

Implementation Plan for Report of the Scoping Inquiry into Cervical Check Issues

No.	Recommendation	Current Position	Actions	SRO	Start	End
Method of Approach						
1	The Department of Health and the HSE should revise their policies in respect of document management. This should ensure that good quality records are created and maintained which are authentic, reliable, and complete in searchable format. They should be protected and preserved to support future actions and ensure current and future accountability.	Implementation of this recommendation may entail considerations both of how records (other than patient records) are managed, and use of ICT solutions such as eSubmissions. The Electronic Healthcare Record is currently in development in the HSE and a national steering group co-chaired by the Chief Clinical Officer and the Chief Operations Officer has been established.	The Department will review its current policy on document management to identify areas with potential for improvement and scope requirements	Dep Sec Governance and Performance, DoH	Q4 2018	Q2 2019
			The HSE will commence discussions on a process to identify and review its current policy on document management. The purpose of this review will be to identify any improvements and amendments including available document management systems	HSE CIO & CCO	Q4 2018	TBC
			The HSE will conduct additional awareness training with clinicians regarding Healthcare Record Management (HCRM) policy and standards	HSE CCO & CIO	Q4 2018	TBC
			The HSE will conduct engagement with operations regarding responsibility and accountability for HCRM	HSE CCO & CIO	Q4 2018	TBC
			The HSE will evaluate compliance with HCRM through health care audit	HSE CCO & CIO	Q2 2019	TBC
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>Progress specific to women's health has been achieved in a number of areas in recent years. Developments include the National Maternity Strategy and legislation relating to FGM and termination of pregnancy.</p> <p>The National Strategy for Women and Girls (NSWG) was launched in 2017, and advancing the physical and mental health and wellbeing of women is one of the six objectives of the NSWG. Partnership working is underway by the Department of Health and the National Women's Council of Ireland (NWC) to develop a Women's Health Action Plan (WHAP) which is described by the NSWG. The WHAP is being developed in close partnership with the NWC, so the perspectives of women are incorporated into the process through that mechanism; however, the development of the WHAP is also intended to include wider consultation. The Health and Wellbeing sections of the Department and the HSE have established a working group with the NWC to advance the development of the Plan, and initial funding of €10K has been provided to the NWC to carry out an initial desk-based scoping exercise which is expected to be completed by end 2018. Following completion of the scoping exercise, the target date for completion of the draft Women's Health Action Plan itself is mid-2019.</p> <p>Following publication of the National Maternity Strategy in 2016, the National Women and Infant's Health Programme was established within the HSE to drive the Strategy's implementation and to lead the management, organisation and delivery of maternity, gynaecological and neonatal services across primary, community and acute care. The work of the Programme will ensure continued focus and development in the provision of woman-centred, safe and high quality maternity, gynaecological and neonatal care.</p> <p>From a broader policy perspective, sustainable implementation of this recommendation is dependent on changing attitudes and behaviours, recognising that culture change can take time. It is proposed to undertake a review to identify the most impactful ways of achieving the necessary change. Cross-divisional policy processes within the Department can help to ensure that women's health is reflected centrally in policy development across all areas.</p>	Working with the HSE and the NWC, the Department will oversee the scoping exercise on the development of the Women's Health Action Plan as envisaged under the National Strategy for Women and Girls	CMO	Commenced	Q1 2019
			Following completion of the scoping exercise, the Department will work with the HSE and the NWC to review the outcome of the scoping exercise and set out a work programme for 2019	CMO	Q1 2019	Q1 2019
			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	Dep Sec Policy and Strategy, DoH	Q4 2018	Q2 2019
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>Under GDPR regulations which came into effect on May 25th 2018, patients are entitled to access data that is held about them by data controllers. Data controllers in the context of health may be a number of separate legal entities. All HSE hospitals are covered by one legal entity/ data controller but that is not the case for voluntary hospitals, which are separate data controllers, as are GPs and other private health care providers. This can make the job of collating all information about one patient more complex and slower than one would reasonably expect.</p> <p>Collating data from all parts of the health service that a particular patient may have encountered will always be a challenge when it goes beyond the scope of hospitals. The Electronic Healthcare Record is currently in development in the HSE and a national steering group co-chaired by the Chief Clinical Officer and the Chief Operations Officer has been established.</p> <p>As the data controller for patient records, ownership of actions associated with this recommendation is most appropriate for the HSE rather than the Department of Health.</p>	The HSE will work in partnership with the DoH in the development and implementation of improvement plans in relation to how service users can access their medical records in public hospitals.	HSE CCO	Q4 2018	TBC
			The HSE will retain the current National Screening Services team to assist with continued medical record access in public hospitals	HSE CCO	Completed	Completed

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Governance and Management						
