

## CervicalCheck Steering Committee

### Monthly report to the Minister

August 2019

1.	<b>Independent Expert Panel Review</b>	<p>Following the Government decision in May 2018, an Independent Clinical Expert Panel Review is being carried out by the Royal College of Obstetricians and Gynaecologists (RCOG) with expertise also sourced through the British Society for Colposcopy and Cervical Pathology. The purpose of this Review is to provide women with independent clinical assurance about the timing of diagnosis and treatment. A total of 1,074 women consented to be included in the review, or about 63% of those eligible to participate.</p> <p>The Department has had ongoing regular communication with the RCOG Lead Assessor throughout 2019, and there has been intensive engagement between the Department, the HSE and the RCOG as the process nears its conclusion, with a particularly focus on the operational level. The HSE has held continuing engagement with clinicians in relation to the communication of the individual reports to women and families, and a central resource of clinicians is also in place to support the communications process. This is a large scale process and will take some time to complete, and so the intention is to communicated first with certain priority groups. These will of course include those where the Review has found a result that disagrees with the original CervicalCheck result, as is expected for a proportion of cases, in line with international experience.</p>
2.	<b>Implementation of the recommendations of Dr Scally's Scoping Inquiry into CervicalCheck</b>	<p>The Implementation Plan for the recommendations of the First and Final Reports of the Scoping Inquiry was developed between September and November 2019 and approved by Government on 12 December 2018. The Plan provides the necessary foundation to ensure a highly effective and well managed cervical screening programme. Dr Scally provided a formal assessment of this Plan and progress against it in late February. Dr Scally is clear that significant effort and resources are being committed to addressing the problems he identified, and that the appropriate resourcing and project management structures are in place. Following Dr Scally's assessment, a revised Implementation Plan, overseen by the Department, was approved by the Minister on 21 May and is published on the Department's website, along with a Progress Report for Quarter 1 2019.</p> <p>A Q2 2019 progress report was approved by the Minister in July, for publication on the website of the Department. 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.</p> <p>Following Dr Scally's supplementary report in June 2019, a further eight actions have been developed by the HSE in response to the two additional recommendations set out in the supplementary report and submitted to the Department for inclusion in the overall Implementation Plan, and will be reported against in Quarter 3.</p>

		<p>Within August, further progress includes:</p> <ul style="list-style-type: none"> <li>Continued work to establish the Women's Health Taskforce within the Department of Health; four early work packages have been identified which include mapping current policy impacting women's health, and policy development and action identification on high-priority areas for women's health which will be selected at the first meeting of the Taskforce</li> <li>Development of additional actions by the HSE to address the two additional recommendations set out in the Supplementary Report of the Scoping Inquiry published in June, which relate to procurement and quality assurance</li> <li>As part of the HSE training programme for open disclosure, Six Train the Trainer sessions are scheduled from September to December 2019 with a further four in early 2020. Open disclosure skills workshop training is scheduled in September for senior NSS staff.</li> </ul>
3.	<b>Laboratory capacity</b>	<p>Significant progress has been made in clearing the backlog of smear tests and reducing turnaround times. Medlab Pathology, which reported a backlog of 55,000 smear tests in May 2019, has now completed the processing of these tests, having ceased accepting new tests from 1 May this year. This marks a significant and welcome milestone for the programme.</p> <p>The HSE has reported that average turnaround times for the Coombe and Quest are now 4 weeks and 5 weeks respectively, although it should be noted that the turnaround times can fluctuate from week to week and may take longer in some cases.</p>
4.	<b>Laboratory IT issue</b>	<p>The Independent Rapid Review of Specific Issues in the CervicalCheck Screening Programme, led by Professor Briain MacCraith, was published on August 6th 2019. The report contains nine recommendations, which have been accepted in full by the HSE.</p>
5.	<b>Introduction of HPV as the primary method of testing</b>	<p>Work continues within the HSE on the significant volume of work to support the introduction of HPV primary screening. On 10 July, the HSE submitted a draft project plan for the HPV primary screening project, comprised of seven high level sub plans for each of the seven identified workstreams required to make the transition. The HSE identified 28 February 2020 as the date for transition and of its intention to work to an earlier timeframe if possible.</p> <p>The Minister has now approved the plan as submitted, and the Secretary General has written to the HSE CEO to advise of same and to request the HSE to take all opportunities to deliver an earlier timeframe.</p>
6.	<b>Colposcopy waiting times</b>	<p>Colposcopy units remain under pressure in light of increased demand from both screening and direct referral. CervicalCheck has established a network of quality assured colposcopy clinics for women requiring further investigation following a smear test. A woman can be referred to one of 15 colposcopy clinics located nationwide.</p>

