



An tSeirbhís Náisiúnta Scagthástála
National Screening Service

Choose Screening

Together we can make a difference

National Screening Service Strategic Plan 2023-2027
End of Year Report 2025



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Foreword from the Chief Executive



This year marks an important point in our journey. We are now more than halfway through delivering our five-year strategy, *Choose Screening: Together we can make a difference*.

This third report on the implementation of our strategy shows how we continue to develop and strengthen our services, respond to change and address challenges as they arise. Through maintaining a constant vision and mission, we continue to play a key role in improving Ireland's population health.

The recently published HSE Public Health Strategy 2025-2030 sets out a vision for the best possible health and wellbeing for everyone in Ireland. Through screening, we contribute directly to preventing disease, addressing health inequalities, harnessing innovation and delivering high-quality public health services.

At the heart of all of this is trust. Trust in our programmes and trust in the care people get when they choose screening. Throughout 2025, we continued to strengthen that trust across our national screening programmes. We're listening to people's experiences, communicating clearly, and making it easier for people to take part in screening in ways that work for their lives.

We screened more people in 2025 than in any previous year. This reflects our rapidly growing population, particularly in BreastCheck, and has tested our capacity to deliver breast screening to every woman who is eligible. The progress outlined in this report shows our determination and commitment to adapting our services to meet today's needs, while continuing to provide safe, high-quality screening and preparing for the future.

Strong governance and quality assurance support our work to deliver each of our four screening programmes. Improved data and advances in information technology are helping us to strengthen service delivery, support evidence-based decision-making and improve productivity and efficiency. Our AI programme, data roadmap and enhanced information management systems are key foundations for this progress.

Innovation remains a key enabler of access to screening. We are developing human-centred digital health tools to improve access to screening and increase health literacy and connectivity. This is core to our work and in line with the HSE Digital Health Roadmap, Ireland's *Digital for Care* framework, and the recently updated World Health Organization *Global Strategy on Digital Health*.

This year, we introduced BreastCheck appointment information on the HSE Health App, giving people more control and choice in managing their screening appointments. We enhanced the BowelScreen register so people can request their home test kit online, at a time that suits them. We carefully balanced issuing invitations for cervical screening to manage demand while maintaining timely care. And we continued to remove administrative and practical barriers so that people can register and attend diabetic eye screening more easily.

Improving equity in screening is a central focus of our work, and in 2025 we saw this work grow across many communities. Community connections and community-led action are making a real difference. We supported Ukrainian women to access BreastCheck by working directly with community champions to break down barriers and adapt our processes to meet women's needs. We worked

with partners supporting people who experience homelessness to bring Diabetic RetinaScreen into community settings so that people living with diabetes could access eye screening more easily. Through our award-winning CervicalCheck Screening Training Unit, we supported sample takers working in diverse community settings, helping to ensure that high-quality cervical screening is available to women who might not otherwise attend.

Operational excellence underpins our ability to deliver safe, effective and person-centred services. Our new communications toolkit played a key role in 2025 in supporting a culture of clear, consistent and compassionate communications across the organisation. By focusing on plain language, accessibility and tone, we are helping to make sure that people understand their screening information and feel supported at every step.

Our Patient and Public Partnership continues to shape our work in meaningful ways - from co-designing information and letters, to informing awareness campaigns and service improvements. We worked with patient advocates to share real experiences of screening, helping others to feel informed and assured when making their own decisions. One highlight of this in 2025 was our work with Breakthrough Cancer Research on the *Cancer Revolution* exhibition, where patient stories powerfully illustrated the impact of screening on people's lives.

We also marked important milestones this year: five years of HPV cervical screening in Ireland, 25 years of BreastCheck and the first official World Cervical Cancer Elimination Day. These milestones are a reminder of how far screening has come, and of the collective effort – by staff, partners and participants – to work together to save lives and improve people's health.

Looking to the future, we are actively contributing to Ireland's preparedness for potential new screening programmes, including prostate and lung cancer screening. We are also using research to explore the potential introduction of HPV self-sampling for cervical screening, with a strong focus on evidence, equity and acceptability.

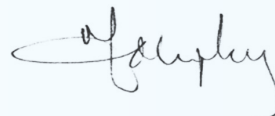
We continue to share our knowledge, learning and expertise. In 2025, we presented our research and experience in population screening at national and international conferences. We strengthened collaborations with partners across Europe, including through the EUCanScreen project. This exchange of learning helps us to improve our own services while contributing to progress in screening beyond Ireland.

Our progress and achievements are made possible by our people. In a year of continued growth and transformation, our staff teams supported each other to develop, innovate, adapt and overcome challenges - working together to improve efficiency and productivity and reduce the impact of these challenges on our screening participants. Our culture is grounded in the HSE values of care, compassion, trust and learning, alongside equity, effective communication and a shared commitment to excellence.

As we acknowledge and celebrate the progress we have made in the past three years, it is also the right time to revisit our strategy, reflect on what we have achieved and learned, and focus on what we need to do next to continue improving outcomes for people eligible for screening.

To our staff, our partners, and everyone who chooses to take part in screening: your trust, commitment and collaboration continue to make a difference.

Go raibh maith agaibh go léir.



Fiona Murphy
Chief Executive,
National Screening Service

Introduction

This report outlines the work we have completed and the progress we have made in the third year implementing our five-year strategic plan - [Choose Screening: Together we can make a difference](#) (2023-2027). The strategy supports the breadth of service we are delivering within Ireland's national healthcare system. It is ambitious in scope and is reflective of our commitment to improving population health.

This year we made good progress, completing 50 (38%) strategic actions with 49% of actions progressing and on track. An overview of this progress is provided at Appendix 1 in this report.

The actions in our strategy are spread across three strategic priorities and three enabling areas. This report includes a section on each of these, capturing some of the many highlights of 2025, the challenges we have addressed and the impact of our actions.

The report is set against the backdrop of the National Cancer Registry Ireland (NCRI) report - [Breast, cervical and colorectal cancer 1994-2019: National trends for cancers with population-based screening programmes in Ireland](#) - which details the positive impact of BowelScreen, BreastCheck and CervicalCheck on cancer prevention and detection in Ireland, including an increase in earlier diagnosis and a reduction in mortality.

Through the findings of the NCRI report, we can confidently say that our population screening programmes directly contribute to a portion of the improvements in cancer detection in Ireland. This third report on the implementation of our five-year strategy shows how we are ensuring our programmes continue to make this valuable, trusted contribution to population health.



National Screening Service mission and vision

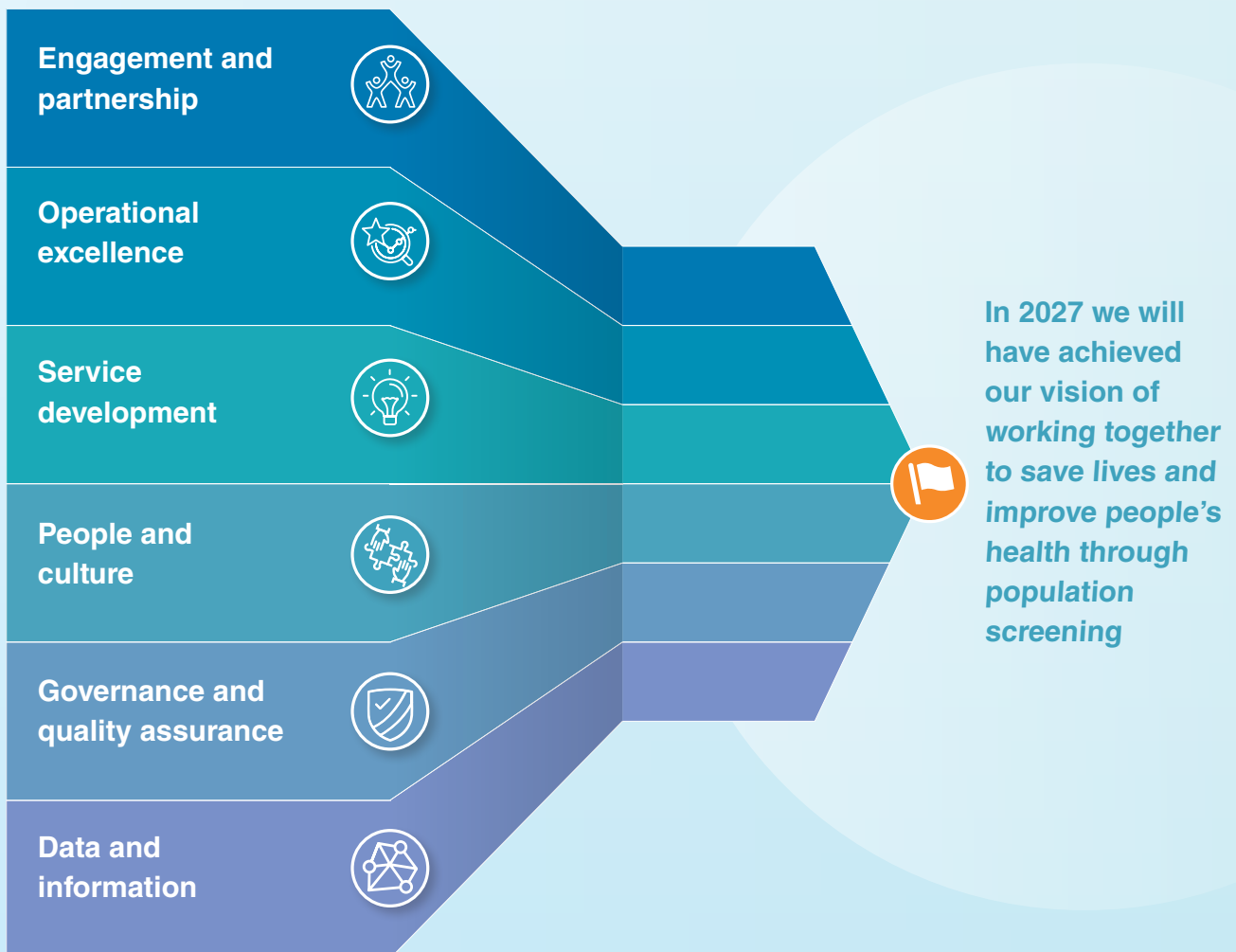
Our Mission
Why we exist

We deliver population screening programmes that help prevent, reduce the risk of, and assist the recognition of, disease in Ireland.

Our Vision

What we hope to achieve

To work together to save lives and improve people's health through population screening.



Strategic Priority 1

Engagement and partnership



We will be an open, trusted, listening organisation that works with national and international partners to support equity, engagement, promote operational excellence and foster proactive service development, to improve the experience of our screening participants.

SPOTLIGHT ON

[Improving equity in screening](#)

[Cervical Cancer Elimination](#)

[Patient and Public Partnership](#)

[Patient advocates](#)

[Corporate website](#)

[Conferences and events](#)

[Communications campaigns](#)

[HSE health regions](#)

[Press and public affairs engagement](#)

Improving equity in screening

Our work to improve equity in screening is guided by our [Equity Strategic Framework 2023-2027](#) and our [Equity Action Plan \(2023-2025\)](#). We focus on five priority areas, which are:

- research and data
- education and training
- partnerships
- access and inclusivity
- communication.

Community Champions project

Our Community Champions project aims to build the capacity of community health workers. We educate and train local health workers to support people in their communities to take part in screening. We piloted the project in 2024 and trained 40 people across five pilot sites in Ireland.

This year, we published [an evaluation of our 2024 pilot project](#). The report shows that our community champions reached people in many communities including migrants, Roma, Travellers, disabled people, homeless people, the LGBTQI+ community, refugees, people who live in deprivation and people in addiction.

In 2025, [we trained 54 new people to become community champions](#) across two new groups:

- Roma Health Network: a quarterly forum established by the HSE's National Social Inclusion Office, which brings together regional HSE teams, Roma support projects and Roma community members from across Ireland to address health inequalities
- HSE Dublin North City and County: including social prescribers, community connectors and community health promotion and improvement officers.

We also worked with Cairde to train their Roma peer support workers. Working with these communities helps us to understand how best to support their outreach activities and deliver information about screening in a way that is culturally accurate and adapted to meet the literacy needs of the community.

Interventions toolkit for communities

We published a practical, evidence-based toolkit to support community-led efforts to improve participation in screening. The [Interventions Toolkit for Communities](#) is for local community health workers who take part in our community champions project and complete our training. It aims to empower community champions to plan and implement targeted interventions that make screening more equitable and accessible for everyone.



Supporting Ukrainian women to access breast screening

We worked with our community champions to [support Ukrainian women to access breast screening](#). This was a pilot initiative to support our work to improve equity and access to BreastCheck.

Our community champions in Cork helped us to identify barriers to breast screening for Ukrainian women. This included changes of address at short notice leading to appointment letters not being received, and language barriers. They gathered information from eligible Ukrainian women who were interested in attending for breast screening. We registered those who were not already on the register, and updated details for women who were already registered.

We prepared and printed information in Ukrainian, including our consent form, our breast screening information booklet, results information, and signage in our BreastCheck unit.

The initiative provided screening to 39 Ukrainian women from three accommodation centres.

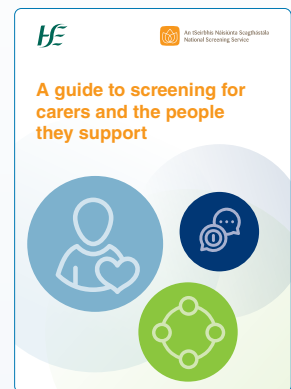
Supporting migrant women in Cork to access cervical screening

In 2025, we worked with the medical clinic team at the Redbarn International Protection Accommodation Service centre in Cork [to support migrant women to access cervical screening](#). Our CervicalCheck Screening Training Unit provided training and support to the clinic's sample taker. The migrant support worker completed our Community Champions training and works closely with the nurse sample taker. Since cervical screening began there in late 2024, half of all the women living at the centre who are eligible have attended for screening.

A guide to screening for carers

We published [a guide to screening for carers](#) to support them to help the people they care for to take part in screening. The guide was developed in response to one of the recommendations from our [disability needs assessment report](#) which was to develop information and educational materials targeted at disabled people, their caregivers and family members, to include information

about our screening programmes and what to expect. We consulted with a wide range of stakeholders to develop the guide including our staff, our Patient and Public Partnership representatives, Care Alliance Ireland, Family Carers Ireland, disability advocates and service providers.



Staff disability awareness training

We provide disability awareness training to all staff across our screening services. This is part of our work to implement recommendations from our disability needs assessment research, and our work to improve equity in screening.

We want to make sure all our staff:

- have a better understanding of disability and the diverse needs of people with disabilities
- can break down the barriers for disabled people to access screening
- can demonstrate that we are a disability-inclusive organisation.

