

**Quarterly Progress Report on Implementation of Scoping Inquiry Recommendations  
Quarter 1 2019**

No.	Recommendation	Actions	SRO	Start	End	Update	Status
<b>Method of Approach</b>							
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.	<p>1.1 The Department will review its current policy on document management to identify areas with potential for improvement and scope requirements.</p> <p>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.</p> <p>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.</p> <p>1.4 The HSE will conduct engagement with operations regarding responsibility and accountability for HCRM.</p> <p>1.5 The HSE will evaluate compliance with HCRM through health care audit.</p> <p>1.6 The HSE will complete a revision of the HSE Healthcare Records Management Policy.</p>	<p>Deputy Secretary Governance and Performance, DoH</p> <p>HSE CIO &amp; CCO</p> <p>HSE CCO &amp; CIO</p> <p>HSE CCO &amp; CIO</p> <p>HSE CCO &amp; CIO</p> <p>HSE CCO &amp; CIO</p>	<p>Q4 2018</p> <p>Q4 2018</p> <p>Q4 2018</p> <p>Q4 2018</p> <p>Q1 2019</p> <p>Q1 2019</p>	<p>Q2 2019</p> <p>Q1 2019</p> <p>Q2 2019</p> <p>Q1 2019</p> <p>Q4 2019</p> <p>Q4 2019</p>	<p>Work has commenced on updating relevant protocols to assist with efficient document management. Work has also commenced on identifying improvements and scoping requirements including meeting with document management system providers.</p> <p>The Chief Clinical Officer (CCO) has commenced discussions with the National Director of Quality Assurance and Verification (QAVD) and Quality Improvement (QID) in relation to reviewing Health Care Records Management (HCRM) policy. Additional actions are under development in relation to non - healthcare record management policies.</p> <p>A communication was issued to all HSE staff advising them of the importance of HCRM. The communication included a link to the HCRM Policy and National Standards as well as an interactive poster highlighting best practice for HCRM.</p> <p>An engagement with operations regarding responsibility and accountability for HCRM has commenced.</p> <p>The National Director of Quality Assurance and Verification has commissioned an audit of access to healthcare records which will measure compliance with best practice in relation to same.</p> <p>A proposal to support the revision of the HCRM Policy has commenced with the establishment of a working group and which is being led by QID.</p>	<p>In Progress</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>In Progress</p> <p>In Progress</p>
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.	<p>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.</p> <p>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.</p> <p>2.3 A wider consultation process will be undertaken with key stakeholders, including the perspectives of women.</p> <p>2.4 A first draft of the WHAP will be completed subsequently, incorporating all relevant feedback.</p> <p>2.5 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.</p>	<p>CMO</p> <p>CMO</p> <p>CMO</p> <p>CMO</p> <p>Deputy Secretary, Policy and Strategy, DoH</p>	<p>Q4 2018</p> <p>Q2 2019</p> <p>Q2 2019</p> <p>Q4 2019</p> <p>Q4 2018</p>	<p>Q2 2019</p> <p>Q2 2019</p> <p>Q4 2019</p> <p>Q1 2020</p> <p>Q2 2019</p>	<p>The working group developing the Women's Health Action Plan, comprising members from the Department of Health, HSE and NWCi, met on 26 February to review the draft initial outcome of the scoping exercise undertaken and agree next steps in the development of the Action Plan.</p> <p>The working group held a scoping workshop on 2 May to agree a Framework, which will serve as a template for wider consultation. This is due for completion at the end of Q2 2019.</p> <p>A wider consultation process with key stakeholders, including the perspectives of women will begin in Q2 2019.</p> <p>Preparation for the first draft of the WHAP will commence in Q4 2019.</p> <p>The Policy and Strategy Division in the Department of Health held a Department-wide working session to examine potential internal changes or improvements that could be made in order to ensure a more consistent, expert and committed approach to women's health issues. This working session took place on the 13 February in the Department of Health. The Division is now preparing an options paper for presentation to Management Board in Q2 2019.</p>	<p>In Progress</p> <p>Not Due to Start</p> <p>Not Due to Start</p> <p>Not Due to Start</p> <p>In Progress</p>
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.	<p>3.1 The HSE will retain the current National Screening Services team to assist with continued medical record access in publicly funded hospitals.</p> <p>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.</p> <p>3.3 The HSE will develop improvement plans to review current arrangements, capacity and demand in the system regarding access to records across hospitals.</p> <p>3.4 The HSE will implement improvement plans in relation to how service users can access their medical records in publicly funded hospitals.</p>	<p>HSE CCO</p> <p>HSE CCO</p> <p>HSE CCO</p> <p>HSE CCO</p>	<p>Q4 2018</p> <p>Q4 2018</p> <p>Q1 2019</p> <p>Q2 2019</p>	<p>Q4 2018</p> <p>Q4 2018</p> <p>Q2 2019</p> <p>Q4 2019</p>	<p>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.</p> <p>The National Director of Quality Assurance and Verification has commissioned an audit of access to healthcare records which will measure compliance with best practice in relation to same.</p> <p>An audit report will be provided and will include recommendations for action.</p> <p>Implementation of improvement plans in relation to how service users can access their medical records in public hospitals will commence in Q2 2019.</p>	<p>Completed</p> <p>Completed</p> <p>In Progress</p> <p>Not Due to Start</p>