4	The Minister for Health should consider seriously the appointment of two patient advocates to the proposed new Board for the HSE.	On 18 September, Government noted the appointment of Mr Ciaran Devane as Chairperson of the new HSE Board. The Public Appointments Service campaign for the remaining Board members is currently underway, and the information booklet for applicants addresses a range of areas of expertise and experience required by the Board including patient advocacy. The Health Service Executive (Governance) Bill 2018 provides the legislative basis for the new HSE Board. The Bill was passed by the Seanad on 7 November 2018 with amendments to expressly provide that at least two board members are persons with experience of, or expertise in, advocacy in relation to matters affecting patients. The next step is for the Bill to go through the Dail.	The Department will oversee the conclusion of the PAS campaign for recruitment of Board members, including members with experience or expertise in patient advocacy	Dep Sec Governance and Performance, DoH	Commenced	Q4 2018
			The Department will support the Minister in bringing the Health Service Executive (Governance) Bill through the Houses of the Oireachtas	Dep Sec, Policy and Strategy, DoH	Commenced	Q4 2018
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.	Appendix 4 of the final report outlines a draft service specification for a National Screening Committee, modelled on the UK National Screening Committee which has been in operation since 1996. The suggested aim of the committee is to recommend population-based screening programmes, using the best available evidence to reduce the incidence of and mortality from disease.	The Department will review the advice (draft specification) provided to it	CMO	Commenced	Q4 2018
			The Department will consider the elements not covered by this advice and develop a proposal which also aligns with the need for expert National Committees in relation to other important public health areas including, for example, immunisation	CMO	Commenced	Q1 2019
			The Department will establish a National Screening Committee	CMO	Q2 2019	Q2 2019
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.	The current reporting arrangement is that the Interim National Director reports directly to the Director General. A HSE Steering Group, which is already in place, will oversee the development of a wider organisational governance implementation plan for the National Screening Service(NSS).	The HSE will maintain the current reporting line of the Interim National Director directly reporting to Director General, pending appointment of permanent CEO	HSE DG	Commenced	Q2 2019
			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	Commenced	Q3 2019
			The HSE will implement a governance improvement plan	HSE ND NSS	Q2 2019	Q4 2019
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.	The Crowe Horwath Review of Public Health Medicine was completed in 2018. The Department of Health is currently considering the findings of that Review, not alone in relation to how public health expertise should be deployed within Screening Services but how this resource can be utilised more effectively across the health service as a whole. Following the Scally Report interim recommendations, a Public Health Advisor has been assigned to the HSE's HPV Steering Committee. A Specialist Public Health post is currently vacant.	The Department will prepare a response to the Crowe Horwath Review	CMO	Q3 2018	Q4 2018
			The HSE will identify Public Health membership for the Clinical Advisory Group for Cervical Check and the HPV Steering Group.	HSE ND NSS	Completed	Completed
			The HSE will appoint an interim Director of Public Health for the National Screening Service, pending the permanent filling of this post	HSE ND NSS	Commenced	Q2 2019
			The HSE will identify Public Health representatives for all Quality Assurance committees	HSE ND NSS	Commenced	Q2 2019
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.	The Health Service Executive (Governance) Bill 2018 provides the legislative basis for the new Board of the HSE. The Minister proposes to bring the Bill through the Houses of the Oireachtas in the Autumn 2018 session with a view to establishing the Board this year. On 18 September, Government noted the appointment of Mr Ciaran Devane as Chairperson. The Public Appointments Service campaign for the remaining Board members is currently underway, and the information booklet for applicants addresses a range of areas of expertise and experience required by the Board including patient advocacy. One of the key roles outlined for the role of the Board members is to introduce and operate effective Board governance processes. It is expected that this legislation will be in place in Q4 2018. The newly appointed Board in conjunction with the CEO and HSE Executive team will need to review the current risk management framework and implement a plan to revise, as necessary, to ensure risk management is in line with best practice, is robust and fit for purpose. An organisational review of risk management structures has been commissioned by the Chief Clinical Officer of the HSE. A new Quality, Safety and Risk Committee has been established for the NSS. Membership includes representatives from all screening programmes, Public Health, Acute Services and Quality Assurance and Verification Division. The purpose of this committee is to ensure risk is being effectively managed in screening programmes and to escalate through the HSE governance structures as appropriate. The NSS appointed an interim Quality, Safety and Risk lead and is in the process of recruiting to a permanent position.	The Department will support the Minister in bringing the Health Service Executive (Governance) Bill through the Houses of the Oireachtas	Dep Sec, Governance and Performance, DoH	Commenced	Q4 2018
			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	Q4 2018	Q4 2019
			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	Commenced	Q1 2019
			The NSS will implement revised incident and risk management structures and processes	HSE ND NSS	Commenced	Q4 2019
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.	NSS quality assurance is being reviewed to standardise the approach across all programmes.	The NSS will implement enhanced quality assurance arrangements and a cross programme task group to standardise quality assurance processes	HSE ND NSS	Commenced	Q2 2019
			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	Commenced	Q2 2019
			The NSS will recruit clinical leads for cytopathology and colposcopy	HSE ND NSS	Commenced	Q2 2019
			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	Commenced	Q2 2019

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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.	Specifications are being reviewed as part of progression to the HPV primary screening programme. All three contracted laboratories are using the Bethesda system for reporting.	The NSS will define and agree the terminology to be used in service specifications and recording of results	HSE ND NSS	Commenced	Q2 2019