		<p>The HSE has advised that time taken in a clinical setting is considerably longer to facilitate answering queries and putting women at ease. The HSE advises that extra clinical sessions have been added to reduce waiting lists, and extra efforts are being made when appointments are cancelled to fill the vacant slot to further reduce waiting lists, and to ensure the increased referrals are categorised promptly.</p> <p>The most recently reported data is valid to end July 2019. 71% of women with high grade abnormalities were seen within 4 weeks of referral (against target of 90%). 70% of women with low grade abnormalities were seen within 8 weeks of referral (against target of 90%). The Department is liaising with the HSE on the additional resources identified as required in the assessment of capacity at colposcopy clinics undertaken by the National Women and Infants Programme.</p>
<b>7.</b>	<b>Establishment of CervicalCheck Tribunal</b>	<p>The Cervical Check Tribunal Bill passed all stages of both houses and was signed into law by the President on 23 July 2019.</p> <p>The Tribunal, once established, will be open to individuals who are part of the '221' group, along with individuals who are identified during the Independent Expert Panel Review currently being undertaken by the Royal College of Obstetrics and Gynaecology (RCOG) in the UK, where this review presents findings discordant with those of the original cytology examination. It will also be open to individuals who are participating in the Review of Cervical Screening (the 'RCOG audit') whose slides have been lost.</p> <p>Suitable premises for the Tribunal have been identified. OPW has advised that its target is to hand over the premises in December 2019.</p> <p>In setting out her initial requirements for the Tribunal, Judge Irvine stressed the importance of having a set of rules in place when the Tribunal is established in order that claimants/potential claimants can make an informed decision on having their case heard before the Tribunal or the High Court. Legal advisors have been engaged to draft the Rules and have produced an initial draft. Judge Irvine is currently considering a further draft of the Tribunal's rules and is aware of the considerations that were raised in the Oireachtas during the passage of the legislation.</p> <p>It is intended that that Tribunal will be staffed with a combination of legal and administrative staff. The staffing requirements for the Tribunal will stem from the Rules and procedures for the Tribunal. Clinical Indemnity Unit are engaging with Judge Irvine, the Courts Service and the Department's HR team to progress this. The Courts Service have indicated willingness to release a court registrar to the Tribunal.</p> <p>The first preference is that the three members of the Tribunal should be serving or retired judges of the Superior Courts. The Department is engaging with the Attorney General and consulting with Judge Irvine and the Department of Justice to identify suitable candidates.</p>
<b>8.</b>	<b>Ex-gratia scheme for non-disclosure</b>	<p>The terms of the CervicalCheck non-disclosure ex-gratia scheme were approved by Government on 11 March 2019, including an Independent Assessment Panel comprising a retired High Court Judge (who will act as Chair), an independent clinician and a person of good standing. The Chair of the Independent Assessment Panel, Mr Justice Aindrias Ó'Caomh, was appointed on 5 March 2019, and the remaining</p>

		<p>two members were appointed by the Minister on 23 April. On 8 May letters issued to women in the 221 cohort, or their next of kin, inviting them to participate in the scheme.</p> <p>The Independent Assessment Panel has determined that €20,000 is the appropriate amount for the ex gratia payment. So far, approximately 150 applications have been received, which shows a good level of engagement with the scheme. To date 140 payments have been made and the Assessment Panel is continuing to examine remaining applications on hand.</p>
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## Oversight and engagement with the HSE on modules of its work as follows:

1. Management of supports to patients/families
2. Provision of documents to patients
3. Interface with RCOG Review
4. Management of laboratory capacity issues
5. Introduction of HPV Screening
6. Colposcopy

<b>1. Management of supports to patients/families</b>	
<b>Significant Issues</b>	There are no exceptional items to report in relation to Community Supports.