<b>Governance and Management</b>							
4	The Minister for Health should consider seriously the appointment of two patient advocates to the proposed new Board for the HSE.	<p>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.</p> <p>4.2 The Department will support the Minister in bringing the Health Service Executive (Governance) Bill through the Houses of the Oireachtas.</p>	<p>Deputy Secretary Governance and Performance, DoH</p> <p>Deputy Secretary, Policy and Strategy Division, DoH</p>	<p>Q4 2018</p> <p>Q4 2018</p>	<p>Q4 2018</p> <p>Q2 2019</p>	<p>The PAS campaign for recruitment of Board members has concluded. The prospective members of the Board have met and have begun preparation for the formal establishment of the board.</p> <p>The Health Service Executive (Governance) Bill 2018 was passed by the Dail with the Minister's amendments on Board membership (subject to further amendments to these when the Bill returns to the Seanad) and with two non Government amendments.</p>	<p>Completed</p> <p>In Progress</p>
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.	<p>5.1 The Department will review the advice (draft specification) provided to it.</p> <p>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.</p> <p>5.3 The Department will commence the recruitment process for the Chair of the National Screening Committee.</p> <p>5.4 The Department will commence an expressions of interest process for membership of the NSC.</p> <p>5.5 The Department will host the inaugural meeting of the National Screening Committee.</p>	<p>CMO</p> <p>CMO</p> <p>CMO</p> <p>CMO</p> <p>CMO</p>	<p>Q4 2018</p> <p>Q1 2019</p> <p>Q1 2019</p> <p>Q2 2019</p> <p>Q3 2019</p>	<p>Q4 2018</p> <p>Q2 2019</p> <p>Q2 2019</p> <p>Q3 2019</p> <p>Q4 2019</p>	<p>The Department has reviewed the advice provided to it.</p> <p>Work is ongoing in relation to a National Screening Committee (NSC), with a proposed operational model for the NSC being drafted, which will require consultation with future chair and stakeholders. This work includes cross referencing and aligning with work in relation to a proposal for developing an evidence hub.</p> <p>The job specification of the Chair of the Irish National Screening Committee is to be live on the State Boards website on 5 April 2019.</p> <p>The Department will commence an expressions of interest process for membership of the NSC in Q2 2019.</p> <p>The Department will host the inaugural meeting of the National Screening Committee in Q3 2019.</p>	<p>Completed</p> <p>In Progress</p> <p>In Progress</p> <p>Not Due to Start</p> <p>Not Due to Start</p>

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	The appointment of the Head of the National Screening Service (NSS) will be progressed following the completion of the organisational and governance review which is at an advanced stage.	In Progress
		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	The development of an organisational governance implementation plan for NSS is at an advanced stage and will be presented to the National Director for approval.	In Progress
		6.4	The HSE will implement a governance improvement plan for the NSS.	HSE ND NSS	Q2 2019	Q4 2019	The governance improvement plan for NSS will be implemented once approved (i.e. pending completion of action 6.3).	In Progress
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	Work is progressing on the workplan for the Oversight Group with finalisation intended for Q2 2019.	Not Due to Start
		7.5	Future governance and organisational structures for public health medical services will be agreed.	CMO	Q2 2019	Q4 2019	Agreement of future governance and organisational structures for public health medical services will begin in Q2 2019.	Not Due to Start
		7.6	Agreed future structures will be implemented.	CMO	Q4 2019	Q3 2020	The implementation of the agreed governance and organisational structures for public health medical services will begin in Q4 2019.	Not Due to Start
		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 CervicalCheck.	HSE ND NSS	Q1 2019	Q2 2019	The Clinical Director is reviewing all groups and committees inclusive of the Cervical Check Clinical Advisory Group re their role/function to identify requirements and any gaps etc. Both the HPV Oversight and HPV Steering Group have public health representation. Implementation of this action is on-going.	In Progress
		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 (DPH) (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 QA committees.	In Progress
		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	Three posts have been identified, one at Director level and two at Specialist in Public Health Medicine (SPHM) level. The approval process for recruitment of these posts has commenced. A Director of Public Health (interim) has been appointed to the NSS pending the permanent filling of this post.	In Progress
