services** provides a standardised approach to the coordination and management of client record requests and responses to requests for personal/medical information and supports the management of complaints and compliance with [HSE Your Service Your Say Policy](#).
- **Strategy, Business and Projects** collates the operational objectives for the NSS, reports on progress to the HSE and Department of Health and support and oversee any major change projects to ensure publicly funded projects are well managed and delivered within time and budget.

These new departments, in addition to previous NSS functions, are a fundamental part of the overall management of the four programmes and support all of the NSS to work as one organisation, refer to *Appendix 8.2 NSS Organisation*. Members of the NSS Corporate Management Team work collectively to improve each of the screening programmes. The programmes and supporting functions share learning and, where appropriate, there are standardised processes and systems in place including:

- Significant progress has been made on the best approach to the management of recommendations from the [Interval Cancer Reports](#). For CervicalCheck this included planning, development and evaluation of a patient requested review process.
- The [Patient and Public Partnership \(PPP\) Strategy 2019-2023](#) sets out NSS commitment to a partnership approach where decision making is shared between patient and public representatives.
- The NSS has an integrated annual operations plan with a summary of all the different projects under way across the organisation.
- The NSS has a proactive approach to risk management which is integrated into the management process at all levels of the organisation. Serious risks are notified to HSE via regular updates to the HSE Quality and Safety Committee and if appropriate added to the HSE Risk Register.
- An Information Governance (IG) Framework has been developed and an IG Committee has been established due to the large amount of personal data processed by the NSS, with a new Information Governance Manager appointed to oversee and strengthen controls in line with Information Governance and Data Protection legislation.
- A Quality Information Management System (QMIS) is in place across the four programmes for management of incidents, feedback, document control, audits, and training.
- Open Disclosure training is a mandatory requirement set out in the HSE Open Disclosure Policy and all NSS staff are required to complete this mandatory training every three years.
- Additional projects include
 - development of an Equity Strategy
 - screening promotion
 - digital Patient Reported Experience Measures (PREMs) Programme
 - information hub development.

Quality Assurance (QA) is the process of checking that standards are met and encouraging continuous improvement. Assuring and driving up the quality of services is essential if population screening is to achieve the intended benefits to population health, while minimising unintended harms to those taking part. This benefit to harm ratio is especially important given that screening programmes are designed for populations or individuals who do not have any symptoms of the disease in question. The NSS Quality Assurance framework:

- outlines a standardised cross-programme approach to quality assurance
- enables a more objective, consistent, and effective approach to QA and ultimately improves outcomes for the participants of national screening programmes
- will guide the maturation and development of quality assurance operating models in screening.

There is external scrutiny built into programmes Quality Assurance (QA) committees and Quality Safety Risk Management (QSRM) committee through to the HSE board oversight committees, as outlined in *Appendix 8.1 CervicalCheck/NSS Governance*.

Staff development has been a major part of the NSS journey to date. Job descriptions are in place for all staff, with structured NSS induction and annual performance achievement processes available for all staff. Enhanced co-ordination, training needs analysis, staff development workshops, academic sponsorship and promotion of further learning are also a part of the resources for NSS staff. There are also in-house learning events for all staff.

The NSS programmes have also developed links with external evidence-based bodies and are members of the Five-Nations Screening Programmes Groups which meet regularly to discuss operational challenges and good practice in the different member countries.

The NSS remains committed to implementing the recommendations arising from all reports into services, in partnership with the people under its care, and the professional screening teams around the country.

5. CervicalCheck Screening Programme

Previously the governance of the NSS was identified as disjointed with different line managers and reporting structures. In CervicalCheck there was no single person accountable for the programme.

Recruitment for CervicalCheck was prioritised with new roles and a restructure of the programme with a Clinical Director who has ultimate responsibility for the programme. The Clinical Director is supported by the Programme Manager and advised by the advisory leads for Colposcopy, Primary Care and Laboratories. The programme has access to a dedicated Public Health advisory lead with additional support from Health Promotion.

In addition to the CervicalCheck restructure, the NSS/CervicalCheck governance structure now includes several advisory committees. These provide different functions and oversight or advice. A Clinical Advisory Group (CAG) comprising national and international experts advises the CervicalCheck senior management team on clinical pathways and protocols. CervicalCheck team work closely with service providers (primary care, cytology and histology laboratories and colposcopy units) through the relevant advisory leads and CervicalCheck staff illustrated in *Appendix 8.3 CervicalCheck QA Governance*.