<b>2. Provision of documents to patients</b>																																	
<b>Significant Issues</b>	<p><b>Current position, issues &amp; challenges</b></p> <p>The team remains focused on responding to all slide requests as soon as possible - the average time to deliver slides to the independent expert is 28 days. Weekly operational meetings continue to monitor the laboratories.</p> <p>The HSE has provided slides to 147 out of a total number of 154 independent requests. There are 7 currently being processed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 30%;">Laboratory?</th> <th style="width: 20%;">Date made?</th> <th style="width: 40%;">How many Calendar days outstanding? (as of 26/08/2019)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Quest</td> <td>16/01/2019</td> <td>222</td> </tr> <tr> <td>2</td> <td>Quest</td> <td>18/02/2019</td> <td>189</td> </tr> <tr> <td>3</td> <td>Quest</td> <td>11/06/2019</td> <td>76</td> </tr> <tr> <td>4</td> <td>Quest*</td> <td>24/06/2019</td> <td>63</td> </tr> <tr> <td>5</td> <td>Quest, CPL, Medlab**</td> <td>27/06/2019</td> <td>60</td> </tr> <tr> <td>6</td> <td>CPL</td> <td>12/07/2019</td> <td>45</td> </tr> <tr> <td>7</td> <td>Quest***</td> <td>02/08/2019</td> <td>24</td> </tr> </tbody> </table> <p>* All 3 slides were released to RCOG for review. These 3 slides were returned from RCOG to the originating lab in previous weeks. Await update the slides have transferred to requesting party.</p> <p>** 2 of 3 slides were released to RCOG for review and since returned to originating lab for outward transfer.</p> <p>*** Slide was part of RCOG review. Recently returned to originating lab for outward transfers. Await update.</p> <p>A total number of 623 records consisting only of GDPR Data Subject Access Requests and Freedom of Information (FOI) Requests have been provided, out of a total number of 635 requests. There are 12 outstanding which are being processed.</p> <p>Issues: The HSE has identified a number of cases where it has not been informed of the requestors name or/and their designated lab expert where the slides are to be sent to – as a result we are working with those solicitors to ensure that all required details are being sent to the labs.</p>	No.	Laboratory?	Date made?	How many Calendar days outstanding? (as of 26/08/2019)	1	Quest	16/01/2019	222	2	Quest	18/02/2019	189	3	Quest	11/06/2019	76	4	Quest*	24/06/2019	63	5	Quest, CPL, Medlab**	27/06/2019	60	6	CPL	12/07/2019	45	7	Quest***	02/08/2019	24
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3. Interface with RCOG Review		
<b>Project Governance</b>	<ul style="list-style-type: none"> <li>• Weekly interagency teleconference with RCOG Panel and Department of Health as regards project planning &amp; matters for review/decision.</li> <li>• Weekly meetings / regular engagement with DoH and HSE regarding RCOG Support Programme accelerated to weekly meetings for July. Last meeting held Wednesday 21<sup>st</sup> August.</li> <li>• Acute Operations workshop (Convened 12<sup>th</sup> August) with all action owners and key stakeholders for developing phase 3 of the Project Plan.</li> </ul>	
	<b>Actions Progressed</b>	<b>Activities Planned</b>
<b>Patient Support Services</b>	<ul style="list-style-type: none"> <li>• 1,038 women or next of kin are participating in the RCOG Review.</li> <li>• 15 women were re-classified by the NCRI and therefore not participating in the RCOG review.</li> <li>• 100 women are deceased, and it is their next of kin that will receive the individual report. 6 of these women passed away since consenting to participate in the RCOG Review.</li> <li>• 7 women have consented to participate in the Review but do not wish to have their results communicated to them.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to ascertain next of kin details for women identified as deceased since consenting to participate in the review, where relevant.</li> <li>• Continue regular engagement with Patient Liaison Officer Coordinator.</li> </ul>
<b>Laboratory Logistics</b>	<ul style="list-style-type: none"> <li>• A total of <b>1,738 slides</b> were transported from CervicalCheck labs to the RCOG-contracted lab in Bristol (NBHT) to be included in the RCOG Review. <ul style="list-style-type: none"> <li>• 7 slides were returned to labs of origin mid-review at client request</li> <li>• 302 slides were returned by courier from NBHT to 3 labs (Quest, Coombe and CPL) on Fri 19 July.</li> <li>• 1,429 sides remain to be transported back to their labs of origin.</li> </ul> </li> <li>• A schedule and timeframes for transport of remaining slides has been provided by the RCOG. It is expected it will take approximately 6 weeks to return all slides.</li> <li>• Weekly teleconference with NBHT held on Wed 17 July.</li> </ul>	<ul style="list-style-type: none"> <li>• Shipment of 3 outstanding partial clinical records transported to RCOG on 11<sup>th</sup> July.</li> </ul>
<b>Acute &amp; Community Services (provision of clinical records for Expert Panel Review)</b>	<ul style="list-style-type: none"> <li>• Coordinating provision of clinical records for RCOG Expert Panel to review, as requested by the Panel. To date: <ul style="list-style-type: none"> <li>○ RCOG Expert Panel has now received full clinical records in respect of <b>134 women</b>.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Planned shredding of all clinical records in RCOG UK to be undertaken in October 2019. Assurance to be given to acute hospitals that this has been witnessed and completed.</li> </ul>
<b>Information Services</b>	<ul style="list-style-type: none"> <li>• Call centre open 5 days per week, 9am-6pm. Where escalation required, a HSE RCOG Support Team member (registered nurse) follows-up with women directly.</li> <li>• There were three calls to the information line last week. There have been 224 calls in total to the information line since it opened in August 2018.</li> <li>• Proposal in place to enhance the information line to support communication of review results.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to follow-up calls to information line and to dedicated email address.</li> <li>• Employ regular quality checks to ensure capacity meets demand. Where required, identify and assign further additional clinical &amp; administrative resources to the call centre in line with the project plan</li> </ul>