		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 in NSS is working with the team reviewing governance to ensure Public Health is positioned strategically and appropriately within NSS structures. The DPH is the workstream lead for Module 5 of the Department of Health (DoH) implementation of the Crowe Horwath report to ensure appropriate Public Health medical input to the National Cancer Control Programme (NCCP) and the National Screening Programmes.	In Progress
		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 CervicalCheck National Laboratory Quality Assurance (QA) Lead (Cytopathologist) is now in post.	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	The Clinical Director of CervicalCheck has been working with the Clinical Director of the HSE's Women & Infant's Health Programme and Colposcopists to identify how best Colposcopy and General Practice have a professional role within the screening programme.	In Progress
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 Department will support the Minister in bringing the Health Service Executive (Governance) Bill through the Houses of the Oireachtas.	Deputy Secretary, Policy and Strategy, DoH	Q4 2018	Q2 2019	The Health Service Executive (Governance) Bill 2018 was passed by the Dail with the Minister's amendments on Board membership (subject to further amendments to these when the Bill returns to the Seanad) and with two non Government amendments.	In Progress
		8.2	The NSS will establish a new Quality, Safety and Risk Committee.	HSE ND NSS	Q3 2018	Q4 2018	A Quality, Safety and Risk Committee with an independent Chairperson and patient/service user representation has been established in NSS and has met a number of times routinely since October 2018.	Completed
		8.3	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
		8.4	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
		8.5	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
		8.6	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 group commissioned by the CCO to review HSE risk management structures has completed a draft report which is under consideration. Discussions have commenced in relation to the recommendations and their implementation.	In Progress
		8.7	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	The NSS has reviewed the governance and risk management processes & risk registers across screening programmes, including the corporate risk register.	Completed
		8.8	The NSS will implement revised incident and risk management structures and processes.	HSE ND NSS	Q3 2018	Q2 2019	A working group has been established to implement revised incident and risk management structures and processes within NSS. The NSS has commenced an enhancement of its structures and processes in relation to incident and risk management whilst complete implementation is ongoing.	In Progress

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 is reviewing & updating its programme standards. Quality assurance inspections of laboratory providers is in progress. Updated standards will also be implemented in line with the introduction of HPV primary screening. CervicalCheck has a new specification manual which all laboratory providers will have to comply with. A review of laboratory standards (i.e. ISO and CAP accreditation) as relevant to CervicalCheck is under consideration.	In Progress
		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 is being progressed by the Quality Safety Risk Manager & the National Lab QA Lead for CervicalCheck.	In Progress
		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	CervicalCheck is reviewing & updating its programme standards. Quality assurance inspections of laboratory providers is in progress. Updated standards will also be implemented in line with the introduction of HPV primary screening. CervicalCheck has a new specification manual which all laboratory providers will have to comply with. A review of laboratory standards (i.e. ISO and CAP accreditation) as relevant to CervicalCheck is under consideration.	In Progress
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	The terminology for HPV testing modalities has been standardised in line with UK and international terminology. The HPV testing modality definitions document is prepared and awaiting approval by the HPV Clinical Advisory Group (CAG). Once approved this glossary will be incorporated into the CervicalCheck Quality Manual.	In Progress
		10.2	The NSS will review laboratory performance monitoring and reporting	HSE ND NSS	Q1 2019	Q3 2019	Work has begun on updating the laboratory section of the CervicalCheck Quality Manual. This work will need to progress further following the QA visits and the CervicalCheck QA group will continue to progress.	In Progress
		10.3	The NSS will review quality assurance guidelines and programme standards in relation to terminology	HSE ND NSS	Q1 2019	Q3 2019	A revised round of QA Lab visits will be scheduled against current standards. Following this CervicalCheck standards will be revised taking into consideration national and international guidance. An external expert will be included in this review.	In Progress
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	The HPV CAG will advise on mandatory requirements as part of move to HPV primary screening. The quality standards and mandatory requirements are being developed. In relation to programme standards, CervicalCheck is using the current standards which apply to the current contracts. Contract negotiations are ongoing.	In Progress