The Cervical Screening Quality Assurance Committee monitor standards for each part of the cervical screening programme as are set out in [Standards for Quality Assurance in Cervical Screening](#) for:

- Programme Operations
- Primary Care and Other Settings
- Laboratories providing HPV testing, Cytology and Histopathology Services; and
- Colposcopy

Quality Assurance of those who provide services to CervicalCheck are closely monitored through monthly review of Key Performance Indicators and metrics. This oversight includes:

- Improved training and support in place for primary care staff and relevant stakeholders which includes webinars, training, education sessions and communications including the recently published [CervicalCheck Education Strategy 2022-2025](#).
- The CervicalCheck laboratory operations team meet formally with the laboratories on a fortnightly basis where performance and trends are discussed. Formal Quality Assurance visits to laboratories occurs every three years in line with QA standards.
- CervicalCheck has built strong communication channels with all 15 colposcopy sites nationally linking them as a community rather than isolated units. This has included reviewing and standardisation of processes, adherence to QA Standards, information and Quality Assurance visits across colposcopy services.
- CervicalCheck has established a histology group with membership from all 12 units, involved in reviewing and standardising processes and information regarding reporting of cervical histology.
- Close links in place with the Institute of Obstetrics and Gynaecology as well as with the National Women's and Infants Health Programme (NWIHP), fostering relationships with the wider gynaecological community. This has involved collaborating to ensure timely management of women with symptoms in the acute gynaecology service.
- Quality Initiative portfolio where key projects are proactively identified through workshops and managed within project management settings.

[CervicalCheck Quality Assurance Standards](#) contains specific chapters on laboratory Internal Quality Assurance and External Quality assurance. Laboratories must monitor and report on detection rates and laboratory performance metrics. These are monitored by the programme and compared with expected national and international metrics. CervicalCheck's published detection rates of low- and high-grade abnormalities are in line with international norms and has been for many years.

The revised organisation and governance of CervicalCheck has enabled more effective management of the programme. Despite the effect of COVID-19 on healthcare, including a pause in screening, and the two separate cyberattacks (HSE & The Coombe Hospital), currently the programme is up to date with invites for screening and meeting its four-week result turnaround time standard

6. CervicalCheck Laboratory Services

CervicalCheck entered a new phase when it moved to HPV screening in 2020 transitioning from a primary cytology programme to a primary HPV programme with secondary cytology testing. Laboratory services are currently provided by two commissioned service providers, Quest Diagnostics based in USA and The Coombe Hospital based in Dublin.

The Coombe Hospital have been providing Laboratory services to CervicalCheck since 2012. The new National Cervical Screening Laboratory (NCSL) which began construction in January 2021, has finalised the building and clinical equipment fit-out phase. The new Laboratory has undergone rigorous testing, validation and verification before final external quality assurance inspections takes place. The initial inspections are complete, which allowed the new National Cervical Screening Laboratory to begin operations at end of 2022. The final inspections will be completed in Q1 2023 which allow for further expansion of the laboratory. It is envisaged that it will take up to 5 years to train and recruit sufficient qualified staff to reach the goal of the NCSL becoming the primary provider of cervical screening tests in Ireland.

CervicalCheck have been working with Quest Diagnostics since 2008. The Quest Diagnostic team have dedicated staff who process the CervicalCheck samples. In 2021 Quest Diagnostics consolidated its laboratory services to a single, purpose-built laboratory in Clifton, New Jersey. All CervicalCheck samples processed by Quest Diagnostics are processed in that one site. A secondary laboratory has been identified if required e.g. surge capacity, and Quest Diagnostics, or any laboratory commissioned by CervicalCheck must seek written approval from the programme before any samples are processed elsewhere. A quality assurance (QA) visit by a NSS team was completed at the Clifton site in November 2021.

As highlighted in the Dr Scally Report 2022, to ensure resilience in programme there will always be a need to have a second laboratory, in addition to National Cervical Screening Laboratory providing services to CervicalCheck. The contract for the second laboratory services is due for renewal. This capacity is necessary as the new National Cervical Screening Laboratory comes on stream and gradually builds up its sample processing capacity over several years and in the longer term to provide resilience to the service. Governance of this procurement process includes a multidisciplinary procurement evaluation group, a Steering Group, and an independent process auditor. This successful tenderer will provide commissioned services in conjunction with the National Cervical Screening Laboratory. The procurement process has been updated following the recommendations of Dr Scally and is in line with HSE practice.

CervicalCheck are committed to working with quality assured laboratories to ensure women get appropriate and timely access to services and quality assured results.

7. Conclusion

While the 2018 Scally Report was clear in the deficiencies in the programme it is encouraging to read Dr Scally's assessment of the NSS and CervicalCheck in 2022, and of the progress made to improve services for women.