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	<ul style="list-style-type: none"> <li>The Call Centre has assigned additional staff (up from 8 to 22 staff) to the RCOG information line, and hours will be increased to 9am-9pm, 7 days a week, from when the RCOG pre-letter issues to women. A GP info line has also been established.</li> <li>Training for call centre staff facilitated on Wed 21<sup>st</sup> Aug.</li> </ul>	<p>timelines.</p> <ul style="list-style-type: none"> <li>Additional training for call centre staff to be delivered w/c 26 Aug, in line with content of RCOG pre-letter and HSE information pack.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>Met with Patient Representative on 19th August to discuss communications and related materials.</li> <li>Comms has developed an extensive range of material to support the RCOG review communications process, including: an information leaflet, cover letter for the pre-letter, pink insert, appointment letter, GP update letter, web update and a holding press statement pending approval.</li> <li>This development has involved extensive engagement with a range of stakeholders for re view, e.g. NALA, DOH, RCOG, HSE RCOG support programme, HSE RCOG disclosure team.</li> <li>Updating of HSE Comms project plan.</li> <li>Responded to press queries.</li> <li>Regular engagement with DOH Comms and RCOG Comms.</li> <li>Regular internal updates to HSE central communications and NSS senior management.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to work on agreed communications material to ensure finalisation and sign-off etc.</li> <li>Continue to respond to queries from media and political system (and elsewhere as required).</li> <li>Continued updating of HSE Comms project plan.</li> <li>Continued regular engagement with DOH Comms and RCOG Comms.</li> <li>Continued internal updates to HSE central communications and NSS senior management.</li> </ul>
<b>Case Management System (CMS)</b>	<ul style="list-style-type: none"> <li>Daily updates to CMS to reflect updates to consent information, slide tracking, contact notes, and other relevant information.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to update CMS with validated data.</li> <li>Continue QA process of validation of new consents and slide tracking information received against CMS.</li> <li>Upload patient data on CMS in relation to communication of results</li> </ul>
<b>Communication of Results</b>	<ul style="list-style-type: none"> <li>Central Clinical Team (CCT) <ul style="list-style-type: none"> <li>23/23 Central Team Nurses have provided their indicative availability. Indemnification process for Central Team Nurses completed.</li> <li>All Central Team Colposcopists provided their indicative availability.</li> <li>Note-takers have been engaged with and they have provided their availability.</li> </ul> </li> <li>Logistics <ul style="list-style-type: none"> <li>Phoenix Hall confirmed availability at Phoenix Park for patient appointments. Approval confirmed through appropriate governance structure for the use of phoenix Hall.</li> <li>Ongoing engagement with HG CEOs and nominees to ascertain participation of local clinicians and their availability.</li> </ul> </li> <li>Treating Clinician Identification <ul style="list-style-type: none"> <li>Treating clinicians have now been identified for all patients. Where the treating clinician could not be identified, these patients have been allocated to the Central Team.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Confirm training date of 29th August in UL</li> <li>Conduct workshop and training on 30th August</li> <li>Arrange meeting of Oversight Group in line with meetings with DDG</li> <li>Develop pro forma for note takers</li> </ul>