			The NSS will review laboratory performance monitoring and reporting	HSE ND NSS	Q1 2019	Q3 2019
			The NSS will review quality assurance guidelines and programme standards in relation to terminology	HSE ND NSS	Q1 2019	Q3 2019
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.	NSS quality assurance is being reviewed to standardise the approach across all programmes.	The NSS will implement enhanced quality assurance arrangements and a cross programme task group to standardise quality assurance processes	HSE ND NSS	Commenced	Q2 2019
			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	Commenced	Q2 2019
			The NSS will recruit clinical leads for cytopathology and colposcopy	HSE ND NSS	Commenced	Q2 2019
			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	Commenced	Q2 2019
12	CervicalCheck should adopt a formal risk management approach to parameters which do not reach acceptable standards despite full intervention and monitoring.	As per recommendation 8, a revised approach to quality and risk management is being introduced across the organisation which defines clear governance and escalation pathways. This is inclusive of strengthening quality assurance in relation to data, site visits, generation of reports and monitoring the implementation of any resulting action plans. This is also being aligned with contracting and the performance management of contracts.	The NSS will update its quality assurance standards to adopt a formal quality assurance risk management approach	HSE ND NSS	Q4 2018	Q2 2019
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.	A Quality Assurance Committee is in existence that meets quarterly which has representatives from each stakeholder area. There is also a laboratory sub-committee which has representatives from cytopathology (in-country and external), histology and virology. This Committee does not currently have a representative from non-state providers. Work has commenced to review the overall quality assurance approach.	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	Commenced	Q2 2019
			The NSS will re-establish the Clinical Advisory Group for CervicalCheck which will provide oversight and governance for non-compliances	HSE ND NSS	Commenced	Q1 2019
			The NSS will appoint a cytopathology lead	HSE ND NSS	Commenced	Q2 2019
			The NSS will review membership of all CervicalCheck quality committees (QA committee, CAG the lab sub-committee) to include external representation including the non-state providers	HSE ND NSS	Commenced	Q2 2019
14	CervicalCheck should collate and publish annual data on reporting rates for all categories broken down by provider.	There is capacity within CervicalCheck Performance Evaluation Unit to publish annual data on reporting dates on all categories broken down by providers.	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	Commenced	Q4 2018
			The NSS will run data for Year 9 and incorporate this into the CervicalCheck Annual Report for Year 9	HSE ND NSS	Commenced	Q4 2018
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.	There is capacity within the CervicalCheck Performance Evaluation Unit to 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. There are a number of monitoring tools that are used to review laboratory performance. The main report that is prepared by the laboratories and returned to the Programme on a quarterly basis is the cyto 1 report.	The NSS will define relevant report specifications (amendment or new)	HSE ND NSS	Commenced	Q2 2019
			The NSS will develop, test and validate the relevant report	HSE ND NSS	Q1 2019	Q2 2019
			The NSS quality assurance committee will provide oversight approval for the report	HSE ND NSS	Q1 2019	Q2 2019
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.	There is capacity within CervicalCheck Performance Evaluation Unit to establish whether the differential rates of abnormality persist and, if so, to what extent they can be attributed to underlying population differences.	The NSS will investigate whether the differential rates of abnormality persist	HSE ND NSS	Q1 2019	Q2 2019
			The NSS quality assurance committee will provide oversight approval for the report	HSE ND NSS	Q1 2019	Q2 2019
17	The different rates of sensitivity for ASCUS + identified by second screen at each provider require further investigation by CervicalCheck.	CervicalCheck will engage with appropriate clinical staff (cytopathologist) in the programme to review recommendation 17 and recommendation 18. Recommendations 17 and 18 to be discussed in the next quality assurance committee and/or laboratory sub-group. Review meeting to be scheduled with Laboratory Lead to progress further	Actions will be developed when cytopathology lead is appointed	HSE ND NSS	Q1 2019	TBC
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.	CervicalCheck will engage with appropriate clinical staff (cytopathologist) in the programme to review recommendation 17 and recommendation 18. Recommendations 17 and 18 to be discussed in the next quality assurance committee and/or laboratory sub-group. Review meeting to be scheduled with Laboratory Lead to progress further	Actions will be developed when cytopathology lead is appointed	HSE ND NSS	Q1 2019	TBC

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Procurement of Laboratory Services						
19	Winning proposals should be appended to the relevant contract and not destroyed until at least one year following termination of the contract (and any extension thereof).	Health Business Services (HBS) Procurement together with the NSS have reviewed, in detail, the recommendations made in relation to the procurement of laboratory services in the Scoping Inquiry. The Scoping Inquiry Report contains numerous critical observations in regard to the respective procurement processes undertaken by the NSS. HBS Procurement has produced a document to address the procurement recommendations in the Scoping Inquiry. Progress is being monitored by the Head of Procurement via a Procurement Improvement Actions programme. All of the recommendations with associated actions have owners, with both HBS Procurement personnel and appropriate NSS staff working together to implement the recommendations.	The HSE will review and update its Financial Records Management Policy (NFR08) as relevant to Procurement	HSE Head of Procurement	Q4 2018	Q2 2019