We work closely with disability inclusion experts at Ability Focus to develop and deliver the training. The three-hour sessions focus on the three key principles of disability inclusion: awareness, empathy and clarity.

185 people, including 12 of our Patient and Public Partnership representatives, have now completed the training. 20 staff completed additional training on making reasonable accommodations for disabled people and seven staff completed access officer training. We will continue to offer this training every year for new staff and for those who have not yet had a chance to complete it.



Videos with Irish Sign Language

We produced [videos with Irish Sign Language \(ISL\) about our four screening programmes](#). We want to make sure that people who use ISL have the information they need to make informed choices about taking part in screening. We worked with the Irish Deaf Society to produce the videos.

Strategic partnerships: Working with Dublin Simon Community to support people who are homeless to access screening

We're working with the Dublin Simon Community to increase access to screening services for people who experience homelessness. The Simon Community provides a full continuum of care - from outreach and emergency accommodation, to treatment, counselling and recovery services for people experiencing addiction.

In 2025 we made progress on two actions:

- We worked with our Diabetic RetinaScreen (DRS) programme and NEC Care (the company that provides screening on behalf of DRS) to bring eye screening out to the community. We held a screening clinic onsite in one of the Simon Community houses and supported people living with diabetes to have their eye screening and to register for screening.
- Usher's Island medical facility is now registered with CervicalCheck to provide cervical screening and we will train three nurses as sample takers in 2026.



At the eye screening clinic in a Dublin Simon Community house, from left: Frank Hynes (Dublin Simon), Donna Brady (DRS), Ciara Cotter (Dublin Simon), Raymond Giluck (Dublin Simon), Forget Topa (Dublin Simon), Devon Kell (NEC Care) and Ciara Edmonds (NEC Care)

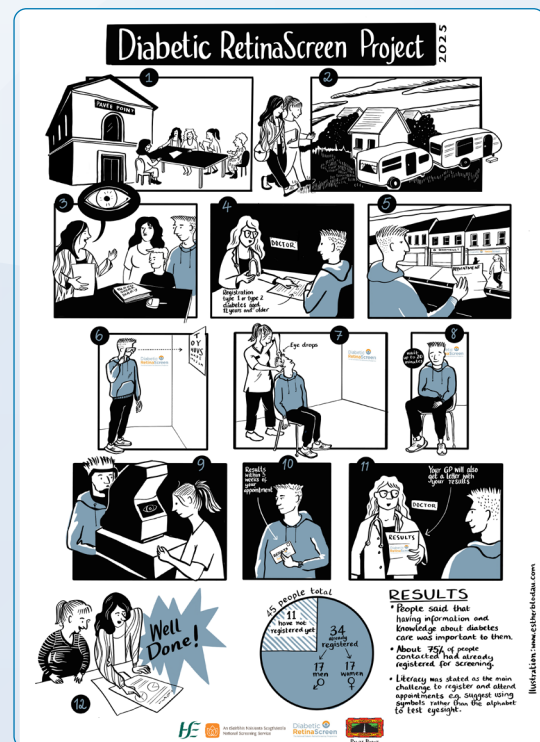
Strategic partnerships: Working with Pavee Point to improve equity in diabetic eye screening

In 2024 and 2025, [we worked in partnership with Pavee Point Traveller and Roma Centre](#) to improve knowledge and awareness about diabetic eye screening among Travellers living with diabetes.

Together, we educated and trained Traveller Community Health Workers (TCHWs) about diabetes and diabetic eye screening so that they could deliver this information with Travellers in Finglas and Blanchardstown.

We worked with the TCHWs to address barriers and supported people to register for screening. We organised screening appointments for everyone eligible who wanted to take part.

The TCHWs worked with us and an illustrator to tell the story of the project in picture form. The [infographic shows the process and results of the project](#) using images that are culturally appropriate. The results show how equity in screening can be improved in practice - by using Traveller-proofing approaches in partnership with Traveller organisations, adapting information and meeting people where they are at. It demonstrates how community-led, culturally-informed approaches can make screening services more accessible for everyone.





Cervical Cancer Elimination

On 17 November 2025 the world marked the first official [World Cervical Cancer Elimination Day](#). It's the first world health day dedicated to eliminating a cancer.

Ireland's Cervical Cancer Elimination Partnership published a [national action plan \(2025-2030\)](#) in 2024 and work to implement this continued in 2025. Our vision is to make cervical cancer rare in every community by 2040.

To mark World Cervical Cancer Elimination Day, the partnership published its [first annual progress report](#). The report highlights what we have achieved together in the past year, the impact of this work, and what will happen next to make sure we stay on track.

Some of these achievements include:

- a community-based HPV vaccination pilot project: In 2025, we started a [community-based HPV vaccination pilot project in Cork and Kerry](#). The project is funded from the Department of Health's Women's Health Fund.
- trauma-informed cervical screening: In 2025, a new [trauma-informed screening service was established at Limerick Prison](#). Our CervicalCheck Screening Training Unit (STU) provided bespoke training to nurses working in the prison to reach formal accreditation. We also developed an online educational resource on trauma-informed care for all sample takers.
- supporting women with symptoms: We worked with the National Women and Infants Health Programme and the Irish College of General Practitioners to [develop guidance for GPs on how to manage women with symptoms](#).

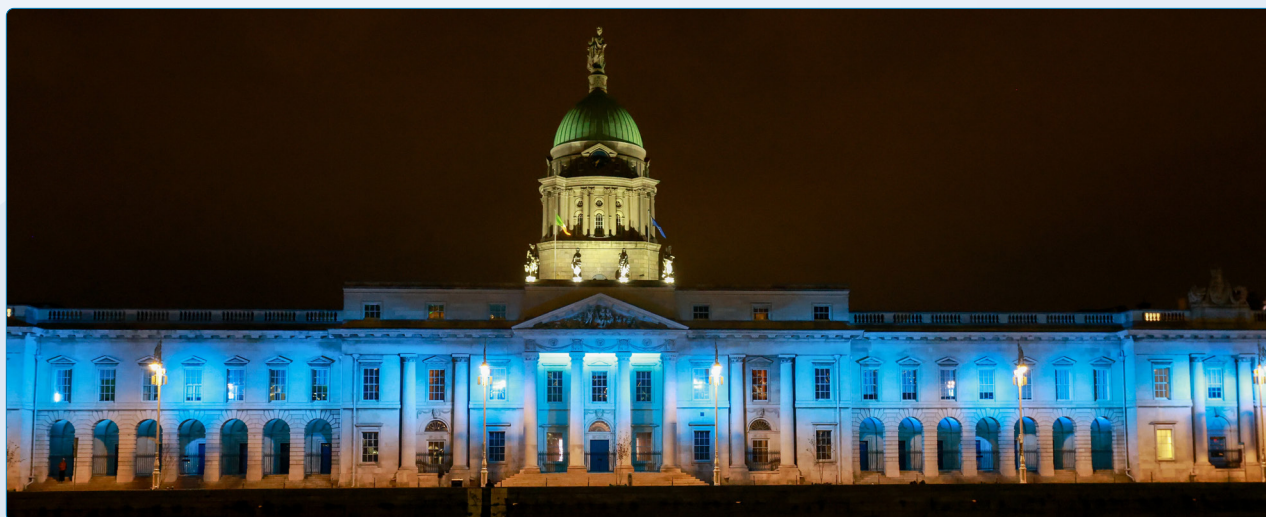
Communications toolkit for elimination

We created a [toolkit to help communities and organisations take action to eliminate cervical cancer](#). It includes ready-to-use factsheets, social media graphics and messages, and printable posters to help everyone share messages in their communities. The toolkit can be used all year round.



Lighting up for elimination

As part of the [global illumination initiative](#), Office of Public Works buildings across Ireland - from the Rock of Cashel in Tipperary to Dublin's Custom House - joined iconic landmarks around the world and illuminated in teal on World Cervical Cancer Elimination Day to raise awareness of the global elimination effort.



Custom House, Dublin, Ireland, glowing teal for World Cervical Cancer Elimination Day 2025



Patient and Public Partnership

In 2025, we partnered with 41 Patient and Public Partnership (PPP) representatives to deliver person-centred services. We held three PPP committee meetings and one annual PPP network meeting. 13 of our representatives joined us for the annual network day when we looked back on their work during 2025 and discussed plans for the year ahead.

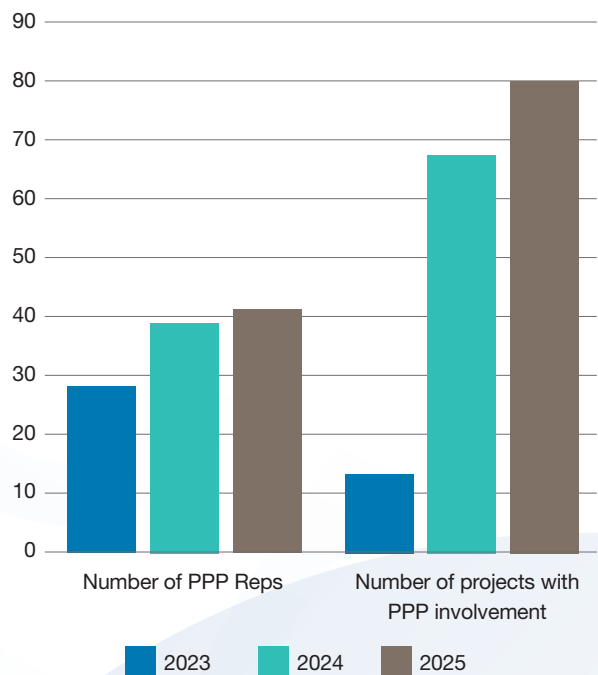
This year, [PPP representatives took part in 80 projects and activities](#). 29 of our 41 PPP reps took part in at least one activity which is a 71% participation rate.

These activities included:

- presenting at the 2025 HSE Patient and Public Partnership conference
- sharing stories to feature in the Breakthrough Cancer Research Cancer Revolution exhibition
- joining committees on quality assurance, equity and artificial intelligence
- providing feedback and co-designing resources including programme reports, information guides, screening participant letters and the [HSE's plain language guidelines](#)
- joining a HIQA expert advisory group on breast screening
- providing media interviews

- sharing testimonials on our social media channels
- supporting our research projects
- taking part in our training and development activities including disability awareness training and research seminars.

PPP Participation Levels



At the PPP annual network day at Central Office in November 2025, back row from left: Cynthia Cosme Cravo, Erin Nugent, Nokuphila Dlamini, Mary Kennedy, Jessica Black, Will Kennedy, Kara Madden and Damien Nee; front row from left: Augustina Akunne, Norma Deasy, Grace Rattigan-Reck and Emily Belton



Patient advocates

We worked with patient advocates throughout 2025 to share their stories and encourage people to choose screening.

Beth Wallace is a regular participant in CervicalCheck cervical screening. Beth told us about how it felt to have an abnormal screening result after years of a normal test result, the fear of what it might mean, and her experience in colposcopy for further tests.

“At colposcopy I was told I didn’t need any further treatment, just more monitoring... Now I’m back to screening every five years – which is fantastic.”

Beth Wallace

Photo credit: emmajervis.com



“I’m alive and kicking thanks to a letter I got from BowelScreen. I don’t want people to be afraid of getting screened for bowel cancer. Once the little sample is in the tube that’s it. For what those five minutes have meant to me, I’d do it every day.”

Joe Grogan

Joe Grogan from Tuam in Co. Galway, took the BowelScreen test at age 59. It detected his bowel cancer early. Now, he’s encouraging others to choose screening.

Joe joined the [Let Me Explain](#) podcast with Newstalk’s Seán Defoe during Bowel Cancer Awareness Month 2025 and spoke about his bowel cancer diagnosis after his first BowelScreen test.

Mike Brady from Midleton in Co. Cork was diagnosed with bowel cancer after doing a BowelScreen test. He shared his story to encourage other people to make informed decisions about their health and bowel screening.

“The only reason I found I had bowel cancer was thanks to BowelScreen. I’m happy to give back by telling my story. I’ve been so lucky.”

Mike Brady





Corporate website

Our corporate website - screeningservice.ie - serves as a key engagement tool for our stakeholders. In 2025, we continued to use the website to demonstrate openness, transparency and accountability. We report consistently on our activity, service developments, progress and performance.

We published over 100 news reports and blogs in 2025.

Our news coverage included:

- screening and service developments
- our work to improve equity in screening
- new research findings and developments
- new reports published
- our work with our Patient and Public Partnership
- patient advocate stories
- reports from our events
- collaborations with our international partners.

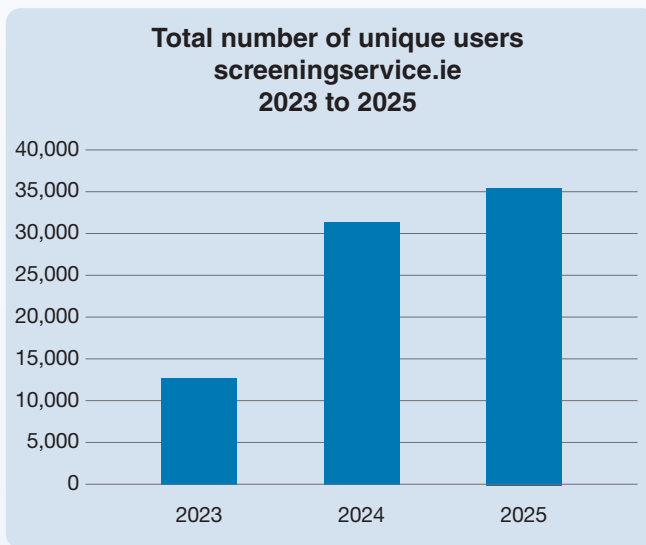
We also published:

- quarterly data reports on the numbers of people taking part in screening
- monthly stakeholder updates
- updates on our ongoing [work to improve equity in screening](#)
- minutes of our NSS Quality Assurance Committee meetings
- new programme reports and corporate publications.

Data from our website demonstrate that we continue to engage stakeholders with our online content and reached a new audience in 2025 - 43% of visitors to our website were new users. There were almost 77,000 views of our website in 2025. Our news reports and blogs were viewed over 56,000 times, an increase of 32% on 2024. The number of downloads of our reports and publications increased by 5% in 2025.