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	<ul style="list-style-type: none"> <li>• Dr P. McKenna and Dr. Ronan Glynn travelled to the UK on 15<sup>th</sup> Aug to discuss the aggregate report with RCOG.</li> <li>• Briefing given to Sage (advocacy service) regarding the communication of results and current project timelines 22<sup>nd</sup> August.</li> <li>• Medical records requested for 15 reclassified patients to HG CEOs on 23<sup>rd</sup> August.</li> </ul>	
<p><b>Current position, significant issues</b></p>	<ul style="list-style-type: none"> <li>• While hospitals have identified the treating clinician(s) for the consented cohort, many women attended more than one colposcopy clinic and identifying the appropriate treating clinician to deliver review results may be challenging in these cases.</li> <li>• Strategic planning required minimising impact on current clinical services whilst maintaining the need to disclose review findings in a timely, considerate and patient centred manner.</li> <li>• The RCOG pre-letter was shared with HSE Thursday 22<sup>nd</sup> August, the HSE cover letter was submitted to DoH on Friday 23<sup>rd</sup> August. The finalisation of the communication plan is dependent on confirmation and assurances from DoH in relation to the provision of the individual RCOG results within the timelines.</li> </ul>	



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## 4. Management of Laboratory Capacity Issues

<b>Average Time for Processing Results</b>	<p>Following an extensive period of contract negotiations, the HSE has secured additional laboratory capacity from Quest Diagnostics &amp; The Coombe, to provide the necessary capacity to allow the CervicalCheck programme continue until such time as the introduction of HPV primary screening. Both Quest Diagnostics and CWIUH are long term, accredited, strategic partners of the HSE who have supplied screening services to the cervical screening programme for eleven and seven years respectively.</p> <p>Medlab Pathology Ltd, have now completed all outstanding tests. The table below shows the number of smear test samples waiting to be resultated, as of August 25<sup>th</sup>, 2019.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 50%;">Lab</th> <th style="width: 50%;">Average Turnaround Time</th> </tr> </thead> <tbody> <tr> <td>Coombe</td> <td>4 weeks</td> </tr> <tr> <td>Quest</td> <td>5 weeks*</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Lab</th> <th style="width: 50%;">Backlog</th> </tr> </thead> <tbody> <tr> <td>Medlab</td> <td>0 (Down from 55,000 on May 1<sup>st</sup>)</td> </tr> </tbody> </table> <p>In addition to this, *Note that Quest have taken on additional workload from Medlab which may have an adverse effect on the turnaround time.</p>	Lab	Average Turnaround Time	Coombe	4 weeks	Quest	5 weeks*	Lab	Backlog	Medlab	0 (Down from 55,000 on May 1 <sup>st</sup> )					
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<b>SIMT NSS Update</b>	<ul style="list-style-type: none"> <li>• Status Update           <ul style="list-style-type: none"> <li>• 4088 samples involved in the Quest Chantilly issue</li> <li>• NSS has developed a client / service user database to link all samples involved to a profile of each individual involved. This profile includes a summary of all NSS correspondence issued to date to each individual involved.</li> <li>• The database contains 4084 individuals (multiple samples for a limited number of individuals)</li> <li>• This is broken down according to two different service user cohorts:               <ul style="list-style-type: none"> <li>○ Cohort 1: Number of individuals with a HPV retesting sample: 868</li> <li>○ Cohort 2: Number of individuals that had a sample sent to Chantilly (for backlog / risk of expiry reasons): 3216                   <ul style="list-style-type: none"> <li>▪ Please note that within this 3216, a sub-cohort (2A) is in place for individuals with a valid RNA and DNA HPV result (n=254)</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p>*Please note that the above Cohort 2A is currently being managed via clinical contact from the NSS to the three colposcopy clinics involved. This is to ensure that all individuals are being appropriately managed. Following the completion of this initial process, NSS is committed to communicating directly with all women included within this cohort and will at that point provide an appropriate update specific to the individual and their circumstances.</p> <ul style="list-style-type: none"> <li>• The following provides an update on results issued to date (to the GP) and the communications approach (by NSS to the client / service user) with regard to the above cohorts x2:</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 33%;">Cohort</th> <th style="width: 33%;">Results Issued to GP</th> <th style="width: 33%;">NSS Communication Process Completed**</th> </tr> </thead> <tbody> <tr> <td>Cohort 1</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">817/868 (94%)</td> </tr> <tr> <td>Cohort 2</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">2953/2962 (99%)</td> </tr> <tr> <td>Cohort 2A</td> <td style="text-align: center;">*As above</td> <td style="text-align: center;">* As above</td> </tr> <tr> <td><b>Total</b></td> <td></td> <td style="text-align: center;"><b>3770/4084 (92%)</b></td> </tr> </tbody> </table> <p>**Please note that the communication process involves an apology where appropriate and/or a status update regarding the availability of results where appropriate and relevant.</p> <ul style="list-style-type: none"> <li>• In addition to the above, NSS is completing a process to issue apology letters to women who previously received an update letter in error. 393/418 (94%) have received an apology letter to date with the intention to conclude this process over the course of week beginning 26/08/19</li> </ul>	Cohort	Results Issued to GP	NSS Communication Process Completed**	Cohort 1	Yes	817/868 (94%)	Cohort 2	Yes	2953/2962 (99%)	Cohort 2A	*As above	* As above	<b>Total</b>		<b>3770/4084 (92%)</b>
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<b>McCraith Review</b>	<p>Following publication of the Mac Craith Rapid Review Report on August 6<sup>th</sup> 2019, the HSE is developing a set of actions to support implementation of recommendations.</p>															