		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	The HPV CAG (and its sub-group the HPV Primary Screening Project Group) are addressing the contract specification requirements for the move to HPV Primary screening. These standards will inform the review of the CervicalCheck Quality Manual. Further work is required to update the HPV standards and this will be carried out by the HPV working group which will report into the HPV CAG. The CervicalCheck Laboratory service management process will continue to identify opportunities to avail of appropriate external expert advice/services.	In Progress
		11.3	The NSS will recruit clinical leads for colposcopy	HSE ND NSS	Q4 2018	Q2 2019	The Clinical Director of CervicalCheck has been working with the Clinical Director of the HSE's Women & Infant's Health Programme and Colposcopists to identify how best Colposcopy and General Practice have a professional role within the screening programme.	In Progress
		11.4	The NSS will recruit clinical lead for cytopathology (National Laboratory QA Lead)	HSE ND NSS	Q4 2018	Q1 2019	A CervicalCheck National Laboratory QA Lead (Cytopathologist) is now in post.	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	A revision and subsequent update of the laboratory quality documentation to include HPV screening, updated KPIs and reporting arrangements will be undertaken. Further work is required to update the HPV standards and this will be carried out by the a HPV working group which will report into the HPV CAG.	In Progress
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 are being reviewed and reporting structures clarified in relation to the NSS quality assurance standards. Work will progress in conjunction with the CervicalCheck Clinical Director and in the context of the ongoing review of governance in the NSS. The CervicalCheck Clinical Director and NSS Director of Public Health are continuing to review the implementation of this action in more detail. The NSS Director of Public Health is establishing a QA improvement project across all programmes.	In Progress
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 strengthened quality assurance, risk management and performance management clauses have been issued to hospitals for signature and return to programmes. A Steering Group to inform the further future development of MOUs and the wider performance framework for BowelScreen, CervicalCheck and Diabetic Retina Screen programmes is due to be convened in April 2019.	In Progress
		13.2	The NSS will re-establish the Clinical Advisory Group for CervicalCheck which will provide oversight and governance for non-compliances	HSE ND NSS	Q4 2018	Q1 2019	A CervicalCheck CAG will be discussed at the next QA meeting which is scheduled for the end of April.	Overdue to Finish
		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 QA group will review the arrangements for meeting providers both state and non state to monitor quality. Implementation of this action is ongoing including a review of the terms of reference for the laboratory QA group.	In Progress
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 NSS Performance Evaluation Unit (PEU) has collated the data for reporting per provider for submission to the Year 9 annual report and this report is awaiting approval.	Overdue to Finish
		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	This action will be addressed as part of 14.1 above.	Overdue to Finish
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 stats 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 QA committee is to consider and approve the report on performance statistics excluding colposcopy samples.	In Progress
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 DPH is currently reviewing all data sets within the programme. A QA project group is in the process of development and this action will be discussed in the context of the project going forward.	In Progress
		16.2	The CervicalCheck quality assurance committee will provide oversight approval for the report	HSE ND NSS	Q2 2019	Q4 2019	This action is not due to start. It is dependent on action 16.1 being progressed.	Not Due to Start

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 will continue to monitor cytology reporting rates by the continued consideration of CYTO 1 laboratory returns by the Laboratory QA Sub-Group. This requirement will be documented within the remit of the group in their terms of reference.	In Progress
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 will be incorporated into the updated laboratory section of the CervicalCheck Quality Guidance document and monitored as part of the proposal documented in the response to 17.1.	In Progress
<b>Procurement of Laboratory Services</b>								
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	Discussions are ongoing in relation to the transfer of NSS Procurement resources to the appropriate portfolio within HSE Health Business Services (HBS). The portfolio has been agreed and engagement with staff is ongoing.	In Progress
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 with the outcome assisting in defining appropriate service delivery metrics. The HPV procurement strategy has been drafted which incorporates market feedback and draft service delivery metrics.	In Progress	
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 fully defined in the HPV procurement strategy.	In Progress	