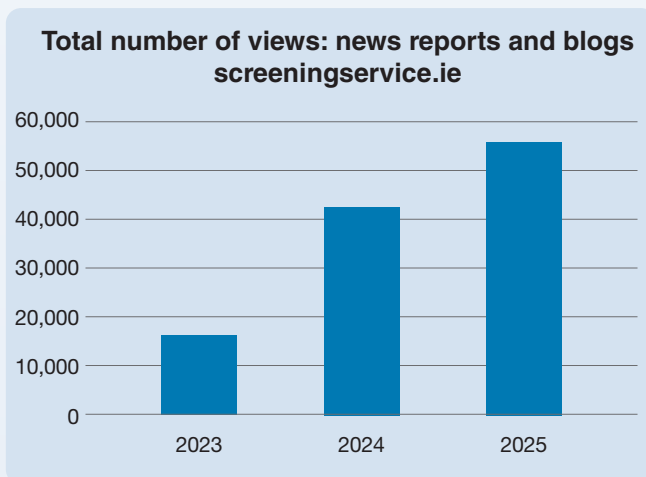
Website data 2025

- 36,759 unique users visited our corporate website.
- 76,989 total views on our website.
- 56,466 views of our news report and blogs.
- 5,242 downloads of our reports and publications.
- The average user engagement rate on our website was 65%.



Website data represents users who have accepted analytics cookies. For reference, in 2025, around 66% of users to the HSE website accepted analytics cookies.

Note: 2023 data covers a nine-month period from April to December.



Website vision and purpose

This year we developed a clear vision and purpose for our corporate website. Our aim is to keep developing the website as a valuable, up-to-date platform that provides meaningful information and support for our screening participants, partners, staff and the wider public.



Conferences and events

25 years of BreastCheck

We marked [25 years of BreastCheck](#) in May 2025, with an event at our Eccles Unit in Dublin. The event brought together our staff (past and present), advocacy groups and patient advocates to celebrate the success of BreastCheck. It gave us an opportunity to reflect on our achievements and challenges, and to reaffirm our commitment to continuous improvement and development to improve outcomes for women who choose screening.

[The Minister for Health Jennifer Carroll MacNeill addressed the event](#), congratulating BreastCheck on its 25-year milestone. The Minister thanked BreastCheck staff for their dedication, highlighting that their contributions are crucial to the programme's success. She also expressed gratitude to all the women taking part in BreastCheck, noting that their involvement is essential for making this life-saving initiative possible, and encouraged everyone to keep attending their appointments.

“BreastCheck is a vital part of our healthcare system and continues to save countless lives. Thanks to BreastCheck, along with improved treatments and support services, breast cancer survival rates in Ireland have risen. Ongoing efforts remain essential - early detection continues to be our best strategy for saving lives and reducing mortality. The Government is committed to enhancing and expanding this essential service.”

Minister for Health Jennifer Carroll MacNeill



Pictured at our BreastCheck25 event: Minister for Health Jennifer Carroll MacNeill (left) in conversation with BreastCheck patient advocate Dympna Cremin (centre) and Fiona Murphy, Chief Executive, National Screening Service

Breakthrough Cancer Research exhibition

We worked with charity Breakthrough Cancer Research on their exhibition: [Cancer Revolution: Science, Innovation and Hope](#). This free exhibition, telling the story of cancer from the earliest records to today's most lifesaving treatments, opened in August 2025 at Stephen's Green shopping centre in Dublin.

We worked with three of our Patient and Public Partnership representatives to co-develop and share their inspiring personal stories, [showcasing the power of screening in the exhibition](#). Dympna Cremin, Mary Kennedy and Alejandra Diaz shared objects that reminded them of their experiences taking part in our cancer screening programmes.



Displays at the Cancer Revolution exhibition from L-R: Alejandra Diaz, Dympna Cremin and Mary Kennedy. (Photographs by Joleen Cronin)

International Cancer Screening Network (ICSN) Conference 2027

This biennial international event brings together global leaders and experts in cancer screening - including clinicians, researchers and programme managers - to share insights, discuss challenges and showcase innovation in practice and policy.

At the 2025 conference, Ireland was announced as the host of the next ICSN Conference in 2027. It will be a unique opportunity to welcome colleagues from around the world, highlight Ireland's progress in cancer screening, prevention and early detection, and exchange ideas that will shape the future of screening programmes internationally.



Communications campaigns

We researched, designed and implemented large scale evidence-based awareness campaigns for our four screening programmes. We used digital and social media, radio, print, out-of-home and search channels, and our campaigns ran in both Irish and English languages. We featured people sharing their experiences of screening and encouraging others to take part.

Campaign highlights

- We ran BowelScreen campaigns in January and at other periods during 2025 using radio, social and digital media, and search. Testimonials featuring our PPP representative Mary Kennedy, and patient advocate Joe Grogan, performed strongly. In the autumn we ran short radio ads on local radio stations which led to requests for media interviews.
- BreastCheck campaign activity included social media and search during 2025. Our social media featured PPP representative Dympna Cremin sharing her experience of finding cancer through screening, her treatment and her recovery. In quarter one, our campaign reached over 350,000 people and generated 1.67 million views. Dympna's testimonial featured again during Breast Cancer Awareness Month in October. We posted ads about recognising symptoms of breast cancer and managing risks.
- We ran CervicalCheck campaigns in quarter one and quarter four on radio, social media, search and precision display. For quarter four, we refreshed our social media creative to encourage people eligible for cervical screening to book their appointments when due.
- Our PPP representative Alejandra Diaz shared her story about finding HPV and abnormal cells through screening, and how she had treatment to prevent them developing into cancer. We also featured sponsored reads on the popular How to Gael podcast.



A social media creative featuring BowelScreen patient advocate Joe Grogan

HSE health regions

In 2025, we continued to engage with the Regional Executive Officers (REOs) of the six HSE health regions. Our screening programmes operate across each of these regions in both primary and acute care. Health regions are responsible for understanding the needs of regional and local populations, and planning services accordingly, with the aim of improving the health and wellbeing of their population. They are also responsible for delivery of screening-commissioned services in their areas and meeting the associated national KPIs. These are agreed through standard service agreements with commissioned services. We have worked with REOs to clarify activity and performance expectations, and the financial arrangements to enable these. We are committed to supporting the work of the REOs to ensure that screening services are delivered in a standardised way across the country and that all eligible screening participants have access to appropriate screening pathways. We have worked to develop tailored interventions to support screening uptake. We will continue to strengthen relations with REOs and their teams and services in 2026.

Press and public affairs engagement

Engaging with the media is an important part of our work to raise awareness and help people to choose screening.

This year, we engaged proactively with the media for key annual awareness events including:

- Cervical Cancer Prevention Week
- Bowel Cancer Awareness Month
- Breast Cancer Awareness Month
- World Diabetes Day
- World Cervical Cancer Elimination Day.

We issued national and regional press releases to highlight our key messages and data relating to each awareness event. We worked proactively, ensuring our screening experts, participants and information were featured over 30 times in print, digital and broadcast media, including radio and podcasts.



Press activity also supported our work to highlight:

- BowelScreen age range expansion and a new way to request a home-test through our enhanced online register
- five years of HPV cervical screening in Ireland
- the new BowelScreen endoscopy service at Cork University Hospital
- Ireland's work towards cervical cancer elimination
- patient advocate stories
- our work with our Patient and Public Partnership
- our community champions work to improve equity in screening
- our programme report data and research.

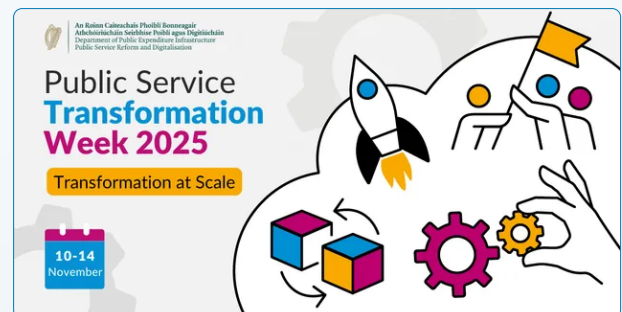
We provided regular updates and developed information resources for Oireachtas members and Regional Health Forums on service developments, screening programme updates and awareness campaigns. Our resources include accessible information and social media messaging that can be shared to encourage people to take part in screening. We communicated positively about screening via parliamentary questions and we corrected and clarified misinformation in the media with a health-positive, collaborative approach.

Area of updates and responses	No. of updates and responses in 2025
Regional Health Forums and health regions	7 (4 presentations, 3 responses)
Oireachtas members, community, advocacy, and other stakeholders	28 (7 partner packs, 21 stakeholder updates)
Parliamentary questions and representations	95
Press queries and releases	44

Public Service Transformation Week

We took part in Public Service Transformation Week in November 2025 when public service bodies across Ireland showcased their projects and initiatives that deliver enhanced and more inclusive services for the public. As part of the HSE's Technology and Transformation contribution to the week, we presented on:

- [AI in BreastCheck](#)
- [the implementation of our enhanced online registration website for BowelScreen.](#)



Strategic Priority 2

Operational excellence



We will deliver internationally leading, evidence-based, quality assured population screening programmes and demonstrate their impact.

SPOTLIGHT ON

Programme activity and performance data

Programme reports

Communications toolkit

Information development

Five years of HPV cervical screening in Ireland

Balancing invitations to cervical screening

Building the BreastCheck of the future

CervicalCheck Screening Training Unit

2025 Irish Healthcare Awards

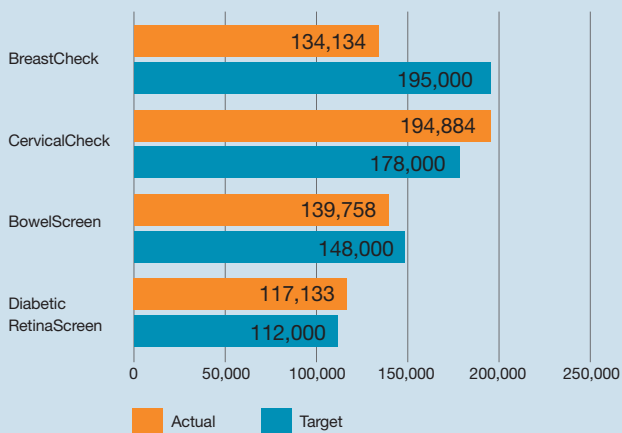
Patient reported experience measures

Conference presentations

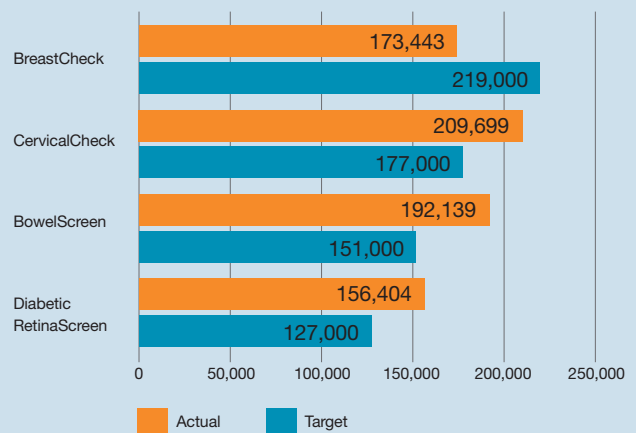
International collaborations

Programme activity and performance data

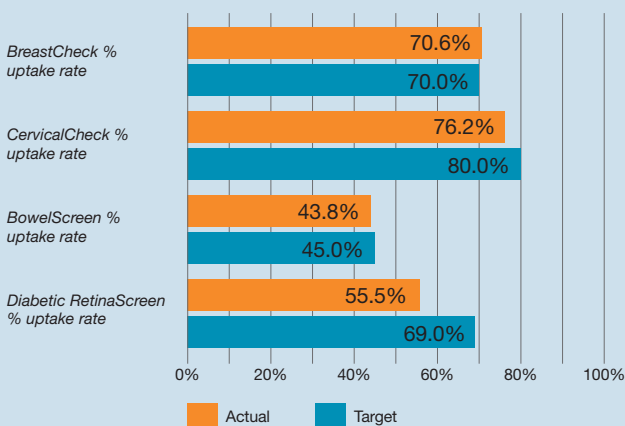
Numbers screened per programme 2024



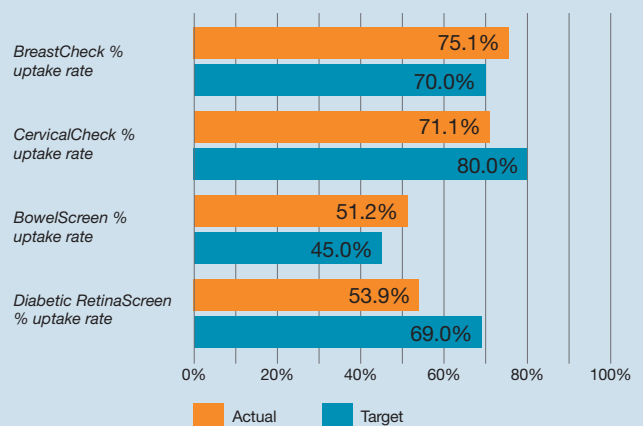
Numbers screened per programme 2025



Participation/Coverage Rates 2024



Participation/Coverage Rates 2025 (provisional data)





Programme reports

Our four screening programmes operate in line with national and international best practice standards. This ensures our programmes achieve their aims to improve population health. We continuously monitor our performance against programme standards, and we monitor key performance indicators at defined intervals and aggregate the metrics annually.

Our programme reports provide information on the performance of each programme. The reports are published to our corporate website.

In 2025, we published the:

- [Diabetic RetinaScreen statistical bulletin 2020-2021](#)
- [BowelScreen programme report 2022-2023](#)
- [CervicalCheck programme report 2022-2023](#)

Communications toolkit

We developed and implemented an evidence-based [communications toolkit](#) supported by training to build staff capability and support a person-centred culture of clear communications. It's a practical guide to help us all communicate more clearly and consistently and supports a joined-up way of communicating that reflects our values, supports our strategy, and works for the people we're writing for.

The toolkit provides guidance on plain language, inclusive communication, tone of voice, structure and accessibility, along with templates and practical examples.

We developed and delivered a staff webinar and tailored workshops to train our staff to use the toolkit. We delivered one staff webinar and six team workshops in 2025, attended by a cumulative total of 119 people.

We are measuring our impact through user-testing and tone-of-voice assessment with our Public and Patient Partnership (PPP), using a semi-structured questionnaire. This assessment by PPP representatives against our tone of voice and plain language principles has confirmed improved clarity, accessibility and greater emotional reassurance in the information we are developing.

We presented about the toolkit at a staff town hall meeting in June and presented about the impact of this work to the HSE communications and public affairs network in September.

Information development

We develop information to meet our stakeholders' needs. We use a development process, gathering insights and expertise, and we follow plain language and health literacy guidelines. We do this in collaboration with our various teams and our PPP representatives.

Examples of our work in 2025 include:

- screening participant letters and leaflets for BreastCheck
- content on the improved BowelScreen registration site
- information for people taking part in our Diabetic RetinaScreen patient survey
- a guide to screening for carers and the people they support
- breast screening information for the trans community.