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5. Introduction of HPV Screening		
<b>Governance</b>	<ul style="list-style-type: none"> <li>HPV Steering Group established with NSS, HSE and service user representatives.</li> <li>Project team established with CervicalCheck and NSS membership.</li> <li>Detailed project plan on Project Vision managed by PMO team.</li> </ul>	
<b>Project Team Composition</b>	<ul style="list-style-type: none"> <li>Project team established with identified project manager and work stream leads.</li> <li>CervicalCheck Clinical Director commenced 4/02/19 (Lead of Screening Pathways workstream).</li> <li>National laboratory QA lead appointed. Commenced 14/1/19.</li> <li>Comms lead appointed in May 2019.</li> <li>Lead for 'Resources for Healthcare Professionals' workstream appointed June 2019 but leaving the NSS in Sept 2019 – replacement required.</li> <li>Colposcopy lead still outstanding. There is colposcopy representation on the Clinical Advisory Group (CAG). Meetings with colposcopists are held regularly.</li> </ul>	
<b>Current Position, Significant Issues</b>	<ul style="list-style-type: none"> <li><b>Stabilisation of current programme and capacity planning-</b> Efforts to stabilise the programme are ongoing.</li> <li><b>Public confidence-</b> reporting times and retests are impacting on confidence in the cervical screening service.</li> <li><b>MacCraith Rapid Review</b> -Recent issues have required team to focus on the incident impacting on HPV project.</li> <li><b>Project specific issues</b> <ul style="list-style-type: none"> <li>The finalisation and approval of the primary screening algorithm and eligibility framework is a key project dependency - further delays in approval or any rework of previously-approved pathways / framework may impact on time transition to HPV Primary Screening.</li> <li>Colposcopy workstream is not progressing as Lead has not yet been confirmed.</li> </ul> </li> </ul>	
<b>Project Plan</b>		
	<b>Actions Progressed</b>	<b>Activities Planned</b>
<b>Clinical</b>	<ul style="list-style-type: none"> <li>List of NSS acceptable assays developed.</li> </ul>	<ul style="list-style-type: none"> <li>Review and approval of screening pathways and eligibility framework to be undertaken by Clinical Director and Working Group.</li> <li>Recommended assay for first 12 months of HPV primary screening to be presented to the Steering Group.</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>Lead appointed to coordinate update of QA Guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Update of QA Guidelines to continue.</li> </ul>
<b>Labs</b>	<ul style="list-style-type: none"> <li>Development of the laboratory monitoring metrics for primary screening HPV ongoing.</li> <li>The interim laboratory strategy (for first 12 months of HPV primary screening) continues to be developed.</li> </ul>	<ul style="list-style-type: none"> <li>Finalise interim lab strategy.</li> <li>QA visits to Quest Labs to take place in Oct 2019.</li> <li>Finalise the long term lab strategy.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>A dedicated Comms resource has been assigned to the project.</li> <li>A market research agency is undertaking a programme of work to identify the relevant audience insights that will inform the HPV screening campaign. Questionnaire developed.</li> <li>A creative agency has been briefed and tasked with carrying out a market review of HPV screening campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>Issue Research Questionnaire and develop creative concept.</li> <li>Detailed project plan in development.</li> <li>Progress key Comms work packages including updating information resources for women (e.g. leaflets) and letters to women.</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>Work continued on the IT testing components required for the colposcopy clinics ICT system</li> <li>Testing of updated Cervical Screening Register almost complete.</li> <li>Lab ICT specifications sent to Quest and the Coombe.</li> <li>Screening form sent to Healthlink for forwarding to GP Practice Management vendors in Jan 2019.</li> </ul>	<ul style="list-style-type: none"> <li>Testing to continue at the Colposcopy units.</li> <li>Assessment of resource requirements and local project plans to deliver Lab ICT is underway.</li> <li>Continue close liaison with Lab workstream regarding lab monitoring metrics.</li> <li>Determine if further changes required to</li> </ul>