			HBS Procurement will update its Control Centre with revised procedures.	HSE Head of Procurement	Q4 2018	Q2 2019
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.	HBS Procurement together with the NSS have reviewed, in detail, the recommendations made in relation to the procurement of laboratory services in the Scoping Inquiry. The Scoping Inquiry Report contains numerous critical observations in regard to the respective procurement processes undertaken by the NSS. HBS Procurement has produced a document to address the procurement recommendations in the Scoping Inquiry. Progress is being monitored by the Head of Procurement via a Procurement Improvement Actions programme. All of the recommendations with associated actions have owners, with both HBS Procurement personnel and appropriate NSS staff working together to implement the recommendations.	NSS Procurement will be incorporated into HBS procurement and governed under HBS Policies and Procedures	HSE Head of Procurement	Q4 2018	Q2 2019
			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
			HBS Procurement will review its procedure for proposal of contract extensions	HSE Head of Procurement	Q4 2018	Q2 2019
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.	HBS Procurement together with the NSS have reviewed, in detail, the recommendations made in relation to the procurement of laboratory services in the Scoping Inquiry. The Scoping Inquiry Report contains numerous critical observations in regard to the respective procurement processes undertaken by the NSS. HBS Procurement has produced a document to address the procurement recommendations in the Scoping Inquiry. Progress is being monitored by the Head of Procurement via a Procurement Improvement Actions programme. All of the recommendations with associated actions have owners, with both HBS Procurement personnel and appropriate NSS staff working together to implement the recommendations.	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
			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
22	CervicalCheck should ensure that its procurement approach maintains a balanced focus on qualitative factors, supplier experience, and innovation, alongside cost considerations.	HBS Procurement together with the NSS have reviewed, in detail, the recommendations made in relation to the procurement of laboratory services in the Scoping Inquiry. The Scoping Enquiry Report contains numerous critical observations in regard to the respective procurement processes undertaken by the NSS. HBS Procurement has produced a document to address the procurement recommendations in the Scoping Inquiry. Progress is being monitored by the Head of Procurement via a Procurement Improvement Actions programme. All of the recommendations with associated actions have owners, with both HBS Procurement personnel and appropriate NSS staff working together to implement the recommendations.	NSS Procurement will be incorporated into HBS Procurement and governed under HBS Policies and Procedures	HSE Head of Procurement	Q4 2018	Q2 2019
			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
			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
23	CervicalCheck should ensure that future procurements incorporate measures to test performance in the current contract.	HBS Procurement together with the NSS have reviewed, in detail, the recommendations made in relation to the procurement of laboratory services in the Scoping Inquiry. The Scoping Inquiry Report contains numerous critical observations in regard to the respective procurement processes undertaken by the NSS. HBS Procurement has produced a document to address the procurement recommendations in the Scoping Inquiry. Progress is being monitored by the Head of Procurement via a Procurement Improvement Actions programme. All of the recommendations with associated actions have owners, with both HBS Procurement personnel and appropriate NSS staff working together to implement the recommendations.	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	Q2 2019
			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
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.	HBS Procurement together with the NSS have reviewed, in detail, the recommendations made in relation to the procurement of laboratory services in the Scoping Inquiry. The Scoping Inquiry Report contains numerous critical observations in regard to the respective procurement processes undertaken by the NSS. HBS Procurement has produced a document to address the procurement recommendations in the Scoping Inquiry. Progress is being monitored by the Head of Procurement via a Procurement Improvement Actions programme. All of the recommendations with associated actions have owners, with both HBS Procurement personnel and appropriate NSS staff working together to implement the recommendations.	NSS Procurement will be incorporated into HBS Procurement and governed under HBS Policies and Procedures	HSE Head of Procurement	Q4 2018	Q2 2019
			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
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.	HBS Procurement together with the NSS have reviewed, in detail, the recommendations made in relation to the procurement of laboratory services in the Scoping Inquiry. The Scoping Inquiry Report contains numerous critical observations in regard to the respective procurement processes undertaken by the NSS. HBS Procurement has produced a document to address the procurement recommendations in the Scoping Inquiry. Progress is being monitored by the Head of Procurement via a Procurement Improvement Actions programme. All of the recommendations with associated actions have owners, with both HBS Procurement personnel and appropriate NSS staff working together to implement the recommendations.	The HSE will review and update its Contract Management and Change Control Procedure	HSE Head of Procurement	Q4 2018	Q2 2019
			HBS Procurement will update its Document Control Centre with revised procedure.	HSE Head of Procurement	Q4 2018	Q2 2019
			The HSE will train staff in revised procedures	HSE Head of Procurement	Q4 2018	Q2 2019

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Auditing Cervical Screening						
26	Audits should continue to be an important component of cervical screening as this complies with all good clinical practice. Common, robust and externally validated approaches to the design, conduct, evaluation and oversight of audits should be developed across the screening services.	Currently, audit is paused within CervicalCheck. Resumption of the audit is a Ministerial priority. The Independent Expert Panel Review of Cervical Screening is on-going and may have implications for future audit practices.	The NSS will set up an Expert Group to review clinical audit processes across all cancer screening programmes	HSE CCO	Q4 2018	Q3 2019