We also worked with:

- the HSE digital team to include BreastCheck appointment information on the HSE Health App
- Diabetes Ireland and other partners to develop a position statement on language matters for people living with diabetes aimed at healthcare providers; and to develop an academic position statement on how people experience diabetes
- ShoutOut to include information about cervical and breast screening in a new 'Know Your Rights' guide for trans and non-binary people.

Official Languages Act

Our four programmes are complying with the Official Languages Act 2023 and improving how we meet the needs of participants whose first language is Irish. Since June 2025, we are sending our letters and leaflets in Irish and English to eligible participants who are receiving their first correspondence about screening.

Information development advisory team

In 2025, we established an advisory team to support our work to develop information resources for screening participants and the public. The advisory team provides support for our information hub processes to make sure that resources are developed using behavioural insights, based on scientific evidence, written in plain language, and aligned with our communications toolkit. The team met three times during 2025.



Five years of HPV cervical screening in Ireland

We marked [five years of HPV cervical screening in Ireland](#) in 2025. Ireland was an early adopter of primary HPV cervical screening in Europe. In 2020, we made the switch from cytology (the traditional smear test) to primary HPV testing. Reflecting on the change, Clinical Director with CervicalCheck Prof Nóirín Russell spoke about the strong evidence for the change, why it's a better test and provides better outcomes for women, the impact of the change and what we learned in the past five years to further improve the programme.

Balancing invitations to cervical screening

In 2025, we invited some women to come for cervical screening a few months before their due date.

Our data modelling showed that a larger-than-usual number of women were due their cervical screening in late 2025 and throughout 2026. This increase was specifically due to the pause in screening between March and July in 2020 due to the Covid-19 pandemic and extending the screening interval to five years for all women aged 30 to 65 when we changed to HPV cervical screening.

We [balanced the timing of our cervical screening invitations](#) to make sure that women could get their test, results and any follow-up tests or treatment needed, in a timely manner.

Building the BreastCheck of the future

More women are eligible for BreastCheck every year due to our growing population. This is challenging for service delivery. While most women will be screened every 2 years, this has been longer for some women. We carefully [plan and manage invites to BreastCheck](#) to match our assessment and treatment capacity so that women will not have to wait too long for an appointment.

In 2025, we developed and started to implement an action plan to strengthen and expand our capacity for service delivery in BreastCheck over the next three years. Meeting the needs of our growing population is vital to enable us to meet our key

performance indicators within our BreastCheck charter and quality assurance guidelines, and ensure timely screening, assessment and treatment for our BreastCheck participants.

The plan focuses on:

- delivering targeted, measurable short-term actions to enable us to screen more women
- investing strategically in our workforce skill mix and supporting our staff through AI tools to ensure long-term sustainability and excellence in care.

A dedicated working group has been established to deliver on the action plan. Our priority actions include improving productivity and efficiency, workforce planning and staff development, infrastructure, strategic use of technology and stakeholder engagement.

In 2025 we:

- improved productivity by prioritising longest-waiting women, standardising scheduling and radiography resource use, and strengthening weekly operational oversight
- launched a new mammography certification programme with University College Cork
- got planning permission for two new BreastCheck satellite units - one in Limerick city centre (part of a new multi-storey health centre) and one in Bishopstown, Cork
- started providing BreastCheck appointments and breast screening information on the HSE Health App
- started a project to strengthen our internal communications and enhance information sharing including the development of a staff newsletter and the introduction of all-staff town hall meetings.
- started development of a 'Better Letters' initiative to maximise appointment uptake and increase screening participation.



CervicalCheck Screening Training Unit

In 2025, we made strong progress in advancing cervical screening education and supporting high-quality practice across our CervicalCheck programme. This work supports our mission to ensure women receive safe and person-centred care, regardless of where they are screened.

Since 2021, we have led major reforms in cervical screening education, delivering a free, accessible national education programme aligned with our service needs and governance standards. Our model is unique in Ireland and internationally, combining structured governance with one-to-one, in-practice support provided by clinical trainers nationwide, ensuring consistency and high-quality care wherever screening takes place.

The impact of the cervical screening education programme in 2025 is demonstrated through improved accessibility, increased participation and strengthened clinical competence among sample takers:

- 91% of primary care sample takers completed their mandatory clinical update in line with their contract - an increase of 48% since December 2024.
- 60% of sample takers who have taken a test in the past year have completed a cervical screening education programme - an increase from 52% in 2024 and exceeds our target of a 5% increase.
- 668 participants took part in our education programme during the year, an increase from 565 in 2024. Currently, 5% of our sample takers are completing the cervical screening education programme.
- 532 novice sample takers and GP trainees attended clinical workshops as part of their programme requirements.
- 136 participants enrolled in our cervical screening education programme for experienced sample takers.
- 548 participants were signed off as clinically competent sample takers (8% of our total sample takers).
- 4,135 attendances at our lunch and learn education webinars - the highest annual attendance achieved to date.

In 2025, we adopted a more holistic and integrated approach to education delivery. Every contact with a cervical screening service - whether through clinical visits, training interventions or training requests - is used as an opportunity to engage with the wider practice team to review education compliance, identify learning needs and provide tailored support, helping to embed quality and consistency across the service.

We have developed a business report that tracks sample takers who are due or overdue for Continuous Professional Development (CPD) updates. This helps to strengthen education engagement, enabling a proactive approach to prompting completion of CPD updates and signposting to our regular education webinars. We expanded access by developing a suite of clinical updates and integrating live streaming through our lunch and learn series. This resulted in a 48% increase of primary care sample takers completing a clinical update and a record attendance at our lunch and learn webinars.

We maintained our essential role in quality assurance:

- 226 training interventions were undertaken involving direct engagement with services to investigate issues and ensure corrective actions were implemented.
- We responded to 150 queries from sample takers looking for guidance on education or clinical practice.
- Clinical visits and training interventions included assessing adherence to the Cervical Screening Protocol, reinforcing high-quality practice standards, encouraging practices to audit their cervical screening activity, and reviewing sample taker registration to ensure accuracy and compliance.

Our holistic, evidence-based model positions the programme to continue improving support for sample takers, maintain excellence across the entire screening pathway and improve the experience for women who choose screening.



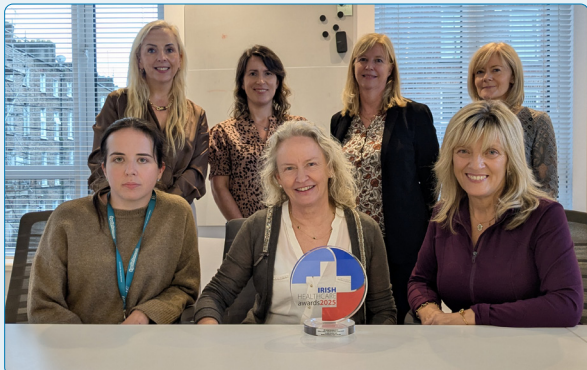
2025 Irish Healthcare Awards

Our CervicalCheck Screening Training Unit (STU) won the [2025 Irish Healthcare Award for Nursing and Midwifery Project of the Year](#), in recognition of the unit's innovative work to build a resilient, responsive and future-focused cervical screening education model.

The judges said: "This nurse-led national training programme for cervical screening offers flexible and accessible education with strong governance and a clear strategy. It adapts to clinicians' needs, includes inclusive outreach, and is a superb educational development with a positive impact."

This award celebrates the STU team's success in expanding access to high-quality education, increasing participation among sample takers, and ensuring that women receive world-class, safe and person-centred care - no matter where they are screened.

We were [shortlisted in five categories for the 2025 Irish Healthcare Awards](#).



The CervicalCheck Screening Training Unit team with their award. Back row from left: Rachael Comer, Joyce Laffey, Selena Igoe, Christine Williams; front row from left: Katie Dunlea, Dorothy Nevin and Louise McKee

Patient reported experience measures (PREMs) programme

PREMs is a digital survey that captures real-time feedback from our screening participants. This helps us to find out what we are doing well and where we can make improvements to our programmes. We introduced the survey for BowelScreen in 2022 and BreastCheck in 2023.

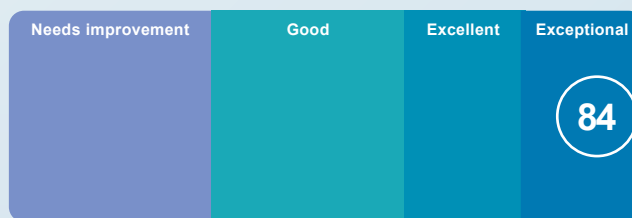
In October 2025, to mark World Sight Day, [we launched the survey for our Diabetic RetinaScreen programme](#), inviting our screening participants to take part and share their experiences.

We published our 2024 annual survey reports for [BreastCheck](#) and [BowelScreen](#).

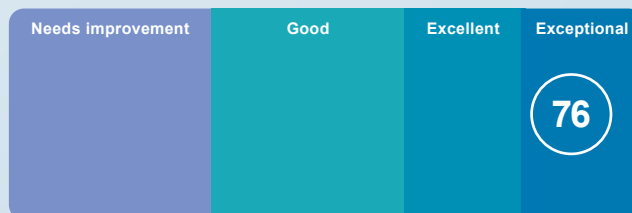
- We invited 47,871 screening participants to take part in the BreastCheck survey in 2024, and 11,244 took part.
- We invited 8,062 screening participants to take part in the BowelScreen survey, and 3,518 took part.
- Most survey participants were positive about the care they got from both programmes.

The reports show that both programmes received a net promoter score considered exceptional. A net promoter score is a simple way to measure how likely people are to recommend a service to others.

BreastCheck achieved a net promoter score of 84.



BowelScreen achieved a net promoter score of 76.





Conference presentations

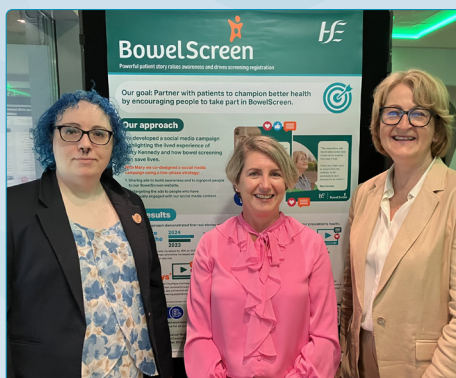
In 2025, we shared our research and learnings, delivering oral and poster presentations at over 20 national and international conferences. Some of these included:

- RCPI Faculty of Pathology annual symposium 2025
- RCPI - Advancing women’s health research in Ireland: Bridging gaps and building collaborative pathways
- Nurses in Colposcopy Clinics Ireland Association (NICCIA) annual conference
- RCPI Institute of Obstetricians & Gynaecologists webinar: The journey to cervical cancer elimination
- National Diabetic Eye Screening Conference 2025, Royal Society of Medicine, UK: Patient-focused communication across screening, primary and secondary care
- Irish Institute of Radiography and Radiation Therapy (IIRRT) mammography webinar
- [Breaking Barriers: Enhancing cancer care for individuals with intellectual disabilities](#)
- RCPI Faculty of Public Health Medicine Summer and Winter Scientific meetings 2025
- Irish College of Ophthalmologists Annual Conference 2025
- Diabetes in Ireland Conference (DICE) 2025
- Diabetic Retinopathy Screening in Europe conference 2025
- Annual conference of the European Association for the Study of Diabetes Eye Complications (EAsDEC) 2025
- 2025 Annual Scientific Meeting of the British Society for Colposcopy and Cervical Pathology (BSCCP)
- [2025 International Cancer Screening Network \(ICSN\) conference](#), Aarhus, Denmark
- 3rd National Patient and Public Partnership Conference 2025
- European Health Psychology Society conference 2025
- RCSI National Human Factors in Patient Safety conference
- Annual Pan Ireland World Sight Day event
- Irish Hospital Consultants Association annual conference 2025



Our Diabetic RetinaScreen team at the 2025 annual Diabetes in Ireland conference (L-R) Emma Homan, DRS Administrator; Donal Donnelly, Treatment Co-ordinator; and Declan O’Reilly, Deputy Programme Manager

Norma Deasy (centre) with Patient and Public Partnership representatives Jessica Black (left) and Mary Kennedy (right) at the 2025 HSE Patient and Public Partnership conference



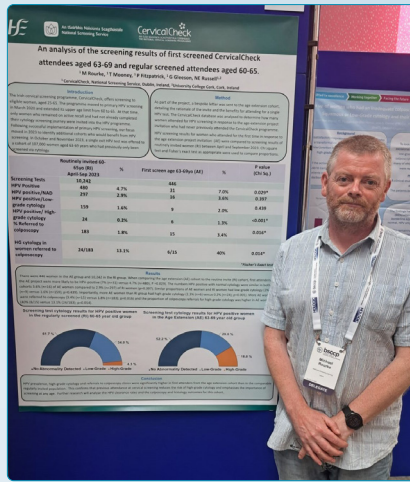
Dr Alice LeBonniec at the 2025 European Health Psychology Society conference



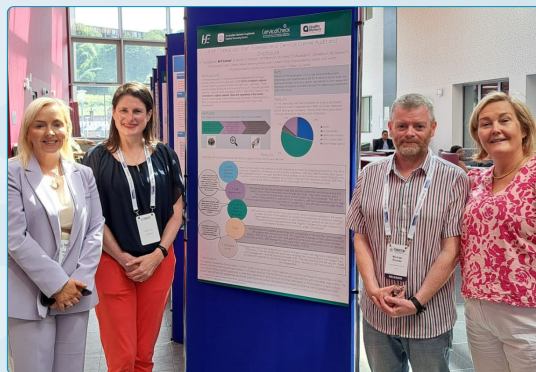
Best poster and oral presentation awards

We won three best poster awards and one oral presentation award at conferences this year:

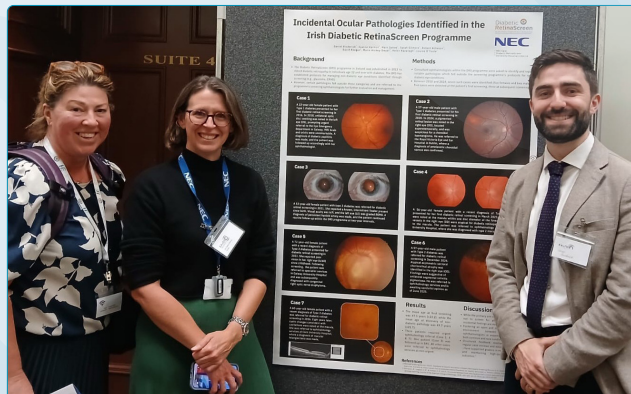
- Best poster at the BSCCP 2025 annual scientific meeting: ‘An analysis of the screening results of first screened CervicalCheck attendees aged 63-69 and regular screened attendees aged 60-65’. Lead author: Micheál Rourke, Business Intelligence Analyst, National Screening Service
- Best poster at the 2025 annual EAsDEC conference: ‘Incidental ocular pathologies identified in the Irish Diabetic RetinaScreen programme’. Lead author: Dr Daniel Broderick, Mater Misericordiae University Hospital
- Best poster at the 2025 BARS conference: ‘Age related retention and non-attendance in a two-year diabetic retinopathy screening pathway: Five-year cohort results’. Lead author: Ruth McCarthy, NEC Care
- Best oral presentation at the RCPI Faculty of Public Health Medicine 2025 Winter Scientific Meeting: ‘Predictors of HPV self-sampling’. Presented by: Dr Ann Marie Murray, Specialist Registrar in Public Health Medicine.



