

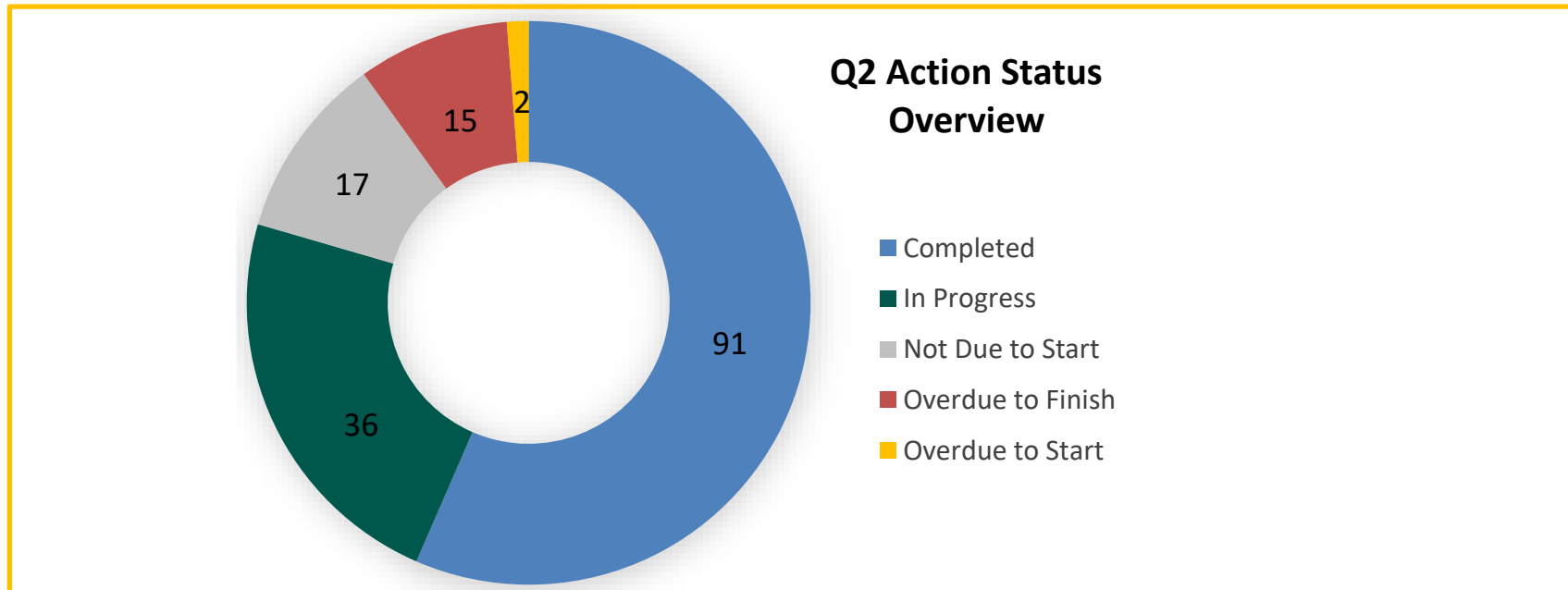
Implementation of the Recommendations of the Report of the Scoping Inquiry Progress Report Summary, Q2 2019

Following publication of the Final Report of the Scoping Inquiry into the CervicalCheck Screening Programme, led by Dr Gabriel Scally, in September 2018, a comprehensive Implementation Plan was developed to support implementation of all 56 recommendations made by the Scoping Inquiry. The process was overseen by the CervicalCheck Steering Committee and the plan was approved by Government on 11 December 2018. The Minister is committed to publishing progress reports against the recommendations on a quarterly basis in order to provide details of the work which is underway across the health system to implement all recommendations.

There has been significant progress by all parties to date as demonstrated in the overview below. Dr Scally's lab supplementary report was published on 11 June 2019, and contains two additional recommendations, and the HSE is developing a set of actions against these recommendations which will be included in a revised Implementation Plan and reported against in Q3 2019.