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 sourcing strategy for laboratory services which includes a market soundings exercise has been developed.	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 sourcing 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	Discussions are ongoing in relation to the transfer of NSS Procurement resources to the appropriate portfolio within HSE Health Business Services (HBS). The portfolio has been agreed and engagement with staff is ongoing.	In Progress
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 will include input from the CAG.	In Progress	
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 for HPV primary screening is under consideration – the Procurement Evaluation Group (PEG) and market engagement will inform the most appropriate quality to cost ratios.	In Progress	
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	The HPV Procurement Strategy is under development and will incorporate market feedback and draft service delivery metrics.	In Progress
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 HPV Procurement Strategy is under development and will incorporate contract performance provisions – remedies, incentives etc.	In Progress	
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	Discussions are ongoing in relation to the transfer of NSS Procurement resources to the appropriate portfolio within HSE Health Business Services (HBS). The portfolio has been agreed and engagement with staff is ongoing.	In Progress
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 Procurement Strategy template has been amended to reflect recommendations of the Scally Report	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	Terminology for the terms and conditions for change control procedures if required is being drafted in consultation with legal advisors.	In Progress
25.2		HBS Procurement will update its Document Control Centre with revised procedure.	HSE Head of Procurement	Q4 2018	Q2 2019	Document Control Centre (DCC) will be updated once amended change control procedures have been agreed.	In Progress	
25.3		The HSE will train staff in revised procedures	HSE Head of Procurement	Q4 2018	Q2 2019	Training will be carried out once DCC has been updated	In Progress	
<b>Auditing Cervical Screening</b>								
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 has commenced on the review and evaluation of clinical audit for interval cancers in three screening programmes. Working groups have been established including a governance oversight group.	In Progress	
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.	Not Due 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 proposed membership of the Independent Patient Safety Council. A process is underway to appoint the chair and hold the first meeting of the Council. When established, the immediate priority of the Council will be to undertake a review of open disclosure policies, informed by 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 will include 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 is currently being progressed.	In Progress
		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	Q1 2020	Q3 2020	An interim revision of the HSE Open Disclosure policy has been approved by the HSE Directorate. A communication will issue system wide from the CCO regarding the policy revision and launch. 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.	In Progress
		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 approved by the HSE Directorate. A communication will issue system wide from the CCO regarding the policy revision and launch.	In Progress
		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 has been updated to reflect the Civil Liabilities Amendment Act part 4. The current Open Disclosure training programme will be updated to reflect policy changes and briefing sessions for open disclosure leads and trainers has commenced with interviews for trainers completed.	In Progress
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 2019 with 9 recommendations. The Minister for Health responded to all recommendations on the 21 March 2019.  Meetings have also been held with HIQA, the HSE, the Mental Health Commission and the SCA in relation to the progression of the Bill. Mandatory requirements to meet this recommendation have been included in the HSE's interim revision of its open disclosure policy.  The Office of the Parliamentary Counsel to the Government and the Department will oversee the introduction of the Patient Safety Bill. The Government Chief Whip published the new Legislation Programme (following the focus on Brexit) with the Patient Safety Bill as one of the priority legislation for publication in the Summer Session 2019	In Progress
		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.  The revised policy will incorporate the inclusion of independent advocates in a decision not to disclose.	HSE CCO	Q4 2018	Q2 2019	The HSE Open Disclosure policy has been revised in line with amendments to the Assisted Decision Making Act and the Civil Liability Amendment Act 2018.  The interim revised policy has incorporated the inclusion of independent advocates in a decision not to disclose where a patient has experienced serious harm.	In Progress