It is reassuring that the independent RCOG Review Panel reported that there is clear evidence from falling mortality rates that the CervicalCheck programme is working effectively and that women can have confidence in the programme and the recent data from NCRI demonstrates that the CervicalCheck programme continues to both prevent cancer, detect cancer early and save lives. The Scally recommendations remain our benchmark and it is our intention to surpass those standards.

CervicalCheck and NSS, as a whole, continues to work at embedding the recommendations from the aforementioned reports and the lessons learnt to improve the screening services available to the Irish public and strengthen the health benefits from a public screening programme. CervicalCheck is putting women at the heart of its processes by focusing on quality measures that directly impact the experience of women in the screened population.

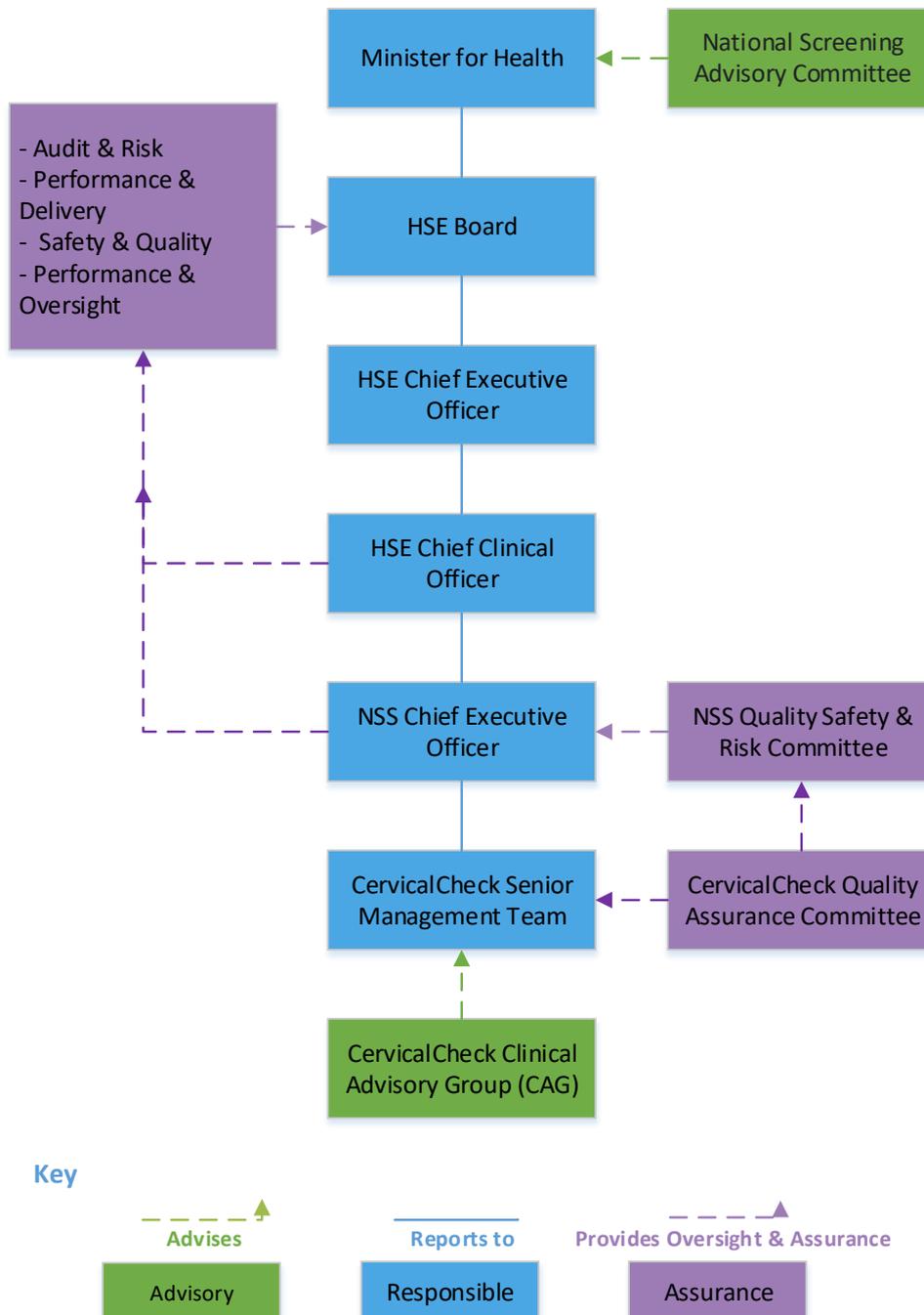
The NSS is listening to and integrating the experiences of public representatives engaging with us as work is ongoing to improve information channels and materials and always seeks to enhance understanding of screening among the wider population with the aim of creating better outcomes for the people involved in screening.