Overall summary position as at end of Q2 2019.

As of the end of Q2 2019, there were 161 actions arising from the 56 recommendations. The number of completed actions has increased significantly from Q1 with 91 actions now complete and 36 actions in progress. A breakdown of the status of actions is detailed below.



Q2 2019 Progress Report, by Recommendation Theme

Method of Approach

The Department of Health's record management protocol has been updated. A suitable document management system has been identified and implementation will now be progressed.

The HSE's Chief Clinical Officer (CCO) has commissioned a review of the HSE Healthcare Records Management Policy, a working group led by the HSE's Quality Improvement Division has met on a number of occasions in 2019 to progress the work and a feedback exercise on the existing policy document has commenced. It is anticipated that the review will be completed within the Q4 2019 timeframe identified. Further actions have been developed by the HSE in relation to the management of non-healthcare records and documents and these actions will be progressed through the remainder of 2019 and will be reflected in the next iteration of the implementation plan. Additionally, the audit of access to healthcare records by patients to measure compliance with best practice continues to be progressed.

The National Screening Services (NSS) client services team which was put in place during 2018 to assist patients wishing to access their healthcare records in publicly funded hospitals has been maintained and continues to provide support to patients in accessing their records.

Listening to the Voices of the Women and Families Affected

On 1 July, the Policy, Strategy & Integration Unit (PSIU) in the Department of Health submitted options and a recommendation to the Management Board of the Department of Health on how women's health could be given more consistent, expert and committed attention within the Department. This was part of a joint paper on implementing recommendation 2 and was compiled by PSIU, the Health and Wellbeing Programme and Statistics and Analytics Services Unit. Management Board agreed to proceed with the recommendation to 'Increase Collaboration on Women's Health through the establishment of a Women's Health Taskforce in the Department'. The taskforce will have a resource plan, and a project plan which will include the task of enabling the development of the Women's Health Action Plan 2019.

The Working Group developing the Women's Health Action Plan (WHAP), comprising members from the Department of Health, HSE and NWCI, has met on three occasions, 26 February, 2 May and 26 June, to review scoping exercise drafts, to take part in a workshop and to agree next steps in the development of the Action Plan. The final text of the WHAP Evidence Base Report has been approved by the Working Group (subject to copy editing and design).

The Working Group held a scoping workshop on 2 May to agree a Framework for the WHAP, which will serve as a template for wider consultation. The outcomes of the Workshop have been collated by the Policy, Strategy & Integration Unit (PSIU) in the Department of Health and the scoping exercise is substantially complete. These will be used to draft the Framework.

A wider consultation process with key stakeholders, including the perspectives of women, is planned for Q4, 2019, and scoping for the tendering process has commenced.

CervicalCheck – Management and Governance

An organisational and governance review of the NSS has been completed. A draft report setting out a series of recommendations for implementation has been provided to the National Director of the NSS for consideration and approval. It is expected that the process of its implementation will commence in Q3 2019 following approval of the report.

Work is continuing on enhancing and further strengthening the deployment of professional and public health expertise into the screening services. Recruitment of specialists in Public Health Medicine to support the NSS Director of Public Health is underway with a public health doctor already in place whose role includes supporting the further development of the CervicalCheck Quality Assurance structures as was recommended by Dr Scally. The Director of Public Health as part of their role continues to ensure public health is positioned strategically and appropriately within NSS structures.

The CervicalCheck Clinical Director has also reviewed all groups and committees in CervicalCheck inclusive of the CervicalCheck Clinical Advisory Group (CAG) in relation to their role and function to identify any further requirements or gaps inclusive of those from a public health perspective. Both the HPV Oversight and HPV Steering Group have public health representation in their membership.

The NSS Quality Safety & Risk Committee which is independently chaired continues to meet every 2 months. The membership of this committee is inclusive of patient representatives.