## CervicalCheck Steering Committee Monthly Report from HSE 30/08/19

		GP Screening Form.
<b>Resources for Health Professionals</b>	<ul style="list-style-type: none"> <li>The team continues to update the content required for the e-learning training module, the Guide for Sample Takers and all other ancillary materials required to inform all health professionals.</li> </ul>	<ul style="list-style-type: none"> <li>New Workstream Lead to be appointed.</li> <li>Team are compiling new content, images, references etc. on an ongoing basis for the new resources.</li> <li>Detailed project plan in development.</li> <li>Planning for roadshows in Quarter 1 2020 to commence.</li> </ul>
<b>Colposcopy</b>	<ul style="list-style-type: none"> <li>Colposcopy Impact Assessment completed - this will inform the work of the Colposcopy Workstream.</li> <li>NSS has submitted a detailed business case to the DoH in relation to the requirements identified from the Colposcopy Impact Assessment report (€2m+/-). Approval is awaited from the DoH.</li> <li>Engagement with the Institute of Obs &amp; Gynae and Colposcopy nurses continued.</li> </ul>	<ul style="list-style-type: none"> <li>Identify lead for colposcopy workstream.</li> <li>Initiate workstream and progress key work packages – colposcopy management protocols and update of QA Guidelines.</li> </ul>
<b>Procurement</b>	<ul style="list-style-type: none"> <li>Contract signed with Quest for first 12 months of HPV Primary Screening.</li> </ul>	<ul style="list-style-type: none"> <li>Full strategic procurement will take place in 2020.</li> </ul>