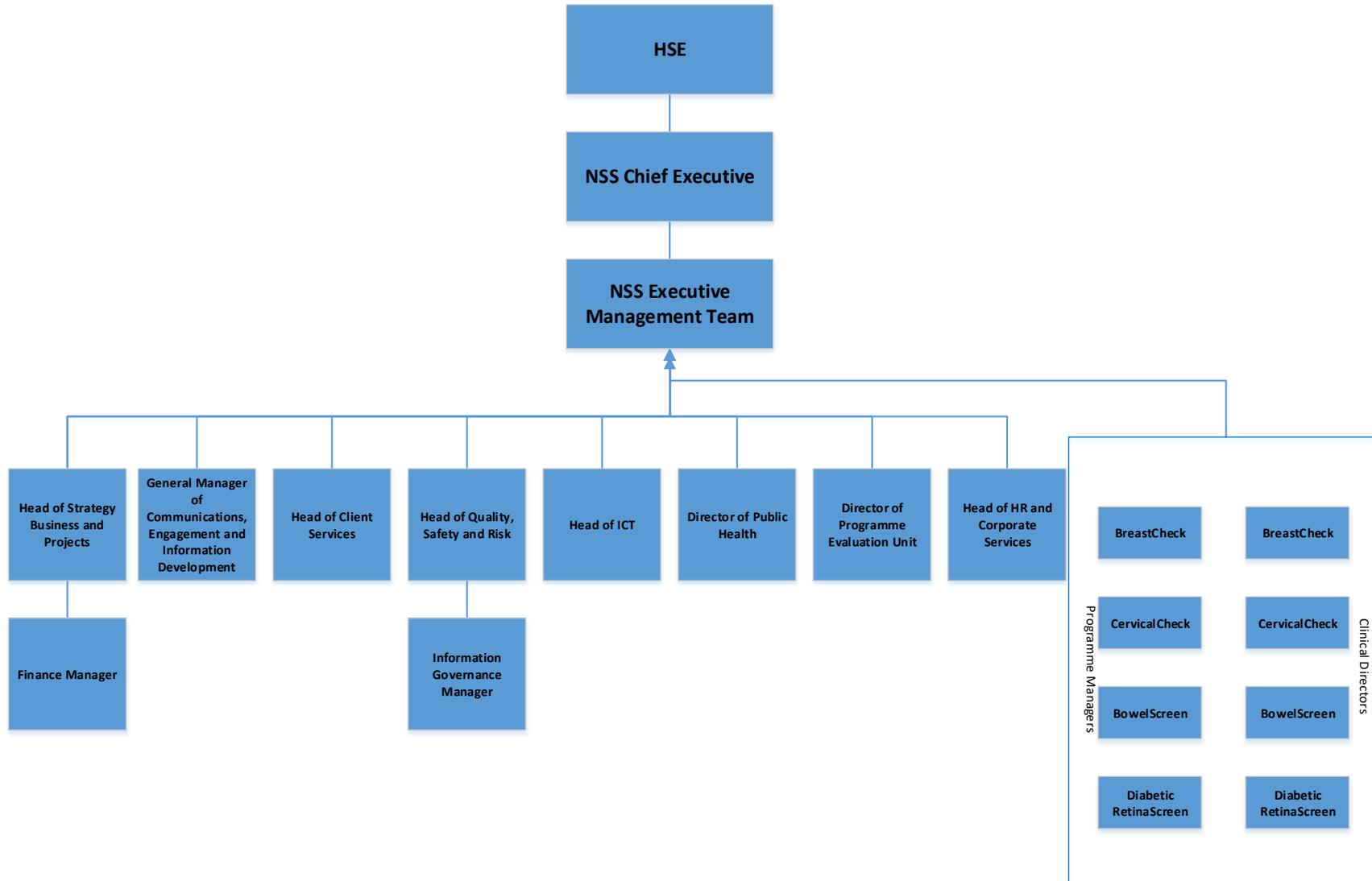
The final [Dr Scally Report published in Nov 2022](#) identified no outstanding or new recommendations to be completed by CervicalCheck and NSS. Further work was identified regarding Open Disclosure by the Department of Health and HSE, in particular in relation to the enactment of the Patient Safety Bill. In recent years the HSE has advanced the Open Disclosure culture further with the establishment of the National Open Disclosure Office and National Open Disclosure Steering Committee and the continued roll out of the National Training programme. The HSE Open Disclosure Policy mandates Open Disclosure training for all staff and the HSE has seen a significant increase in the uptake of training in the past 3 years