HSE Governance Bill

The Health Service Executive (Governance) Act 2019 was commenced on 28 June 2019. The Act establishes a Board for the HSE. In line with recommendation 4, the Act provides that at least 2 of the Board members must be people with experience of, or expertise in, advocacy relating to matters affecting patients. The Board has been established and held its first meeting on 28 June 2019.

Public Health Expertise

Following the publication of the Crowe Horwath Report on the Role, Training and Career Structures of Public Health Physicians in Ireland in December 2018, an Implementation Oversight Group has now been established to oversee the implementation of a new model of public health medicine. This Group, which will be 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.

The HSE's Implementation Working Group has been established, and the workplan for the Oversight Group has been finalised. A process to scope out and agree the future governance and organisational structures for public health medical services has commenced. The implementation of the agreed governance and organisational structures for public health medical services will begin in Q4 2019.

The HSE continues to ensure that the role of public health within the screening programmes is positioned strategically and appropriately within the NSS governance structures. The Director of Public Health in the NSS is also leading on the implementation of module 5 of the Crowe Horwath Report and a service plan for public health within the NSS for 2019/2020 is being developed.

National Screening Committee

Professor Niall O'Higgins was appointed as Chair of the National Screening Committee (NSC). The Department commenced the expressions of interest (recruitment) process for membership of the NSC in Q2 2019, in consultation with the newly appointed Chair. The aim is to have roles advertised before the end of July 2019. The Department will host the inaugural meeting of the National Screening Committee in the Q3-Q4 2019 period.

The Department has considered the draft specification, and has a proposal developed that will be taken forward with the outcome of the expression of interest process for membership of the National Screening Committee.

Risk Management

The group commissioned by the HSE Chief Clinical Officer to review the HSE risk management structures has completed a report which is under consideration. Discussions have commenced within the HSE in relation to the recommendations and their implementation.

The NSS has completed a review of its governance and risk management processes in addition to its risk registers across all screening programmes. A process for the monitoring and management of risk registers in the NSS has been developed and is currently being implemented. Incident and risk management is now a standing agenda item on the Executive Management Team and Senior Management Team meetings of each screening programme.

CervicalCheck Laboratory Services

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

In relation to laboratory providers fully implementing a single agreed terminology for the recording of results, cytology reporting terminology has been agreed as per the Bethesda 2001 system. The terminology for HPV testing modalities has been standardised in line with UK and international

terminology. The programme continues to monitor cytology reporting rates by the continued consideration of CYTO1 laboratory returns through the relevant QA structures.

In relation to re-establishing the CervicalCheck Clinical Advisory Group (CAG) – a draft terms of reference and membership has been circulated and a chair has been identified. It is expected that the group will convene its first meeting in Q3 2019.

In response to the recommendation relating to the programme having the ability to report performance statistics that allow those samples taken in Colposcopy to be reported on separately to those taken in primary care, the CervicalCheck QA committee has approved reports that now provide these details.

A further four actions have been identified by the HSE following Dr Scally's supplementary report from June 2019 in relation to CervicalCheck laboratory services in order to ensure that there is a consistent and thorough approach to the quality of the laboratory services being provided to the cervical screening programme – an update on these will be included in the Q3 2019 progress report.

Work is continuing in the NSS by the Laboratory QA Lead to develop a policy for accreditation for programme standards.

Procurement of Laboratory Services

All actions identified by the HSE in response to the 8 recommendations relating to procurement have now been fully implemented. The National Screening Services procurement function has been subsumed and integrated into the HSE National Health Business Services (HBS) Procurement portfolio. A HPV procurement strategy has been developed for future procurement of laboratory services for HPV primary screening and this has taken account of all recommendations relating to contracts, service delivery metrics, performance, market engagement, service specifications etc. The HPV procurement strategy has also been developed to address qualitative factors, supplier experience and innovation as well as cost considerations to ensure an appropriate cost to quality ratio is applied in any contracts for laboratory services. The current contracts for laboratory services have incorporated a suite of service delivery metrics which will be used as part of monitoring performance against contracts.