Micheál Rourke, Business Intelligence Analyst, NSS Programme Evaluation Unit, at the BSCCP 2025 annual scientific meeting with his winning poster presentation ‘An analysis of the screening results of first screened CervicalCheck attendees aged 63-69 and regular screened attendees aged 60-65’



Our CervicalCheck team at the BSCCP 2025 annual scientific meeting (L-R): Dr Rachael Comer, Screening Training Unit Manager; Prof Nóirín Russell, Clinical Director; Micheál Rourke, Business Intelligence Analyst; Dr Rosie Harkin, Colposcopy Clinical Advisor



At the 2025 annual EAsDEC conference (L-R): Helen Kavanagh, Programme Manager, Diabetic RetinaScreen; Joanne Harmon, Deputy Programme Manager, NEC Care and Dr Daniel Broderick, Mater Misericordiae University Hospital; pictured with the winning poster presentation ‘Incidental ocular pathologies identified in the Irish Diabetic RetinaScreen programme’



The National Screening Service team at the ICSN 2025 conference (L-R) Dr Roisin McCarthy, Research Officer; Pheena Kenny, Public Health Strategy and Development Manager; Dr Thérèse Mooney, Head of Programme Evaluation Unit



International collaborations

We work with international partners to share our knowledge, expertise and Ireland's experience of screening. We are keen to learn from our international colleagues and to help improve the efficiency of screening programmes in other countries.

European Joint Action on Cancer Screening (EUCanScreen)

We're part of a four-year European Joint Action project on Cancer Screening - [EUCanScreen](#).

The project brings together 97 institutions from 29 countries including Irish partners: the Department of Health, the Royal College of Surgeons, and the HSE's National Screening Service. It aims to improve existing screening programmes for breast, cervical and bowel cancers, while facilitating the implementation of new programmes for lung, prostate and stomach cancers.

The project is funded by the European Commission and includes 11 workstreams. Ireland is contributing to all of these including leading and co-leading on activities, while also working closely with international partners such as the World Health Organization's (WHO) International Agency for Research on Cancer (IARC), to improve sustainable implementation of population-based cancer screening programmes in European regions.

This year, we collaborated with our European partners at meetings and workshops to share our knowledge, learning and expertise, and contributing to progress in screening across Europe.

This included:

- sharing resources and information on how we address barriers to screening
- sharing experiences, challenges and best practices in piloting and implementing bowel cancer screening programmes
- examining the effectiveness of existing cancer screening programmes across Europe for people with intellectual disabilities and determining the barriers and strategies that address access to screening
- initiatives to understand and engage migrants in cancer screening

- the standardisation of calculating a cervical cancer interval cancer rate with international partners
- the development of education and training for professionals performing colposcopy
- planning for research with gender minorities and their experiences with cancer screening services
- systematic reviews of barriers and facilitators for participation in cervical cancer screening
- completion of national surveys on population-based screening contributing to understanding the landscape of screening across Europe.

Each month a different European country takes the lead to share news on the [EUCanScreen website](#).

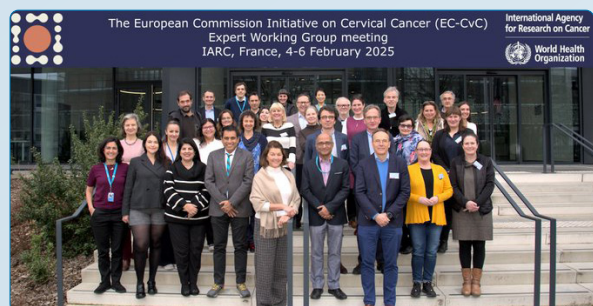
We worked with the Department of Health and our Irish partners to create content for the month of December 2025. Together, we published 21 news articles, including features about our three cancer screening programmes and our work to improve equity in screening.

European Commission initiative on cervical cancer (EC-CvC)

We continued our work this year with the Expert Working Group of the [European Commission Initiative on Cervical Cancer](#) (EC-CvC). The group's work includes the development of the European clinical practice guidelines and the European quality assurance scheme.

Three meetings took place in 2025 hosted by the WHO International Agency for Research on Cancer.

In collaboration with the EC Joint Research Centre, the group published its [first set of recommendations](#) on the primary screening method for cervical screening and what ages to start and stop cervical screening.



Prof Nóirín Russell, CervicalCheck Clinical Director (front row, far right), pictured with the Expert Working Group of the European Commission Initiative on Cervical Cancer at their meeting in Lyon, France in February 2025



The group has started work to draft recommendations on screening for HPV-vaccinated populations, future screening intervals in HPV-negative women, and triage for HPV-positive women. Work is also underway on treatment requirements and quality assurance standards for cervical cancer prevention and care.

The completion and implementation of the new recommendations will mark a major step towards the elimination of cervical cancer in Europe.

European Commission initiative on colorectal cancer (ECICC)

The ECICC aims to ensure essential levels of quality colorectal cancer care are equally accessible across Europe. Based on the latest scientific evidence, it provides clear and independent guidance on screening and care to healthcare providers and individuals.

In 2025, we participated on the working group on strategies for inviting people to bowel screening. The group examined whether sending faecal immunochemical test (FIT) kits directly to people's homes with an invitation letter could improve participation rates.

The group [published its recommendation in June 2025](#): "The ECICC Working Group suggests using a letter including the self-sampling FIT kit over using a letter alone to invite eligible asymptomatic adults to an organised, population-based, colorectal cancer screening programme."

The Working Group reached this recommendation by consensus and emphasised that each screening programme should assess whether reducing these barriers would meaningfully improve participation in their specific context.

Eight Nations cervical screening programme forum

We continued to share information and seek guidance on best practice in cervical screening through the established Eight Nations screening programme forum comprising Ireland, England, Guernsey, Northern Ireland, Jersey, Scotland, The Isle of Man and Wales.

A particular focus of this forum in 2025 was the development, design and implementation of self-sampling initiatives within cervical screening programmes. Members of the forum gathered to discuss how they were approaching self-sampling, with a focus on the management of risks, challenges and benefits in the range of approaches being adopted.

Diabetic RetinaScreen hosts Seven Nations group meeting in Dublin

We hosted a Seven Nations meeting about retinopathy screening in Dublin in February. The group is made up of diabetic retina screening programmes in England, Ireland, Northern Ireland, Scotland, Wales, Jersey & Guernsey. It meets four times a year to discuss changes, challenges, new initiatives and future developments in diabetic retinopathy screening. The Seven Nations group provides an opportunity for us to build and strengthen our relationships with our international colleagues and supports the future development of our Diabetic RetinaScreen programme.

We followed the meeting with a visit to the Diabetic Retinopathy Treatment unit at the Mater Misericordiae University Hospital in Dublin.



At the Seven Nations meeting hosted by Diabetic RetinaScreen in February 2025, from left: Declan O'Reilly of Diabetic RetinaScreen; Rosemary Bowles of the Belfast Trust; Prof Tunde Peto of the Institute of Clinical Science, Belfast; and Helen Kavanagh, Prof Louise O'Toole, Donal Donnelly and Danielle McMahon of DiabeticRetinaScreen

Public Health Five Nations forum

In 2025 we chaired the Public Health Five Nations forum for consultant leads for screening. We met with consultants and trainees in public health medicine across England, Scotland, Wales and Northern Ireland. We shared good practice and considered issues such as equity, quality assurance and incident management.

2025 Country Cancer Profiles

To mark World Cancer Day 2025, the European Commission published the [2025 cancer country profiles](#). The reports show that cancer survival rates are improving across the EU, with cancer deaths decreasing by 12%. We contributed data from our three cancer screening programmes for Ireland's profile.

Strategic Priority 3

Service development



We will be at the forefront of developments in population screening programmes that support the prevention and early recognition of disease. We will conduct and commission research, review evidence, and work with policy makers to provide an experienced and expert voice in population screening.

SPOTLIGHT ON

Service developments:

- [BowelScreen](#)
- [BreastCheck](#)
- [CervicalCheck](#)
- [Diabetic RetinaScreen](#)

Research developments

Published research

Service developments: BowelScreen

Age expansion

In 2025, we [expanded the BowelScreen age range](#) to include everyone aged 58 to 70, making BowelScreen available to over 110,000 more people.

- In April 2025, we started inviting people aged 70.
- In October 2025, people aged 58 started to get their invitations to take part.

We are steadily expanding the age range to make sure everyone who needs it has access to onward testing and treatment. Over time, we will expand the programme to everyone aged 55 to 74, in line with the National Cancer Strategy 2017-2026.

BowelScreen register

We launched a [newly improved online BowelScreen register](#) in October 2025. It's easy to use, mobile-friendly, and makes BowelScreen more accessible. We wanted to offer more ways for people to engage with us. As well as being able to request a home-test kit by phone or email, people can now do this online. It's more convenient and can be done at any time, offering more flexibility.

People can use the online register to:

- request a home-test kit when invited to take part
- check if they are already on the register
- check their contact details and update them if they've moved address
- find out when their next screening is due.

We're helping to make sure that everyone has an opportunity to benefit from bowel screening by giving people more choice in how to take part. These improvements make BowelScreen more accessible, equitable, and easy to take part in - supporting the HSE's digital strategy and helping us communicate better as more people join the programme.



New BowelScreen endoscopy service at Cork University Hospital

A new [BowelScreen endoscopy service in Cork University Hospital](#) (CUH) was officially launched by the Minister for Health Jennifer Carroll MacNeill in November 2025. This additional service at CUH enables us to offer bowel screening to more people as it increases our capacity to deliver colonoscopy procedures to people who need further tests after their free bowel screening test. There are now 16 BowelScreen endoscopy units in Ireland delivering colonoscopy procedures.



Mike Brady (centre) who had bowel cancer detected through BowelScreen, and wife Dorothy (left), show Minister for Health Jennifer Carroll MacNeill (right) the BowelScreen FIT kit at the official launch of CUH BowelScreen endoscopy services in November 2025.

Service developments: BreastCheck

HSE Health App

We started providing [BreastCheck screening appointment information on the HSE Health App](#) in October 2025. This is part of our continued work to strengthen our communications with our breast screening participants and to empower everyone eligible to choose screening.

The App, which is available in Irish and English, also signposts to useful information about breast screening, including how to get ready for a mammogram and how to change or cancel an appointment. The App notifies women turning 50 that they are now eligible for BreastCheck.

We'll be adding more BreastCheck features to the App over time.

UCC postgraduate course in mammography

We partnered with University College Cork (UCC) to design and deliver [a new postgraduate course in mammography](#). This flexible part-time course is the only mammography course available in Ireland. It's one of the clinical pathways in the UCC Medical Imaging and Radiation Sciences programme.

The course is for qualified radiographers who want to build their knowledge and skills in mammography. The introduction of the new course is a key part of building BreastCheck for the future. Globally, including in Ireland, there are challenges in recruiting staff for breast screening programmes. This course will prepare radiographers for a career in mammography, offering people a route to work in breast screening and opportunities to advance their careers.

We placed six students on the course which started in September 2025. As new BreastCheck staff are hired, they will be placed in further intakes. The course is delivered online, making it accessible to international students and extending its impact beyond Ireland.





New Practice Educators

In 2025, we hired eight new Radiography Clinical Specialists (Clinical Educators) posts to our BreastCheck team. These highly skilled radiographers will support our staff and ensure women continue to receive the best care.

This includes:

- supporting new colleagues to get established in their roles in our screening and assessment clinics
- providing refresher training for staff to ensure we continue to meet European quality assurance standards for mammography screening
- supporting students taking part in the UCC postgraduate course in mammography by providing hands-on, practical training.

Service developments: CervicalCheck

HPV self-sampling in cervical screening

Our [next phase of research into HPV self-sampling in cervical screening in Ireland](#) is under way.

We are designing a feasibility study to help us understand what changes we would need to make to enable us to offer self-sampling to women, if it is recommended by the National Screening Advisory Committee. This independent committee makes recommendations to the Department of Health about changes to population screening programmes. We will support the committee's review of self-sampling by sharing the results of our feasibility study.

The study will evaluate the resources needed to deliver self-sampling; collect feedback from women, and their doctors and nurses; and identify any potential challenges.

A previous [survey of over 2,000 women living in Ireland](#) has shown that the introduction of self-sampling could increase the numbers of women taking part in cervical screening and help to improve equity in screening. [Another study of 200 sample takers in Ireland](#) shows that the majority of GPs and practice nurses are supportive of the introduction of HPV self-sampling as a method of cervical screening in Ireland.

Smoking, HPV and cervical cancer

To mark HPV awareness day 2025, we launched a [new initiative to support patients and healthcare professionals to understand the links between smoking, HPV and cervical cancer](#).

We worked in partnership with the Nurses in Colposcopy Clinics in Ireland Association, Tobacco Free Ireland and UCC School of Public Health to create new resources to support our colposcopy clinics to have conversations with women about smoking, HPV and cervical cancer.

Smoking increases the risk of having an active HPV infection, which can lead to harmful health outcomes such as cell abnormalities in the cervix and cervical cancer. The new resources support women attending colposcopy to better understand the relationship between smoking, HPV and cervical cancer, and the benefits of quitting smoking.



Screening Training Unit

In 2025, we delivered a wide range of service developments to strengthen education, quality assurance and equitable access to cervical screening across Ireland:

- Improved training intervention reporting and quality improvement to enable earlier identification of quality issues, supported by a new 'tip of the month' resource that shares practical, evidence-based guidance with sample takers.
- Introduction and routine use of a new Cervical Screening Protocol Template and Quality Assurance Audit Tool is embedding consistent, high-quality practice, stronger governance and shared learning across services.