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 has been established. A national clinical lead has been appointed to chair this group.	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	Membership of the working group and oversight group has been agreed. The first meeting of the expert group will take place in May.	In Progress
		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 is in progress to reflect policy changes.	In Progress
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 will consider requirements for governance of evaluation and audit in relation to open disclosure in the context of the Patient Safety Bill. The Government Chief Whip published the new Legislation Programme on 2 April 2019 (following the focus on Brexit) with the Patient Safety Bill as one of the priority legislation for publication in the Summer Session 2019. After publication the Bill will be progressed to the Houses of the Oireachtas for the final stages of the legislative process. The general scheme of the Patient Safety Bill provides the Minister for Health with the power to issue guidance in relation to clinical audit to improve patient care and outcomes.	In Progress
		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	The establishment of a national open disclosure steering committee has been agreed. A proposed governance framework for Open Disclosure was discussed by the HSE Leadership in March. The first open disclosure steering committee is scheduled for the end of April and will be chaired by the HSE National Director of Quality Improvement.	In Progress
		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. An operational plan of work for the National Open disclosure office is currently in development.	In Progress
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 stats, 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	The annual report for 2019 will be prepared in 2020.	Not Due to Start
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 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 during Q2 2019.	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	The Office of the Parliamentary Counsel to the Government and the Department will oversee the introduction of the Patient Safety Bill. The Government Chief Whip published the new Legislation Programme (following the focus on Brexit) with the Patient Safety Bill as one of the priority legislation for publication in the Summer Session 2019	In Progress
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	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	In Progress
		35.2	The development of the Patient Safety Bill will include consideration of appropriate sanctions	CMO	Q4 2018	Q3 2019	The development of the Patient Safety Bill will include consideration of appropriate sanctions	In Progress
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. 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	HSE DSA is signed/NCRI DPO is reviewing MOUs	In Progress
		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	This work will commence Q4 2019	Not Due to Start
		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	This work will commence Q2 2019	Not Due to Start
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: (a) NCRI must be given additional support to recruit cancer registration officers and strengthen its public health medicine capacity. (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	List sent to and discussed with DoH. Recruitment in progress where posts have been sanctioned	Complete
		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	A team has been established to develop this register and have commenced populating the register	In Progress
		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	This action is dependent on the output from 37.2	Not Due to Start
		37.4	The NCRI will tender for developing a data architecture system blueprint	Director, NCRI	Q1 2019	Q3 2019	A communication for the management team has been created and will be delivered to the management team in Q2. The tender will be developed by a working group and brought back to this management team for review and signoff	Overdue to Start
		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 and is planned to start Q4 2019	Not Due 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 and is planned to start Q2 2020	Not Due to Start
		37.7	The NCRI will establish baseline measures for timeliness and completeness.	Director, NCRI	Q4 2018	Q3 2019	This group is developing the measures required for this	In Progress
		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 dependent on the output from 37.7 and is planned to start Q3 2019	Not Due to Start
		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	This group is analysing the current processes in places	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	The NCRI has started discussions on this proposal at the monthly NCRI-HSE working group	In Progress
		38.2	The NCRI will fully review and re-release its standard operating procedure.	Director, NCRI	Q4 2018	Q2 2019	This SOP has been updated and is awaiting review by the management team	In Progress
		38.3	The NCRI will finalise minimum datasets to include clear documented definitions for all registered data	Director, NCRI	Q1 2019	Q3 2019	A working group has been established to progress this action	In Progress
		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 work will commence Q3 2019	Not Due to Start