Following Dr Scally's supplementary report in June 2019 a further four actions have been developed by the HSE in relation to procurement of laboratory services. These actions will ensure that future contracts for the provision of cytology and other laboratory services to CervicalCheck will explicitly state each precise locations by the precise company are identified as such in the written contracts and that measures will be put into place to monitor compliance.

Auditing Cervical Screening

The work of the expert group established to review clinical audit of interval cancers in three cancer screening programmes continues to be progressed. A detailed work plan has been developed which includes the completion of a literature review and the commencement of a series of workshops facilitated by international experts working in the areas of clinical audit of cancer screening programmes.

Open Disclosure

The General Scheme of the Patient Safety Bill was approved by Government in July 2018 and underwent pre-legislative scrutiny at the Oireachtas Joint Committee on Health on 26 September 2018. The Report from the Oireachtas Health Committee was issued on 7 December 2019 with nine recommendations. The Minister for Health responded to all recommendations on 21 March 2019. Meetings have 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 Parliamentary Counsel to the Government and the Department of Health 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 pieces of legislation for publication. The Office of the Parliamentary Counsel and the Department are working towards having the Patient Safety Bill introduced in the Autumn Dáil session.

The Minister has approved the terms of reference and proposed membership of the Independent Patient Safety Council. 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. The Minister has appointed the Chair of the Independent Patient Safety Council and the appointment of members is currently being progressed.

An interim revision of the HSE Open Disclosure policy has been completed. The revised policy was launched by the HSE CEO on the 12th of June 2019. An addendum to the policy allows for a further revision being undertaken once the Patient Safety Council has been established and the Open Disclosure Policy has been revised following the enactment of the Patient Safety Bill. The HSE revised policy includes a provision for the inclusion of independent patient advocates in a decision not to disclose, in response to the recommendation of Dr Scally.

The HSE training programme for open disclosure has been updated to reflect the interim revised policy and briefing sessions for open disclosure leads and trainers is continuing. Workshops for open disclosure leads are also being organised across all divisions to ensure the effective implementation approach to the open disclosure policy and programme at community, Hospital Group, National Ambulance Service and screening services level. These will be facilitated in July and September 2019.

An open disclosure governance steering group, chaired by the National Director of Quality Improvement, has been established in the HSE and an Open Disclosure governance framework has been developed to strengthen the governance relating to open disclosure at a system level.

Cancer Registration

The working group established between the HSE and the National Cancer Registry of Ireland (NCRI) to collaborate on the common recommendations in the Scally report continues to meet.

The NCRI has now signed a data sharing agreement with the HSE. The Data Protection Officer has reviewed the Memoranda of Understanding (MOU) and advised that only an MOU with the NSS is required; the Data Sharing Agreements also cover all other areas. This MOU will be progressed during Q3 2019.

Key NCRI posts have been sanctioned and recruitment is underway. The development and population of an Electronic Data Use Register is underway and preparations for the tendering for a data architecture system blueprint have begun.

Following a recruitment campaign, two individuals with the relevant competencies to support data sharing and patient safety have been appointed to the NCRI Board.

Discussions with the International Agency for Research on Cancer (IARC) in relation to the conduct of annual peer reviews are underway.

Other Screening Programmes

Revised principles of operation for all screening programme QA committees have been reviewed and provided to all committees for consultation & feedback. Subsequently revised terms of reference have been developed across all programmes and whilst still in development, the QA committees are working to the revised principles of operation and terms of reference.

To strengthen guidance and support for staff in screening programmes on the implementation of open disclosure, the HSE engaged the RCPI to develop a screening education programme outlining the benefits and limitations of screening and this education programme went live before the end of Q2 2019.

Resolution

The HSE CCO has continued to engage with patient representatives to identify any women or families who may wish to meet with their clinicians.