- Targeted partnerships with Community Healthcare Organisation (CHO) migrant leads, the Roma Inclusion Health Hub and specialist services are improving access to cervical screening for women who face cultural, language and administrative barriers.
- Training nurses and re-establishing services within homelessness and inclusion health settings and supporting these services to integrate cervical screening into routine care for women experiencing social exclusion.
- Creating accessible screening opportunities for women who may not attend primary care by advancing the integration of cervical screening within ambulatory gynaecology services (in collaboration with the HSE's National Women and Infants Health Programme) and engaging with all regional complex menopause clinics to embed screening awareness at triage.
- Developed new digital education resources, including a Sample Taker FAQ, eBook and animated video - improving access to clear, practical and trauma-informed guidance for sample takers.
- Launched a new quality improvement SMS and phone reminder initiative to support GP practices to proactively engage women aged 50 to 65, strengthening local recall processes and improving screening uptake.

Service developments: Diabetic RetinaScreen

Transformational change to Diabetic RetinaScreen registration

In 2025, we began work to remove barriers to screening by updating the registration process when GPs or health professionals register people with diabetes for screening. These updates will make the registration process simpler, fairer and more efficient for our screening participants, encourage uptake of screening, and will help us deliver a more effective and efficient service. We are making these changes on a phased basis; we completed phase one in 2025.

Quality improvement: Pregnancy pathway

Women with diabetes who become pregnant are offered free diabetic eye screening more often than other screening participants because pregnancy increases the risk of serious eye problems. When we launched our pregnancy pathway initiative in 2023, we used manual processes to manage the extra steps involved. In 2025, we built these steps into our clinical software system. This will help to make sure we continue to deliver a safe, consistent, high-quality screening service for women with diabetes who become pregnant.

Simplifying our communications with GPs

This year, we developed and launched two pilot projects with a small number of GP practices to improve the effectiveness and efficiency of our communications with GPs. Both pilots use HSE HealthLink - Ireland's national secure electronic messaging system.

- The first pilot project allows GPs to get screening results directly to their practice software. This will make the processing and storing of results more efficient in the GP practice compared to the current paper-based method.
- The second pilot project allows a GP to register a person for screening directly from their practice software. This means GPs no longer have to move between different systems or enter the same details again.

We're learning from both pilots and we will use these learnings to help plan a full national roll out.





Research developments

Prostate cancer screening

We're part of the project team for [a pilot prostate cancer screening study in Ireland](#), supported by the HSE National Cancer Control Programme and Movember. The study is part of [PRAISE-U](#) (PRostate cancer Awareness and Initiative for Screening in the European Union) - a three-year EU4Health co-funded project examining how organised, risk-based prostate cancer screening programmes can be implemented across Europe in a feasible, clinically effective and cost-effective manner.

Ireland is one of four European countries, alongside Spain, Lithuania and Poland, conducting this pilot study. Our operational role involves managing participant recruitment by sending invitation letters to a random sample of eligible men. Men who consent to take part receive a free, home-based PSA test kit. The study will generate evidence on organised prostate screening approaches that may inform future National Screening Advisory Committee considerations on prostate cancer screening in Ireland.

Lung cancer screening

We're contributing to Ireland's preparedness for potential lung cancer screening implementation through strategic engagement with the [Strengthening the screening of Lung Cancer in Europe](#) (SOLACE) project. This is an EU4Health initiative supporting lung cancer screening programme development across Europe. This work will provide evidence to inform future National Screening Advisory Committee deliberations on lung screening in Ireland.

[We're supporting 'Lung Health Check' in an advisory capacity](#) on the project's steering group ensuring that lessons learned can inform future operational approaches for a national lung cancer screening programme. [Lung Health Check](#) is Ireland's first lung health screening study which launched in March 2025. The study is led by Beaumont Hospital and RCSI University of Medicine and Health Sciences, working in collaboration with GP practices across North Dublin and the North East. The study, funded by the Irish Cancer Society, identifies individuals at higher risk of lung problems and invites them for lung health checks.

Using AI and microbiome research to improve bowel screening

We're making [progress on the Microb-AI-ome project](#) – a five-year international research study aiming to improve how bowel cancer is detected through screening. Funded by the EU Horizon programme, the project is exploring whether analysing gut bacteria (the microbiome) with the help of artificial intelligence (AI) can help find signs of bowel cancer more accurately.

Since the project began in 2023, a secure digital platform has been developed to collect and analyse data. In Ireland, three hospitals participating in our BowelScreen programme are involved in recruiting for the study. The research team is seeing strong participation rates, with around 70% to 80% of eligible participants agreeing to take part.

Over the next year, the first samples will be analysed at the UCC laboratory in Cork. This research has the potential to reduce unnecessary colonoscopies and improve early detection – leading to better outcomes for patients and screening programmes across Europe.

Health Research Board – Applied Partnership Award

We successfully partnered with RCSI University of Medicine and Health Sciences on a Health Research Board Applied Partnership Award (HRB APA-2024-001). The PELICAN study (Designing Acceptable Risk-Stratified Lung Cancer Screening for Ireland) started in 2025, examining public preferences for risk-stratified lung cancer screening in Ireland.

The research employs an innovative mixed-methods approach combining citizens' juries, discrete choice experiments and threshold techniques to understand how the Irish public values different aspects of lung cancer screening programme design. The study will generate evidence on appropriate risk thresholds for Irish populations, inform shared decision-making tools for primary care and provide equity-focused insights on screening acceptability.

This work directly supports our strategic approach to emerging screening programmes by embedding public values and patient preferences from the earliest stages of programme development, ensuring future lung cancer screening in Ireland is evidence-based, acceptable and equitable.



Published research

We authored or co-authored 13 peer-reviewed research papers in 2025. These were published in the following journals:

- Journal of Intellectual Disabilities: [Population-based cancer screening access needs of disabled people: A qualitative evidence synthesis](#)
- British Journal of Learning Disabilities: [Advancing a Universal European Cancer Prevention Methodology for People with Intellectual Disability: Findings from CUPID Workshops in Ireland and Türkiye](#)
- HPVworld.com: [Allowing safe exit from cervical cancer screening – which strategy to use](#)
- Journal of Psychosocial Oncology: [Supporting an interprofessional workforce: findings from a survey of psycho-oncology professionals working in Ireland](#)
- Journal of the European Observatory on Health Systems and Policies: [Advancing equitable cervical cancer screening and early detection in Europe](#)
- Journal of the American Cancer Society: [Interventions to increase uptake in a fecal-immunochemical test population-based colorectal cancer screening program: A quasi-experimental study of first-time invitees](#)
- European Journal of Radiology: [Evaluation of recall rates in the Irish national breast screening programme - Insights from two million screening mammograms](#)
- Journal of Obstetrics and Gynaecology: [Lack of consensus in calculation of interval cancer rates for cervical cancer screening](#)
- Journal of Medical Internet Research: JMIR Cancer: [Design and Validation of a Chatbot-Based Cervical Cancer Screening Decision Aid for Women Experiencing Socioeconomic Disadvantage: User-Centered Approach Study](#)
- Irish Medical Journal: [A review of referrals of postmenopausal women to a colposcopy clinic](#)
- The Breast Journal: [Evaluation of breast cancer screening programmes: Candidate performance indicators and their association with breast cancer mortality](#)
- PLoS One: [Protocol for an umbrella review of systematic reviews evaluating the efficacy of digital health solutions in supporting adult cancer survivorship care](#)
- The International Journal of Medical Physics Research and Practice: [Medical Physics 3.0 approach to optimizing image quality in a breast screening program](#)



Enabling Priority 1

People and culture



We will have an open, responsive and supportive environment where our people have what they need to develop, deliver and succeed. The NSS will be a workplace of choice, where our staff feel valued, supported and engaged.

SPOTLIGHT ON

Working Together

Learning and development

Leadership development

Supporting staff learning on equity

BreastCheck internal communications

Recruitment

Workforce planning

Working Together

Working together is our organisational development project that supports the implementation of our five-year strategy. The project aims to facilitate the development of an “open, responsive and supportive environment where our people have what they need to develop, deliver and succeed”.

In 2025, we:

- promoted NSS staff participation in the HSE 2025 staff survey, with 30.25% NSS-staff participation and a 72% staff engagement score - a measure of how engaged our staff feel at work - which is consistent with previous staff surveys
- developed and published a summary of our governance structure to support staff understanding

- published team profiles to help everyone understand the roles and responsibilities of our colleagues
- reopened participation in our Working Together branding imagery and launched an updated collage of our staff, representing all of our screening programmes and departments and reflecting the diversity across our teams.

We also published the learnings from our 2024 focus groups which informed a consultation with staff on priority areas for development. We held in-person and online briefings in every location with over 170 staff attending. We invited staff to vote on these initiatives and 44% of staff took part in the voting. We started delivering on the priority initiatives selected by staff in 2025.

This work included:

- developing and launching MS Teams for Communication training for all staff – we held four sessions in 2025 with 66 people attending
- developing resources to support effective communication on MS Teams
- starting the development of a pilot mentoring programme for roll-out in 2026
- publishing health and wellbeing articles in our monthly staff newsletter.



Updated Working Together branding imagery with staff representation across our screening programmes and departments



HSE 2025 Staff survey results



30% response rate



89% feel proud to work in the NSS

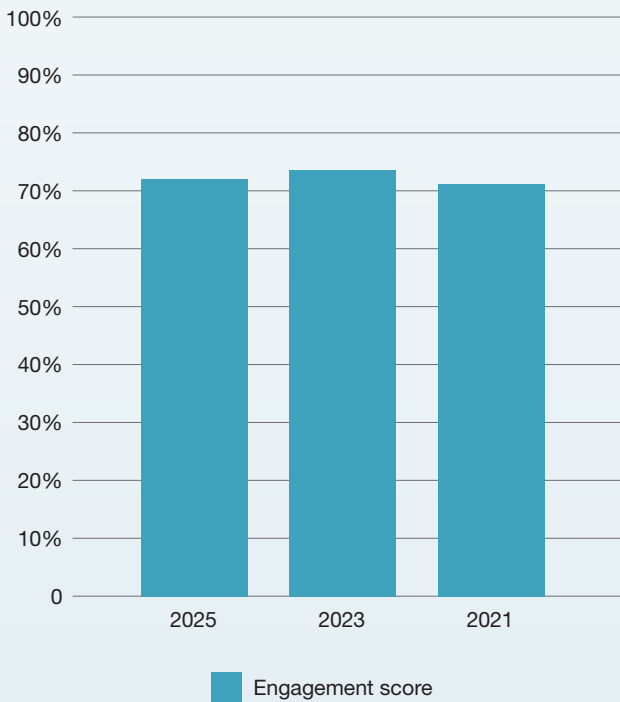


47% feel level of stress sometimes affects work



72% employee engagement score

HSE Staff Survey
NSS employee engagement score



Learning and development

We delivered six staff webinars in 2025. These included webinars on policies and procedures about taking leave, and induction programmes for our new staff.

We held two staff webinars on how to navigate the Management Development Plan, which we launched in 2024, and how it can support staff individual training and development plans.

We launched the Academic Sponsorship Scheme again in 2025 to support staff in their roles and career progression.

Performance achievement	2024	2025
% completion	54%	45%

Training requests*	2024	2025
Total number of training requests (including conferences and courses)	66	41

Academic sponsorship scheme*	2024	2025
Total number of approved academic study applications	9	5

* 2025 figures were impacted by a pause in HSE training expenditure and non-pay additional measures from July 2025.



Leadership development

In 2025, we continued to invest in developing our staff. Through a series of collaborative workshops, we defined what leadership means in our organisation, aligned with our values. This work culminated in the co-creation of our Leadership Charter, which sets out clear expectations and principles for how we lead together. This initiative reflects our ongoing commitment to building a culture of openness and collaboration in line with our values of care, compassion, trust and learning.

Supporting staff learning on equity

We completed a staff learning needs assessment in 2024 about our work to improve equity in screening. We used feedback from the survey to develop an education, learning and development plan for 2025.

Actions implemented from the plan included:

- news articles in our staff newsletters highlighting the work we are doing to improve equity in screening and information about training courses to help staff improve their knowledge about equity
- webinars on 'Consent and Assisted Decision Making' and 'Equity in Action in Screening' delivered to our staff and PPP representatives
- a list of resources to encourage staff to learn more about health inequities including eLearning courses, health literacy courses, websites, podcasts, and strategies that guide our equity-related work.

BreastCheck internal communications

As part of the BreastCheck action plan development, we started a project to strengthen internal communications and enhance information sharing.

The project, led by our Communications team, is focused on establishing an effective, inclusive and sustainable communications approach that supports collaboration, learning and staff engagement. It acknowledges the reality of our BreastCheck work environment where staff are often not desk-based and where people move between locations including mobile units, hospitals and static units.

In 2025, we conducted research and mapped our existing communication channels and their effectiveness. We gathered staff feedback on their internal communications experiences and requirements during in-person and online sessions. This work highlighted our strengths in these areas along with the need for more accessible communications. Staff asked for consistent messaging between BreastCheck units and with the broader National Screening Service communications.

In response, we developed two new communication channels:

- BreastCheck newsletter in print and digital formats – three bulletins were published in 2025
- BreastCheck all-staff meetings which took place in June and December.

The content for these channels was developed in partnership with BreastCheck staff.



Recruitment

Our recruitment activity continues to be impacted by the ongoing recruitment control measures in the health service. Our in-house recruitment resulted in us successfully filling 79 posts in 2025. 34 (43%) of these were new service development posts across our programmes and departments.

Total vacancies filled

	2024	2025
Number of posts filled	41	79

Candidate profile - internal promotions versus external hires / rehires

Of the 79 posts filled in 2025, 27.8% were promotional opportunities for existing staff.

	2024	2025
Total posts filled	41	79
Promotions	6	22
Promotions as % of posts filled	14.6%	27.8%

Campaign management – in-house recruitment model

	2024	2025
NSS (in-house recruitment)	80%	82.28%
NRS/PAS	0%	17.72%
CPL	20%	0%

Workforce planning

Continuing our work from 2024, the BreastCheck forecasting data helped inform decisions on the allocation of new posts across disciplines and locations. We introduced new radiography grades to support the programme’s service delivery into the future. We used forecasting data to inform our submissions for additional resources in 2026 to meet service demands.

Enabling Priority 2

Governance and quality assurance



We will demonstrate good governance and leadership across the NSS to assure our staff, external partners, screening participants and the public that we are effectively discharging our roles and responsibilities, implementing and supporting a culture of quality assurance and improvement, and delivering value for money.

SPOTLIGHT ON

Your Service Your Say

Quality Assurance

EUREF accreditation - BreastCheck

HIQA inspection - BreastCheck

BowelScreen service provider audits

CervicalCheck histology laboratory QA visits

CervicalCheck colposcopy QA visits

CervicalCheck charter

BreastCheck charter

Interval cancer rate development

Finance

Your Service Your Say

Your Service Your Say (YSYS) is the HSE's process for all users of HSE-funded services to provide feedback. YSYS enables us to listen and respond to feedback to improve our services. Feedback can come in the form of a comment, compliment, suggestion or complaint. The policy is underpinned by the Health Act 2004 which recognises a person's right to share their experience of seeking or using our services.