		The HSE Chief Clinical Officer requested that each National Clinical Audit function carry out an assessment of their audits. The scope included 15 national clinical audits and 1 compliance audit. Following on from the findings of this assessment the Chief Clinical Officer is now establishing a full review of Clinical Audit across the Irish healthcare system to ensure that suitable structures and supports are identified and implemented. A project has been commissioned to enable robust and externally validated approaches to the design, conduct, evaluation of audit and screening. A clinical audit evaluation project to ensure that suitable structures and supports are identified and implemented has been commissioned in collaboration with the training colleges, National Office of Clinical Audit and the HSE. A working group and steering group have been established and draft Terms of Reference developed.	The NSS will implement the recommendations following the review of clinical audit processes across all cancer screening programmes	HSE CCO	Q3 2019	TBC
27	There should be a minimum of two patient advocates involved in the oversight of clinical audits for the screening services.	The HSE is reviewing the governance in relation to incorporating patient advocates in the oversight of clinical audits for screening services.	The NSS will liaise with the HSE National Advocacy Unit to review the approach to the inclusion of patient advocates on HSE committees	HSE CCO	Commenced	Q4 2018
			The HSE will include two patient advocates in the oversight of clinical audits for screening services	HSE CCO	Q4 2018	Q4 2018
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.	The Department of Health is engaging with the HSE on its revision of the open disclosure policy to incorporate the recommendations from Dr Scally's report. The HSE is carrying out an interim revision of the open disclosure policy in line with the recommendations of the Scally Report. Draft Terms of Reference have been developed and stakeholder analysis has been completed.	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 Government for approval. The Council will have as its first task the completion of a detailed overhaul of existing policy on Open Disclosure reflecting the full range of Dr Scally's recommendations in this regard	CMO	Commenced	Q1 2019
			In anticipation of proposals to establish an Independent Patient Safety Council, the HSE will review its approach to the operation of open disclosure	HSE CCO	Q4 2018	Q2 2019
			The HSE will launch a revised policy for open disclosure	HSE CCO	Q1 2019	Q2 2019
			The HSE will implement the revised policy for open disclosure through the development of a significant training programme and guidance documentation over an extended period	HSE CCO	Q1 2019	Q2 2019
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.	The Department engaged in the pre-legislative scrutiny for the Patient Safety Bill that was undertaken by the Oireachtas Health Committee on 26 September. The Report of the Committee arising from the hearing is currently awaited. The Department is working extremely closely with the Office of the Parliamentary Counsel to develop the Bill, with one official engaged on the matter on a full time basis. 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 Department will oversee the introduction of the Patient Safety Bill, which includes mandatory requirements for open disclosure for serious patient safety incidents and the General Scheme of which was approved by Government in July 2018	CMO	Commenced	Q1 2019
			The HSE will continue to revise its open disclosure policy in line with other relevant developments, e.g. the Assisted Decision Making Act	HSE CCO	Q4 2018	Q2 2019
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.	The Minister for Health wrote to the interim Director General of the HSE on 5 July 2018, requesting that the HSE ensure that a clear governance framework for open disclosure is put in place at national level as well as seeking the updating of the HSE Open Disclosure Policy to take into account the current and pending open disclosure legislation. A detailed open disclosure implementation programme has been in place in the HSE since 2013. The Chief Clinical Officer has engaged with the training colleges, the SCA, the Irish Medical Organisation (IMO), Irish Medical Protections (IMP) and clinicians to develop and implement a national communications training programme to include Open Disclosure. The HSE has developed and implemented a communications programme for clinical staff. A clinical directors workshop was held on 8th November 2018 regarding a planned approach to clinical training for open disclosure and for ongoing engagement with clinical groups and training colleges.	The HSE will establish an integrated forum of experts to scope the programme, draft Terms of Reference have been developed and the scoping will commence in November 2018	HSE CCO	Q4 2018	Q2 2019
			The programme will be incorporated into the training curriculum of the colleges and the HSE training programmes	HSE CCO	Q2 2019	Q2 2019
			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
31	A governance framework for open disclosure must be put in place that includes evaluation and audit.	The Department engaged in the pre-legislative scrutiny for the Patient Safety Bill that was undertaken by the Oireachtas Health Committee on 26 September. The Report of the Committee arising from the hearing is currently awaited. The current Open Disclosure implementation/ governance proposal includes the areas of evaluation and audit. A self-assessment tool is currently in development to support service measures in compliance with the policy. The HSE has included an audit of compliance with the HSE Open Disclosure Policy in the quality assurance audit programme 2019.	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	Commenced	Q2 2019
			The HSE will develop appropriate KPIs on Open Disclosure	HSE CCO	Q4 2018	Q2 2019

No.	Recommendation	Current Position	Actions	SRO	Start	End