The NSS and CervicalCheck acknowledge that while work is always ongoing with services, great strides have been made in recent years with this strong governance foundation in place. CervicalCheck are working proactively with national and international partners, aiming to improve the outcomes for all those who use the service and to eliminate cervical cancer with a well-run screening programme. The NSS is shortly due to publish a 5-year strategy with an emphasis on commitment to clear governance and stakeholder involvement to build trust and confidence in the service. A key part of this is to promote learning and education for all in society regarding what screening is and what it is not, to enable people to make informed choices about screening.

8. Appendices

8.1 CervicalCheck/NSS Governance





8.3 CervicalCheck QA Governance

Approval

Approve and recommend monitoring of standards. To monitor, maintain and improve upon minimum standards of service, performance and quality across all elements of the screening programme

Monitor & Manage

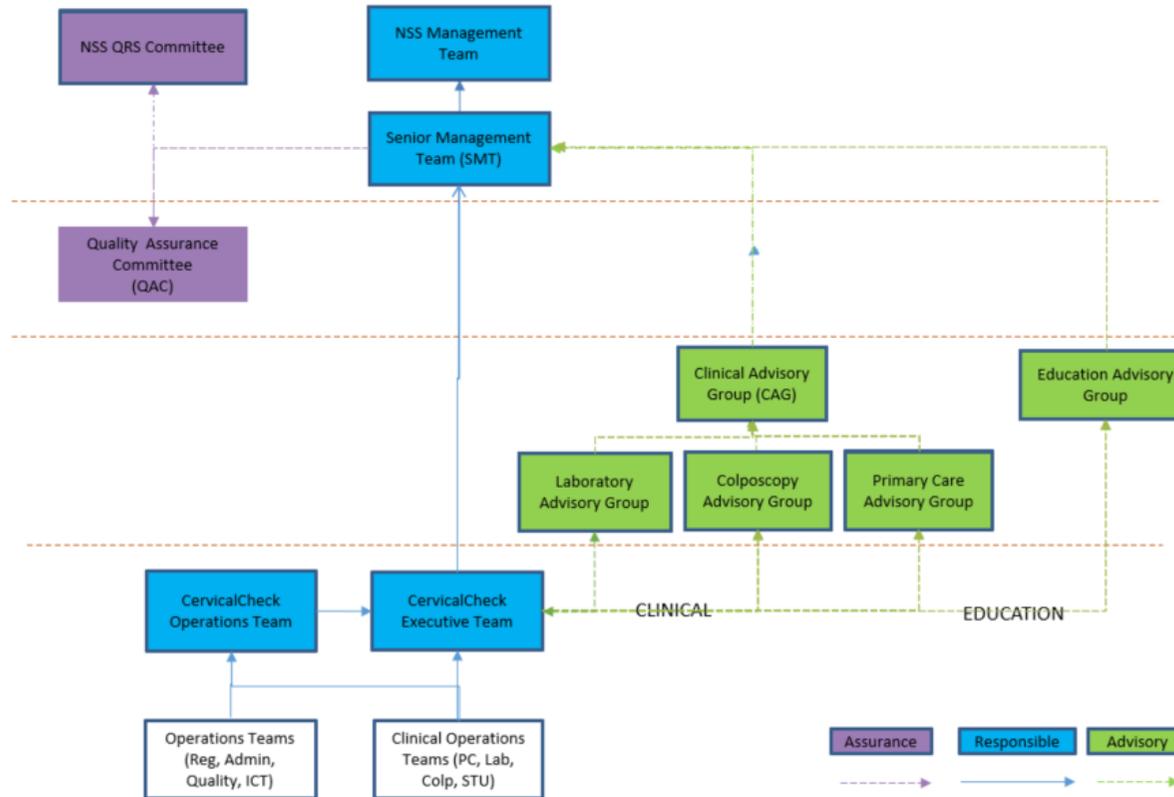
To provide senior leadership and direction to the cervical screening service, including ensuring robust management and accountability arrangements for all aspects of the service.

Advisory

To advise and make recommendations to the CervicalCheck Senior Management Team (SMT) on clinical pathways and protocols in the programme.

Service Delivery

Responsible for the day to day running of the programme. Ensure all functions are in line with QA standards, policies, procedures and the delivery of primary care/ laboratory / Colposcopy services satisfies contract/ MOU and QA best practice guidelines.



NSS/PUB/COM-20



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