Our Complaints and Feedback team has assessed, revised and developed our systems and processes across our services, including our call centre, to ensure we have the infrastructure to support the delivery of YSYS. This involved developing a new user-friendly interface for our internal Q-Pulse system to align it with YSYS data requirements. This improved the end-user experience and reduced manual administration for our staff. The system is now designed to capture only relevant data which has improved reporting outputs.

We successfully introduced the National Complaints Management System (CMS) and delivered training to staff. By introducing the CMS, we have automated Stage 2 national reporting on standards and KPIs. By automating data transfer, we have reduced the manual administrative work involved in data analysis and reporting.

Since improving the infrastructure of our systems, we have developed a number of quality metric dashboards for reporting on KPIs, standards and compliance to our four screening programmes. The data we can now capture has significantly improved the quality of the information we hold and enables better management and monitoring of service user feedback. With this work we have increased our compliance with the Ombudsman's Learning To Get Better recommendations.

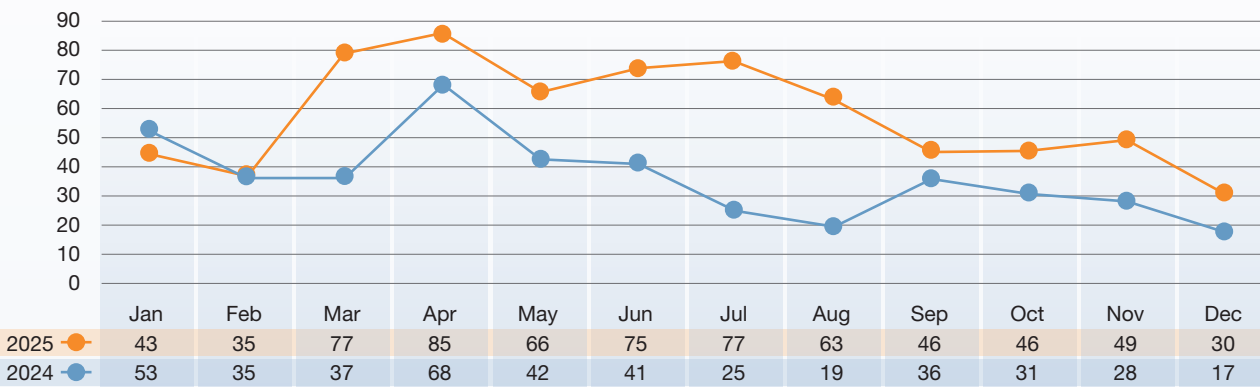
In 2025, we received 1,050 instances of participant feedback. This includes Stage 1 complaints (532; 51%), Stage 2 complaints (160; 15%), compliments (271; 26%), comments (54; 5%), and suggestions (33; 3%).

The national target for managing YSYS feedback within statutory timeframes is 75% and we have achieved 95% compliance. The national target for Recommendations is 75% and we are on target to achieve 100% compliance – the final year figure will be available at the end of quarter one 2026.

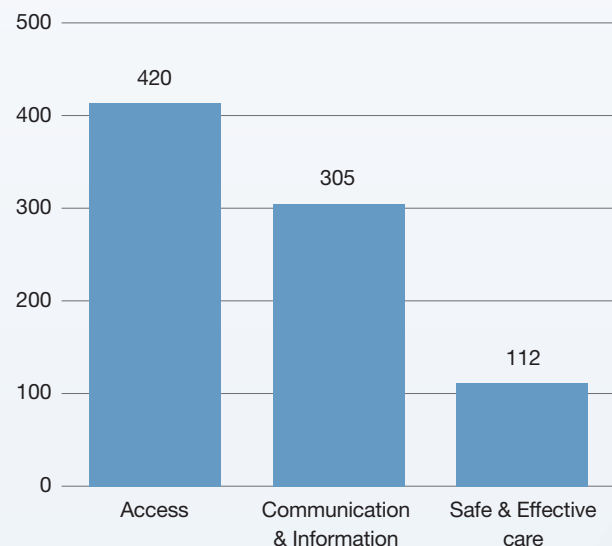
We delivered rolling YSYS training on Stage 1 & 2 throughout the year and the Complaints and Feedback forum held its first meeting in December 2025. The forum will deliver better outcomes for our staff and the people we care for in screening.



Complaints (Stage 1 & Stage 2) by Month 2025 v 2024



Top three complaint pillars 2025



Quality Assurance (QA)

QA is the process through which our screening staff and teams ensure that services are comprehensive and fit for purpose, informed by high quality evidence and best practice.

QA covers the entire screening pathway - from identifying those eligible for screening, to inviting people for screening and referring people for further tests and treatment where this is identified. We have [QA standards for each of our four screening programmes](#).

Our QA work is driven by our [Quality Assurance Policy Framework](#) which we reviewed and updated in March 2025. We have four QA committees - one for each screening programme - that provide assurance to the NSS QA committee (previously called Quality, Safety and Risk committee). The NSS QA committee assures our Chief Executive that the quality, safety, risks and internal controls of each screening programme are being effectively managed. Our NSS QA committee met four times in 2025 and received quarterly QA updates from our four screening programmes.

Our QA work in 2025 included:

- strengthening our practices for information governance by finalising our Information Governance (IG) Framework, improving efficiencies by replacing three separate IG forms with a single, streamlined form, and focusing on implementation in key areas such as record retention, secondary use of data, and data incident reporting
- completion of [HSE Children Protection and Welfare](#) and [HSE Open Disclosure](#) checklists for the implementation of these updated policies

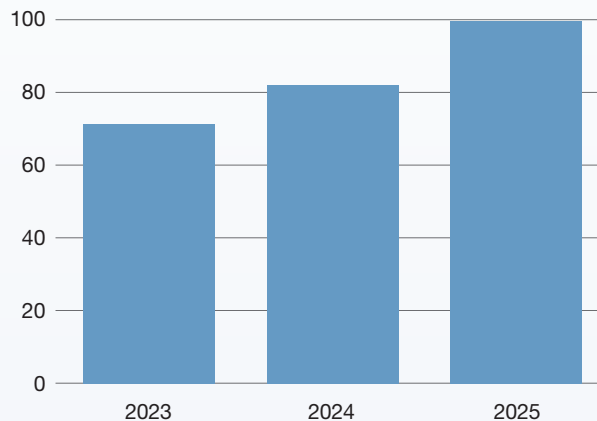


- reviewing the updated Controls Assurance Review Process (CARP), developing guidance on the process and delivering NSS-specific training webinars which resulted in an improved compliance rate of participation in CARP of 100% (an 18% increase compared to 2024)
- delivering an open disclosure training workshop in Dublin, and organising activities for open disclosure week to increase awareness with our staff
- completion of a pilot MS teams project to facilitate enhanced effective collaboration and communication internally across our programmes and departments and externally with relevant stakeholders
- ongoing work to support contract management and streamline processes for procurement and contract renewal by consolidating contracts with the same vendor and improving our compliance with HSE national financial regulations
- reviewing and streamlining our Quality Management Information system with a focus on incidents, feedback, training and document management
- implementation of the [HSE Enterprise Risk Management Policy and Procedure](#) across our risk registers and one of the first organisations to adopt the new electronic HSE Risk Information system.

In line with our [QA Policy Framework: Standard Setting and Revision Procedure](#) we published a revised edition of our [standards for quality assurance in laboratories providing HPV testing, cytology and histopathology services to CervicalCheck](#).

We published a revised edition of our [Standards for Quality Assurance in Diabetic Retinopathy Screening](#) in 2024. This year we updated relevant programme reports to enable us to better monitor and report on these standards. This work helps to ensure all our participants experience a consistent high-quality service.

CARP compliance %



EUREF accreditation - BreastCheck

BreastCheck received [re-certification from the European Reference Organisation \(EUREF\)](#) for Quality Assured Breast Screening and Diagnostic Services. Level 4 certification is the highest level of accreditation and it provides independent external reassurance of the high quality of our BreastCheck programme.

The EUREF team visited our BreastCheck Eccles Unit in Dublin in March 2025. The team met radiography and radiology representatives from our four units, examined our epidemiology and physics data, and attended a live online multidisciplinary meeting with our Southern Unit.

“Obtaining certification with EUREF supports public confidence in our breast screening programme. Our screening participants and our staff benefit from the independent reassurance that our programme is working to a high standard.”

Dr Alissa Connors, Clinical Director, BreastCheck



HIQA inspection - BreastCheck

HIQA (the Health Information and Quality Authority) has a statutory and regulatory role under Irish law to ensure that health services using medical exposure to ionising radiation are operating safely and in compliance with the relevant regulations.

In late 2025 our BreastCheck Eccles Unit took part in a HIQA inspection of radiological procedures that involve exposure to ionising radiation. This work supports our continuous quality improvement, confirms our compliance with the regulations and ensures we are continuing to meet radiation protection standards.

We value HIQA's support of our practices, its recommendations and positive feedback on our radiological procedures. In 2026, we will report on the inspection findings and our actions taken to meet the recommendations.

BowelScreen service provider audits

To ensure our BowelScreen programme meets the highest international standards, audits are carried out to measure the performance of the screening units against BowelScreen's quality standards and indicators. This measures how well the BowelScreen service is led, managed and delivered, and it identifies areas of good practice as well as areas where improvements can be made. In 2025, we conducted two service provider audits at four locations.

At St James's Hospital we performed an audit of the screening endoscopy, Computed Tomographic Colonography (CTC), histopathology departments and colorectal cancer surgery services. The onsite component of the audit visits involved a walkthrough of the pathway of the patient, starting with the check-in area, the waiting area, and onward to their treatment areas. The audit team had meetings with colleagues from histopathology, colorectal cancer surgery, CTC and endoscopy. The visit concluded with a feedback meeting which was attended by hospital management. It focused on achievements against BowelScreen standards, current and future activities, any recommendations made arising from the audits and a discussion on financial arrangements within the hospitals.

We started an audit with the HSE Mid-West group of hospitals (University Hospital Limerick, Ennis General Hospital and St John's Hospital) in November, which is due to finish in quarter one, 2026.

CervicalCheck histology laboratory quality assurance visits

In 2025, we started a formal round of quality assurance visits to histology laboratories that process tissue samples for CervicalCheck colposcopy clinics. The initial pilot phase, which encompassed three laboratories of differing sizes and accreditation status, is now complete. Feedback and learnings from the pilot phase will be used to streamline the process as it moves to a business-as-usual model in 2026, with ongoing assessment of the 12 histology laboratories over a three-year cycle.

The assessment team, which included an independent expert, performed sample observations on operational processes, procedures and management systems. The team interviewed staff in the laboratory, including quality managers and key laboratory management personnel. Despite ongoing challenges faced by laboratories due to staff shortages, the three laboratories assessed in 2025 were found to be operating to a demonstrably high standard that meet the requirements of a high-quality population cervical screening programme.



CervicalCheck colposcopy quality assurance visits

In 2025, we completed a review of the first complete cycle of colposcopy QA visits, which took place between 2022 and 2024. The key issues, learnings and recommendations were identified and shared with all units to ensure best clinical practice and optimum use of resources across teams and clinics.

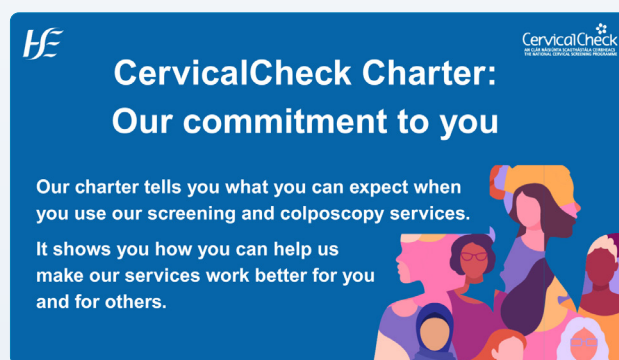
In quarter four, 2025, we started the second cycle of colposcopy QA visits, this time on a virtual basis. We assessed two units and captured feedback on this new visit format. Both colposcopy clinics were found to be of a demonstrably high standard that meet the requirements of a high-quality population cervical screening programme.

All QA visits assess compliance and performance against CervicalCheck standards. They are raised on our quality management system. Audit recommendations or non-conformances are logged and monitored to closure when corrective measures proposed by the unit or laboratory are put in place. Visit reports and the QA process are included on the agendas of our CervicalCheck senior management team meetings and CervicalCheck QA committee meetings.

CervicalCheck charter development

We published an [updated charter for CervicalCheck](#). Our charter tells people what to expect when they are using our cervical screening and colposcopy services. It shows how people can help us make our services work better for them and for others.

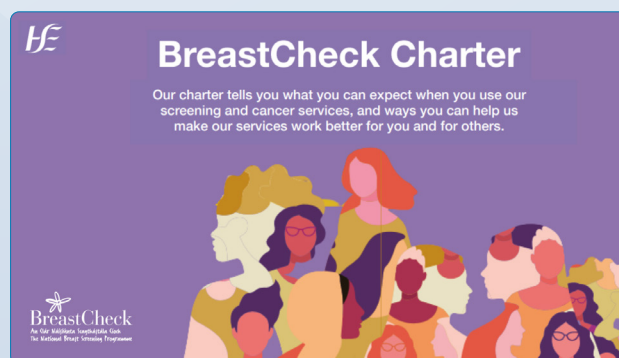
We worked with people who use our services, our staff and our partners, to develop the charter. The [CervicalCheck charter](#) is available to download and is displayed in our 15 colposcopy units.



BreastCheck charter development

We published an [updated charter for BreastCheck](#). Our charter tells women what they can expect when using our breast screening and cancer services. It shows how women can help us make our services work better for everyone.

We worked with our BreastCheck team and our Patient and Public Partnership representatives to develop the charter. The [BreastCheck charter](#) is available to download and is displayed in our BreastCheck units.





Interval cancer rate development

In 2025, we calculated the first [post-colonoscopy colorectal cancer \(PCCRC\) rate for BowelScreen](#). The time period examined was 2012 to 2017, and the resultant PCCRC rate was 4.3%. This is within the accepted international standards of 2.5% to 8.5%.

We prepared for the sixth measurement of BreastCheck interval cancer rates. For the first time this measurement will include the use of the Individual Health Identifier as a matching variable between BreastCheck and National Cancer Registry Ireland (NCRI) records.