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.	Following the interim review of the policy the following has been included as a responsibility for managers: "prepare an annual report for 2019 on the operation of open disclosure within the service - provide report on open disclosure to senior management and staff as required". This information will then be used to generate a report for the new Board of the HSE. The National Open Disclosure Office of the HSE will have a role in data collection to inform and produce a national report.	The Department will progress this recommendation in the context of the review of open disclosure policies to be undertaken by the Independent Patient Safety Council	CMO	Commenced	Q3 2019
			The HSE will prepare an annual report for 2019 on the operation of open disclosure within the service	HSE CCO	Q4 2018	Q2 2020
			The HSE will provide reports on open disclosure to senior management staff in line with HSE reporting cycles	HSE CCO	Q4 2018	Q2 2020
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.	The Department of Health has commenced discussions with the Heads of the Post-Graduate Training Bodies in relation to Dr Scally's recommendations and will specifically engage with the Medical Council to strengthen the guidance for registered medical practitioners.	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	Commenced	Q2 2019
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.	The Department engaged in the pre-legislative scrutiny for the Patient Safety Bill that was undertaken by the Oireachtas Health Committee on 26 September. The Report of the Committee arising from the hearing is currently awaited.	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	Commenced	Q1 2019
35	This duty of candour should extend to the individual professional-patient relationship.	The Department engaged in the pre-legislative scrutiny for the Patient Safety Bill that was undertaken by the Oireachtas Health Committee on 26 September. The Report of the Committee arising from the hearing is currently awaited.	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	Commenced	Q1 2019
			The development of the Patient Safety Bill will include consideration of appropriate sanctions	CMO	Q42018	Q1 2019
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.	In September and October a number of meetings took place between the Department of Health, the National Cancer Registry (NCRI) and the HSE, including stakeholders from the National Cancer Control Programme (NCCP), the NSS and the Office of the Chief Information Officer. On foot of these discussions, a data-sharing agreement between the NCRI and the HSE was drafted and approved. It sets out the framework for the sharing of data (including personal data and sensitive personal data or special category of personal data) between the NCRI and the HSE as Data Controllers. It also defines the principles and procedures to be followed and the responsibilities of each organisation. The data-sharing agreement encompasses HSE funded bodies which are covered by the HSE legal entity. This includes the three NSS programmes – CervicalCheck, BreastCheck and BowelScreen – as well as hospices, primary care centres and thirty-seven acute hospitals. On 12 October the agreement was signed by the Chair of the NCRI Board and by the Deputy Director General of the HSE. The NCRI-HSE data-sharing agreement will be used as the template for all NCRI data-sharing. Data-sharing agreements are now required for those institutions (such as private hospitals) which are not covered by the agreement concluded between the NCRI and the HSE. Separately, there is a need for Memoranda of Understanding to underpin these data-sharing agreements by setting out related operational detail.	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	Q1 2019
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.	The National Cancer Strategy 2017 – 2026 recognises the importance of accurate and timely cancer data in measuring performance and informing future policy. In this context, Crowe Horwath was commissioned in late 2017 to carry out an external organisational review of the NCRI. This was designed to examine the structures currently in place in the NCRI and to make recommendations as to the optimal configuration for the NCRI to perform an expanding role. The Department and Crowe Horwath liaised through meetings and correspondence during the review process. The emphasis of the Department in these interactions was on bringing out more explicitly the role of the NCRI in feeding into the development of cancer policies and the planning of cancer services, in particular in the context of implementation of National Cancer Strategy. Provision of accurate and timely information is a central requirement of any effective strategy of cancer control. Such information underpins evidence-based and informed decision making by policy makers, researchers, health professionals and patients. The structures in place in the NCRI should facilitate increasing and optimising the use of available data to drive improvements in cancer care for patients and also to ensure that the potential for the NCRI to contribute to the collection, collation and reporting of Strategy KPIs is fulfilled. The HSE will collaborate with the NCRI and the Department of Health in any development in relation to electronic data capture.	The NCRI will prepare a priority resource list for consideration by the Department of Health	Director, NCRI	Commenced	Q4 2018
			The NCRI will build its public health capacity as shared capacity and/or by employing a staff public health epidemiologist and will draft a job description for an NCRI public health epidemiologist	Director, NCRI	Q1 2019	Q3 2019
			The NCRI will tender for developing a data architecture system blueprint	Director, NCRI	Q1 2019	Q3 2019
			Following completion of the blueprint, the NCRI will further tender for the development of data management intelligence, in line with the blueprint	Director, NCRI	Q3 2019	Q1 2020
			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	Q1 2020	Q1 2022

No.	Recommendation	Current Position	Actions	SRO	Start	End