### 6. Colposcopy

	<ul style="list-style-type: none"> <li>CervicalCheck has established a network of quality assured colposcopy clinics for women requiring further investigation following a smear test. A woman can be referred to one of 15 colposcopy clinics located nationwide.</li> <li>Extra clinical sessions have been added to reduce waiting lists</li> <li>Within the current climate time taken in a clinical setting is considerably longer to facilitate answering queries and putting women at ease</li> <li>Extra efforts made when appointments are cancelled to fill the vacant slot to further reduce waiting lists.</li> <li>Extra efforts to ensure the increased referrals are categorised in a prompt manner to ensure high and low grade are seen within guidelines</li> </ul>																											
<b>Colposcopy data</b>	<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="5" style="text-align: center;">July</th> </tr> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">Monthly</th> <th colspan="2" style="text-align: center;">Annual YTD</th> </tr> <tr> <th style="text-align: center;">Projected</th> <th style="text-align: center;">Actual</th> <th style="text-align: center;">Projected</th> <th style="text-align: center;">Actual</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Referrals</td> <td style="text-align: center;">1,625</td> <td style="text-align: center;">1,902</td> <td style="text-align: center;">11,375</td> <td style="text-align: center;">11,119</td> </tr> </tbody> </table> <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2" style="text-align: center;">July Data</th> </tr> <tr> <th style="text-align: center;">Month Year Colposcopy Clinic (&amp; associated histology laboratory)</th> <th style="text-align: center;">Average (Combined)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">*Waiting time HG end month - Target 90% to be seen within 4 weeks of referral</td> <td style="text-align: center;">71%</td> </tr> <tr> <td style="text-align: center;">*Waiting time LG end month - Target 90% to be seen within 8 weeks of referral</td> <td style="text-align: center;">70%</td> </tr> </tbody> </table> <p style="text-align: center;">*HG - High Grade, LG - Low Grade **Figures for the Coombe not available this month</p>	July						Monthly		Annual YTD		Projected	Actual	Projected	Actual	Referrals	1,625	1,902	11,375	11,119	July Data		Month Year Colposcopy Clinic (& associated histology laboratory)	Average (Combined)	*Waiting time HG end month - Target 90% to be seen within 4 weeks of referral	71%	*Waiting time LG end month - Target 90% to be seen within 8 weeks of referral	70%
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## CervicalCheck Steering Committee Monthly Report from HSE 30/08/19

<b>7. Implementation of the Recommendations of the Report of the Scoping Inquiry - August Update</b>	
<ul style="list-style-type: none"> <li>• HSE Implementation Oversight Group established in October 2018, co-chaired by the Chief Clinical Officer and the Chief Operations Officer continues to meet on a fortnightly basis.</li> <li>• As of the 27<sup>th</sup> of August 2019, there are 116 HSE actions arising from the 58 recommendations across the 3 reports by Dr Scally, 78 of which are complete, 19 are in progress and 6 are due to commence before end of 2019.</li> <li>• Following publication of the Mac Craith Rapid Review Report on August 6<sup>th</sup> 2019, the HSE is developing a set of actions to support implementation of recommendations.</li> </ul>	
<b>August 2019 update by recommendation theme</b>	
<b>Method of Approach</b>	The review of the HSE Healthcare Records Management Policy is progressing. A draft report on the audit of access to healthcare records to measure compliance with best practice has been completed and is under consideration before final approval, following which, improvement plans will be developed.
<b>Cervical Check – Management and Governance</b>	An organisational and governance review of the NSS has been completed with the report setting out a series of recommendations for implementation. It is expected that the process of implementation will commence in Q3 2019 following approval of the report. The NSS Quality Safety & Risk Committee which is independently chaired continues to meet every 2 months. An interim CEO has been appointed to the NSS pending the appointment of a permanent CEO.
<b>Public Health Expertise</b>	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.
<b>Risk Management</b>	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.
<b>Cervical Check Laboratory Services</b>	<p>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.</p> <p>The programme continues to monitor cytology reporting rates by the continued consideration of CYTO1 laboratory returns through the relevant QA structures. Work is continuing in the NSS by the Laboratory QA Lead to develop a policy for accreditation for programme standards.</p>
<b>Procurement of Laboratory Services</b>	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 which 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.
<b>Auditing Cervical Screening</b>	The work of the expert group established to review clinical audit of interval cancers in three screening programmes continues to be progressed.
<b>Open Disclosure</b>	The HSE training programme for open disclosure has been updated and briefing sessions for open disclosure leads and trainers is continuing. There are 6 Train the Trainer programmes scheduled from September to December 2019 and a further 4 scheduled in January/February 2020. Currently 37,656 HSE staff have accessed the Open Disclosure training.
<b>Cancer Registration</b>	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.
<b>Other Screening Programmes</b>	<p>A project improvement plan has been developed by the NSS for all quality assurance programmes based on international best practice and continues to progress.</p> <p>The NSS has scheduled Open Disclosure skills workshop training in September for senior NSS staff.</p>