We completed a baseline reconciliation of invasive cervical cancers between CervicalCheck and NCRI. This important step dovetails with our work as part of the EUCanScreen project to standardise how interval cervical cancer rates are calculated internationally, and puts CervicalCheck in a position to begin planning for measuring its own cervical interval cancer rates.

These achievements are a result of close ongoing collaboration with the NCRI.

Finance

We developed our approach to financial processes to support advanced planning of investment in screening services and ongoing service planning to ensure best use of resources and value for money. This approach has included our finance and HR teams collaborating on workforce planning to assess the service and financial impact of future workforce requirements.

Our finance team continues to operate in line with National Service Plan objectives. Our focus is on efficiency, compliance and ensuring that all activity is carried out in line with national financial regulations.

In 2025, we developed and finalised a pre-tender procurement pack to strengthen our processes for procurement. This pack is designed to help budget holders with tender processes, allowing potential roadblocks to be identified and addressed at an early stage across the areas of procurement rules, IT and information governance. As the use of the pre-tender pack is rolled out, it is anticipated that overall efficiency of the procurement process will improve.

We started work on developing audit templates for both pay and non-pay processes in preparation for internal auditing. This was one of our priorities for 2025. These templates will be tested and developed further in 2026.

We gained access to additional pay-related reports that enhanced our ability to audit the fortnightly payroll.



Enabling Priority 3

Data and information

We will use advances in information technology and data to inform and strengthen our service delivery, support evidence-based decision making and improve our efficiency.



SPOTLIGHT ON

Data roadmap

Artificial intelligence programme

CervicalCheck information management system - Cara

Information governance

Activity and performance data

Screening health profiles

Individual health identifiers

ICT implementation plan

Efficiency and productivity

Data roadmap

We published a comprehensive plan that will enhance how we govern, manage, and use our data to improve our screening programmes and the care of our screening participants. Our [Data Ecosystem Roadmap 2025 to 2030](#) sets us on a journey of digital transformation that will strengthen how we deliver our screening programmes. We consulted across our organisation and engaged with the Department of Health, the HSE Technology and Transformation Office, and other government departments as we developed the roadmap.

Our vision is to establish a data ecosystem that improves how we govern, manage, and securely use data for the benefit of everyone who takes part in our screening programmes. This aligns with broader HSE initiatives to use data more strategically across healthcare in Ireland.

Our roadmap focuses on four key areas:

- strengthening governance and quality
- improving infrastructure
- developing our people
- advancing analytics.

Artificial intelligence programme

In 2024, we began working on a pre implementation phase for an AI programme that could transform how we detect and prevent cancer and diabetic eye disease (retinopathy).

We've established an AI and Robotic Process Automation (RPA) Strategic Advisory Committee, to advise us on the strategic direction of how AI and RPA can enhance the effectiveness of our screening programmes - BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen. The committee met twice in 2025.

We're [developing a comprehensive four-year AI implementation strategy](#) (2026-2029). This strategy will follow a rigorous, evidence-based approach with comprehensive evaluation procedures. It will emphasise 'human-in-the-loop' approaches where AI will strengthen and not replace clinical expertise. BreastCheck will be the first programme to explore the use of AI and Diabetic RetinaScreen will follow closely behind.

We're also part of the HSE AI Implementation Framework Working Group, established in 2025, developing a comprehensive strategy for AI across Ireland's health service. Our collaborative effort across the HSE, working in partnership with the Department of Health and the HSE Technology and Transformation team, and aligning with the HSE Digital Health Strategic Implementation Roadmap, will position Ireland among the first EU health systems to integrate AI into national population screening programmes.



CervicalCheck information management system - Cara

We continued our work to progress [a new information management system \(IMS\) for our CervicalCheck programme](#), which we have called Cara. We have overseen a successful procurement process and issued a letter of offer to the successful vendor in June 2025. We secured HSE Board approval for the project in September 2025, and began work to engage with the External Review Panel appointed by the Digital Government Oversight Unit, in order to secure full and final approval. We reviewed the governance structures to make sure that they are fit for purpose for the next stage of the project. The contract was signed with the successful vendor in late 2025. The programme of work will begin in January 2026.

This new IMS will:

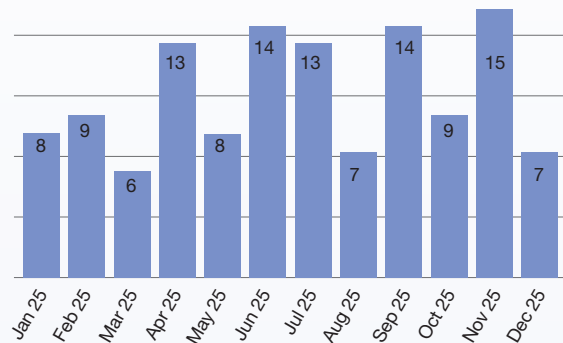
- provide us with a modern, scalable platform that better supports how the programme operates
- support the end-to-end management of each woman’s cervical screening journey
- minimise operational and technology risks
- strengthen governance, quality assurance and reporting
- provide a platform that can adapt as the programme evolves.

Information governance (IG)

Our IG team provided data protection and information governance advice and support to numerous projects. We also progressed projects around data retention, records of processing activities and implementing our IG framework. We closed out the remaining actions from a 2023 HSE internal audit on data protection compliance.

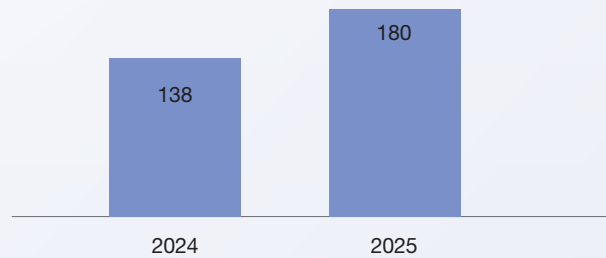
In 2025, we introduced an online query form. This is a quick and easy way for our staff to contact the IG team. When using this form, staff can indicate the urgency of their query. The form helps the IG team to manage and streamline the management of queries. A total of 123 queries, engagements and requests for support were submitted using the online form.

Online Query Form Submissions

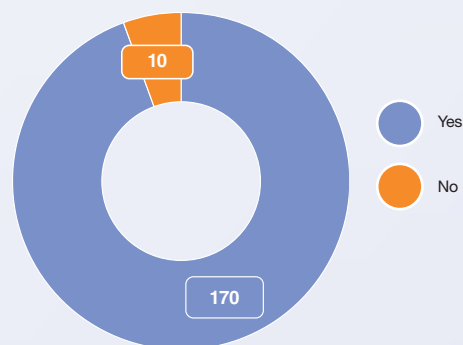


We oversaw 180 Data Subject Rights Requests, representing a 30% increase on 2024. Of these, 94.5% were completed within the expected timeframe.

Data Subject Rights Requests per Year



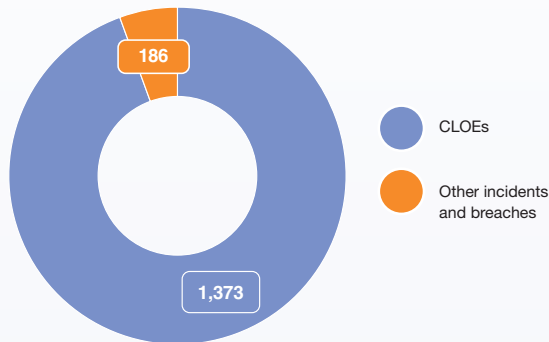
Data Subject Rights completed within expected timeframes



We processed 1,598 data incidents during the year. This is an increase of 4.8% on 2024. Of these, 1,373 were CLOEs (call letters opened in error) and 186 were non-CLOE data incidents and breaches.



CLOEs v Other incidents and breaches



We managed 13 data protection impact assessments for new data processing activities.

We developed and delivered staff training sessions on:

- data protection for project management
- managing risks with third party suppliers
- data incident management.

Activity and performance data

We published [quarterly data reports for our four screening programmes](#) on the numbers of people taking part in screening. Data provided in the reports, while preliminary, is a good indicator of screening activity based on the latest information we have. These data can be read in line with our verified data in our latest [published programme reports](#).

Screening health profiles

We continued our work with the HSE Health Intelligence Unit to strengthen the quality, accuracy and utility of address data across our screening programmes. A comprehensive geocoding initiative is under way for our BowelScreen, CervicalCheck and Diabetic RetinaScreen registers, using validated software to apply boundary geocode to register address data.

The geocoded data will be integrated back into each programme register. This will improve data completeness, reduce variation and enhance reliability of the data. This work will enable more granular and accurate regional reporting. It will support better service planning and equity analyses and strengthen the overall integrity of the screening datasets for future evaluation and quality improvement purposes.

Individual health identifiers (IHIs)

In 2025, we ran a seeding exercise with the HSE’s IHI unit. This is a process in which we send our participants’ demographic details to the IHI unit and they ‘seed’ that list with IHI numbers that we then add to our screening registers.

We successfully integrated the IHI Application Programming Interface (API) with the BreastCheck information management system, AIRE. This is an automated method of retrieving data from AIRE and bringing it back to the IHI platform. This allows us to automate the insertion of IHI numbers for new records in the AIRE database, creating significant improvements in data quality.

We have also used the IHI seeding exercise to populate Personal Public Service Number values on over 123,000 records in our Diabetic RetinaScreen register. This helps us to improve our data quality and identify duplicates.

This work also supports our collaborative projects with the National Immunisation Office and the National Cancer Registry of Ireland, leading to better efficiencies and more accurate data.

ICT implementation plan

We’re continuing to advance the priority projects in our ICT implementation plan, with the co-operation of the business teams and support services.

Healthlink

We added a facility to send all BowelScreen results correspondence to our medical professional partners using HL7 messages which are sent electronically rather than by post via Healthlink, allowing clinical patient information to be securely transferred between GPs, hospitals and other health care agencies.

We have implemented a pilot process to allow GPs to refer new Diabetic RetinaScreen participants directly from GP Practice Management Systems to the programme, utilising the general referral process in Healthlink. This has improved the data quality of registrations and has simplified the registration process for GP practices.



Improving data quality

In 2025, we improved our data quality and process efficiency by increasing the automation of participants' registrations including website registrations and bulk demographic imports.

This enabled us to reduce duplicates on the programme registers and realise other downstream benefits, including:

- the automation of the self-registration process enables improvements in the customer experience, process efficiency, and better and more comprehensive participant data quality
- BreastCheck's integration with the HSE Health App enables women using the App to view their appointments. Eligible women can find out if they are on the register and this greatly improves their customer service experience, while making their programme data more accessible.

Efficiency and productivity

We continuously drive quality and efficiency in all elements of our services. Ensuring that our programmes achieve cost-effectiveness is one of the key drivers of decision making for the delivery of all screening programmes.

Our governance includes the close monitoring of performance, outcomes and cost, combined with ambitious and structured continuous improvement. This year we continued to enhance efficiency and productivity across our programmes and departments.

Examples include:

- Communications with participants: We removed the repeated booklet sent with our Diabetic RetinaScreen recall appointment letters. This has reduced postage, paper and printing costs.
- Communications with GPs: We implemented electronic communication with GPs for CervicalCheck and BowelScreen, resulting in more efficient communication and cost savings on paper, printing and postage. We also started a pilot initiative to enable GPs to receive Diabetic RetinaScreen results directly via HealthLink. This will similarly result in savings.

- Programme registration: We improved the online BowelScreen registration site, making it more responsive, easier to navigate, and available 24/7. This has reduced reliance on our call centre and offers more flexibility to participants. We successfully piloted an initiative in our Diabetic RetinaScreen programme for registrations to go directly via GP practice management systems. This will help reduce barriers to registration and increase participation in the programme.
- Screening service delivery: We have improved productivity of BreastCheck screening services by moving key staff and equipment between units across the country to prioritise women waiting the longest for screening. We introduced revised scheduling practices across all BreastCheck sites to standardise best practices and maximise the use of mobile units. Radiography resource allocation has been revised across the programme to ensure the optimisation of weekday scheduling. We have reduced the time needed for the onboarding of radiographers by delivering education and training in mammography in partnership with UCC.
- Screening service development: This year we added two hospital endoscopy services and one histopathology site to make sure we can safely and successfully deliver all the different parts of our BowelScreen programme as we continue to expand the age range and invite more people to take part.
- System enhancements: We streamlined the register of CervicalCheck sample takers, leading to greater efficiency and quality assurance of the register. We also streamlined processes across call centre activities which enhanced the implementation of robust standards and KPIs to monitor efficiency improvement and productivity.
- Contract management: In 2025, we started work to review how we manage contracts to make the process more efficient. We identified gaps and developed a quality improvement plan to address them. This work will help reduce delays, alert us when contracts are due for renewal so we can plan ahead, ensure we meet National Finance Regulations, and, where appropriate, allow us to combine existing contracts to improve efficiency and achieve potential cost savings.

Conclusion

As we pass the midpoint of our strategy, this report reflects both the progress we have made and the realities of delivering large-scale, population-based screening in a changing health system, to a more diverse and increasing population. We continue to adapt, learn and respond - strengthening how we work while staying focused on what matters most for people who choose screening.

We will continue to seek innovative solutions to address challenges and continue to drive efficiency and productivity measures through the lifetime of our strategy. These challenges include having enough service capacity to meet population needs; the ability to recruit the skilled workforce needed to deliver the services; and the resources to continue to improve how we deliver screening. Through taking a strategic approach to our work, we have been able to recognise and plan for the effect of these challenges, adapt our work processes, refocus on the most important objectives, and keep our goals in sight.

The commitment of our staff, partners and communities underpins this progress. Through strong governance, growing our digital capability, and a sustained focus on equity, quality and clear communication, we are improving access to screening and supporting better health outcomes.

These achievements reinforce our mission to prevent disease and support early diagnosis, and our shared vision to work together to save lives and improve people's health, now and into the future.



Appendix 1: Overall progress

This table demonstrates the progress made across the strategic actions in our strategy implementation plan in 2025 broken down by strategy goal.

Overall Strategy Summary Status 2025

Priority	Gr	Am	R	B	G
1. Engagement and Partnership	10	0	1	6	0
2. Operational Excellence	15	3	2	10	0
3. Service Development	15	0	2	10	2
4. People and Culture	3	0	1	4	4
5. Governance and Quality Assurance	17	1	3	9	6
6. Data and Information	5	3	2	11	3
RAG Total	65	7	11	50	15
% summary status (excluding paused actions)	49%	5%	8%	38%	

RAG Status Definition

Green	Amber	Red	Blue	Grey
Project is within planned scope, timelines, resources, and funding.	Project is not within planned scope, timelines, resources, or funding. Mitigation plans are in place.	Project is outside planned scope, timelines, resources, or funding for 3 months or more or a serious risk has been identified.	Complete.	Not due to commence or formally deferred.