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.	The Scally report noted that in addition to its routine methods for collecting data on cancers from hospitals, NCRI receives data on cervical cancers and pre-cancerous cervical intra-epithelial neoplasia (CIN) lesions from CervicalCheck. NCRI uses this data to supplement its cancer registration database. It adds cancers for which it did not already have a record because of difficulty or delays in getting data from some hospitals, supplements the data it has on cancer cases and adds CIN data which it would not otherwise obtain. NCRI adds a screening flag to the cervical cancers but this does not seem to have a classification linked to the screening programme, i.e. true interval cancer. It appears that all cancers notified first to NCRI from CervicalCheck are labelled as 'screening'. There also seems to be an issue about the classification of whether cancers are detected through screening or opportunistic testing, i.e. via a check or a test requested through or offered by their healthcare provider rather than through a formal screening programme. This limits the potential usefulness of the analysis NCRI can conduct on the effectiveness of the CervicalCheck programme. Since January 2018, NCRI has a standard operating procedure (SOP) for registering cervical cancer including CIN.	The NCRI will fully review and re-release its standard operating procedure	Director, NCRI	Commenced	Q4 2018
			The NCRI will finalise minimum datasets to include clear documented definitions for all registered data	Director, NCRI	Commenced	Q1 2019
			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	Q4 2018	Q1 2019
			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	Q4 2018	Q4 2019
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.	NCRI seeks to register information on all cancers diagnosed in Ireland, receiving information from hospitals, death certificates and other sources, including from CervicalCheck. Separately, CervicalCheck has established its own collection and collation system for cervical cancer and CIN from hospitals. The data-sharing agreement concluded between NCRI and the HSE and the Memoranda of Understanding to be developed with all screening programmes (see #36 above) will ensure proper data sharing between NCRI and the screening programmes in the near term. The HSE will collaborate with the NCRI and the Department of Health in any developments.	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	Q1 2019	Q1 2019
			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. 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 multiple Scally Report recommendations with a view to the future	Director, NCRI	Q4 2018	Q3 2019
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.	There are five members currently serving on the NCRI Board, with expertise in areas including cancer registries, oncology, public health and human resources. A recruitment campaign to fill two Board vacancies has recently closed. These vacancies were the subject of discussion between the Department and the Chair of the NCRI Board. Accordingly, applications were sought from i) persons with managerial and financial expertise and ii) persons with direct patient involvement experience. A number of applications were received on foot of the recruitment campaign; however, an assessment of the applications has not yet taken place. In light of the recommendations of the Scally Report, legal advice has been sought on expanding the membership of the National Cancer Registry Board, which is currently limited to seven members. The Legal Unit of the Department has advised that pursuant to section 5 of the Health (Miscellaneous Provisions) Act 2007, establishment orders made under the Health (Corporate Bodies) Act 1961 have statutory effect as if they are Acts of the Oireachtas. Therefore, such orders, including the National Cancer Registry (Establishment Order) 1991, may only be amended by way of primary legislation.	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
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.	The Scally report pointed to the deficiencies in integration between the NCRI and the NSS This is linked to previous recommendations; the data-sharing agreement concluded between NCRI and the HSE and the Memoranda of Understanding to be developed with all screening programmes will ensure proper data sharing between NCRI and the screening programmes in the near term. NCRI, the HSE/NCCP and the NSS will meet to review current data procedures, design improved procedures and agree on an implementation schedule by the first quarter of 2019.	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. 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 multiple Scally Report recommendations with a view to the future	Director, NCRI	Q4 2018	Q3 2019
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.	To date NCRI has never had a peer review audit. Initial discussions have taken place between the Department of Health and the Chair of the NCRI Board on this.	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 2019
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.	This is an ongoing NCRI activity. The possibility of establishing a clinical advisory group to facilitate contact with external clinical and public health experts has been discussed. The need for a greater public health dimension to NCRI is accepted.	The NCRI will undertake a stakeholder survey	Director, NCRI	Q4 2018	Q4 2018
			The NCRI will implement patient and clinical advisory committees	Director, NCRI	Q4 2018	Q2 2019

No.	Recommendation	Current Position	Actions	SRO	Start	End
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.	Consideration is being given to NCRI having a greater focus on the quality of cancer services (along the lines of the current NCRI draft report on centralisation of Irish cancer services) Aside from varied engagement with screening programmes NCRI has not been involved in the assessment of the quality of cancer services in the past. NCRI welcomes this recommendation and is actively working towards this via closer ties with the HSE, the NCCP, the NSS and the Department of Health. Actions to progress this include regular hospital reporting to be implemented under the Memoranda of Understanding, the proposed stakeholder survey, the implementation of patient and clinical advisory committees, and increased access to NCRI data.	The NCRI will implement a data quality and audit programme as part of developing data management intelligence	Director, NCRI	Q4 2018	Q4 2019
Other Screening Programmes						
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.	A cross screening programmes task group has been established to introduce a shared methodology for quality assurance and review functions and activities in relation to the level of scrutiny, challenge and support to the screening programmes. NSS quality assurance is being reviewed to standardise the approach across all programmes. This includes reviewing the quality assurance standards; governance; service specifications; data collection, analysis and publication; and introducing a regular programme of quality assurance visits. Standards will look at both process and outcome measures. Having the appropriate routine clinical and public health input is also a key component.	The NSS will develop a project improvement plan for all quality assurance programmes based on international best practice	HSE ND NSS	Commenced	Q1 2019