		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	This work will commence Q3 2019	Not Due to Start
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	This work will commence Q3 2019	Not Due to Start
		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	This work will commence Q3 2019	Not Due to Start
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 Department of Health has re-run the recent recruitment campaign and the Minister has selected two people from this PAS competition to fill the two vacancies on the NCRI Board. One candidate has experience in IT and Corporate Management and the second has experience in patient advocacy and research.	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	A draft of this agreement is in progress with NCRI and NCRI Board	In Progress
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	Director, NCRI	Q1 2019	Q4 2021	The NCRI have commenced discussions with IARC who will work with NCRI to facilitate this	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	The NCRI are planning the input for this survey	In Progress
		43.2	The NCRI will implement patient and clinical advisory committees	Director, NCRI	Q1 2019	Q3 2019	The NCRI have established an patient advisory committee	In Progress
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	The NCRI has formed a working group which is planning this action	In Progress
<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	The Quality Risk Safety Manager has met with programme managers for each programme and have agreed a TOR for the implementation of the project improvement plan recommendations. Weekly project team meetings have been scheduled to progress the project.	In Progress
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 have been reviewed and provided to all committees for consultation & feedback.	Overdue to Finish
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 staff and 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 has 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. They are currently meeting with all managers as part of the review process. HR has provided an update to managers on their responsibilities to staff in relation to induction and ongoing training. HR will provide inductions monthly 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	2019 MOUs reflecting strengthened quality assurance, risk management and performance management clauses have been issued to hospitals for signature and return for BowelScreen and Diabetic Retina Screen programmes.  2019 MOUs reflecting strengthened quality assurance, risk management and performance management clauses for CervicalCheck are in the final stages of sign off by the Programme Lead for CervicalCheck and the Head of the National Screening Service.  A Steering Group to inform the further future development of MOUs and the wider performance framework (including performance reviews relating to SLA's and MOU's) for BowelScreen, CervicalCheck and Diabetic Retina Screen programmes is due to be convened in April 2019 and a dedicated project management resource has been assigned to this activity.	In Progress
		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	This action is not due to start until Q3 2019.	Not Due to Start
		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	This action is not due to start until Q3 2019.	Not Due to Start
		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	This action is not due to start until Q3 2019.	Not Due to Start
		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
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	A terms of reference has been developed for the communications and open disclosure skills training project which also outlines the project expert group membership. A skills based common curriculum will be developed in conjunction with the training bodies.	In Progress		
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	A business case has been developed and funding has been provided to the RCPI to develop this programme.	Completed		
<b>Resolution</b>								
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	Q2 2019	Q4 2019	This action will be progressed in Q2 2019.	Not Due to Start
		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 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.	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	Newly developed web page set up at hse.ie/cervicalcheck to provide a more comprehensive guide to the Cervical Check 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.	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 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.	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.	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	Following government approval, the payment of €2,000 was offered to the 221 affected women or next-of-kin	National Director of Community Operations, HSE	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.	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	National Director of Community Operations, HSE	Q2 2018	Q4 2018	An ex gratia payment was issued to the people who participated in the review.	Completed
		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 establishment of the Tribunal is an urgent priority for the Government and the Department of Health is currently preparing the necessary legislative proposals to expedite this.	In Progress