			The NSS will implement recommendations from the project improvement plan	HSE ND NSS	Q1 2019	Q4 2019
46	The composition and duration of appointments for all QA Committees should be reviewed, in conjunction with emerging clinical advisory committee structures.	The NSS has commenced a review of the composition and the duration appointments to its quality assurance committees in line with international best practice. As part of the work which has commenced to review overall quality assurance within NSS this will include assurance that will include each Terms of Reference which will include expectations and timeline for reviewing standards, guidelines and membership.	The NSS will agree and implement principles of operation for all quality assurance committees	HSE ND NSS	Commenced	Q1 2019
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.	Training and continuing staff development has been identified as a component of the quality assurance work.	The QA Committees will review Key Performance Indicators (KPIs) and information for routine monitoring	HSE ND NSS	Q1 2019	Q4 2019
			The review will include the data and process for monitoring clinical and technical performance and identify whether current arrangements are sufficient to meet these needs or whether additional resource is required.	HSE ND NSS	Q2 2019	Q4 2019
			The NSS will initially complete the review for CervicalCheck and then apply across the other programmes	HSE ND NSS	Q2 2019	Q4 2019
			The NSS will request HR to carry out a review of training and development requirements for staff	HSE ND NSS	Q2 2019	Q4 2019
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.	The HSE Open Disclosure Policy has been revised on an interim basis to reflect the recommendations of the Scally Report. A more in-depth review of the policy is scheduled for target for completion in March 2019. The HSE Open Disclosure Policy will apply to all screening programmes. A national communication education programme for healthcare professionals to support them in the implementation of Open Disclosure is under development - this will support clinicians and healthcare staff to implement Open Disclosures in line with best practice.	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
Resolution						
49	The Department of Health should consult with interested parties as to how women and families who wish to, can be facilitated in meeting with the clinician who was involved with their care and/or disclosure.	The CervicalCheck Steering Committee was established to provide oversight and assurance on the implementation of key decisions taken by Government in relation to CervicalCheck. As well as senior officials from the Department of Health and HSE, the Committee's membership includes clinicians, a representative from the Irish Cancer Society and two patient representatives nominated by Dr Gabriel Scally. The Chief Clinical Officer issued correspondence to Dr Scally in September 2018 requesting a meeting to discuss this recommendation and Dr Scally's understanding of the compliance with same. Dr Scally responded in October 2018 with a commitment to meet the Chief Clinical Officer when he is next in Dublin.	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	Q4 2018	Q4 2018
			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
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.	Following publication of the Scally Report, the Department met with representatives from a number of the relevant organisations and asked that they consider how the medical profession might best engage with wider society on these issues. The Royal College of Physicians of Ireland has organised a meeting on the 28th November, provisionally entitled Women's Health – Lessons from the Scally Inquiry	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

No.	Recommendation	Current Position	Actions	SRO	Start	End
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.	New leaflet and information sheet published on website. Currently undergoing QA and testing process, prior to circulation.	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	Commenced	Q4 2018
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.	New leaflet and information sheet published on website. Currently undergoing QA and testing process, prior to circulation.	Incorporated into new leaflet and information sheet	HSE ND Comms	Commenced	Q4 2018
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.	New leaflet and information sheet published on website. Currently undergoing QA and testing process, prior to circulation.	Incorporated into new leaflet and information sheet	HSE ND Comms	Commenced	Q4 2018
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 published on website. Currently undergoing QA and testing process, prior to circulation.	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	Commenced	Q4 2018
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	To date, 207 payments have been made. Bank details for the remaining 14 women and families are being sought so that payments can be processed.	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	Commenced	Q4 2018
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.	Dr Scally has completed his final report, and was able to meet or make contact with over 150 women and families. Dr Scally is meeting with the women affected to brief them on his findings and answer any questions they may have. A High Court Judge, Mr Justice Meenan, was tasked by Government in August with identifying further mechanisms to avoid adversarial court proceedings for the women and families affected by the CervicalCheck issues. The Judge's report, which was published on 16th October, proposes that a Tribunal be established under legislation to hear and determine claims arising out of CervicalCheck. In his report the judge refers to Dr Scally's recommendation, and further proposes that the Chairperson of the Tribunal could facilitate meetings between women and/or their families and the medical professionals involved. The purpose of these meetings would be to ensure that in each case full and complete information would be given to those involved.	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	Commenced	Q4 2018
			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	Dep Sec Governance and Performance, DoH	Commenced	Q4 2018