



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 2024



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Foreword from the Chief Executive



As we reflect on our achievements and progress in 2024, it is clear that our work is deeply rooted in our commitment to improving outcomes for all people who are eligible for screening. Each step forward, each new initiative, and each improvement to our screening programmes serves a singular purpose: to help prevent, reduce the risk of, and assist the early diagnosis of disease, ensuring better health and wellbeing for the people we serve.

The findings 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*, published in September 2022, provide undeniable evidence of the impact of our efforts. The landmark report underscores that a portion of the improvements in cancer prevention and detection in Ireland is directly attributable to our population screening programmes - BowelScreen, BreastCheck and CervicalCheck. These programmes have played a pivotal role in increasing early diagnoses and reducing cancer-related deaths, reinforcing why we exist and the importance of our work.

The establishment of our Diabetic RetinaScreen programme just over a decade ago has been a significant milestone in the improvement of retinopathy detection and early treatment, contributing to the prevention of sight loss for people with diabetes. We provided eye screening to 6,000 people in 2013; this number has risen to over 121,000 screened annually by 2023. Our latest initiative to provide priority eye screening for pregnant women with diabetes is an example of our commitment to improve accessibility.

The progress documented in this 2024 report reflects the second year of our strategic plan, *Choose Screening: Together we can make a difference*. Our strategic and enabling priorities provide the framework through which we balance the immediate needs of our eligible population with ongoing improvements and transformative change.

Strong governance and robust quality assurance systems underpin the trust and confidence in our screening programmes. Our efforts ensure accountability and continuous improvement across all areas of our service.

Our focus on operational excellence ensures that we deliver high-quality, efficient, and safe services. Our commitment to quality assurance and efficiency is evident in the advancements made across our programmes. From introducing the modernised AIRE patient database system for BreastCheck to streamlining processes and enhancing our quality assurance framework, these improvements have reinforced our ability to meet the needs of our screening participants, while maintaining patient safety.

Service expansion and innovation are key to our strategy. Initiatives outlined in this report show that we are proactively adapting to meet future needs, introducing new technologies, and enhancing service delivery to improve access and outcomes. Leveraging data effectively is critical to improving outcomes and informing decision-making. Here, we detail how we are using data and information systems to strengthen our service delivery and enhance the efficiency and impact of our programmes.

Improving equity remains central to our mission. In 2024, we took significant steps to improve access to our screening programmes. Initiatives such as the community champions project and staff disability awareness training demonstrate our commitment to reducing barriers and addressing inequities, ensuring that our services reach those most in need.

By prioritising patient and public partnership, we have created meaningful opportunities for collaboration and representation. Our recruitment of diverse Patient and Public Partnership members and the elevation of patient advocate stories demonstrate how we centre the voices and experiences of those we serve.

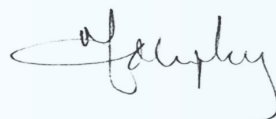
Our staff are the backbone of our success. The dedication of our staff teams to work together and support each other when addressing and adapting to challenges is commendable and ensures that we reduce the impact of these challenges on our screening participants. We continue to strengthen workforce planning and development and to demonstrate our commitment to fostering a supportive and inclusive culture, providing opportunities for growth and ensuring that our teams are equipped and supported to deliver excellence.

Collaboration with national and international partners amplifies the impact of our work. In 2024 we strengthened these partnerships, sharing our knowledge and expertise to help improve the efficiency of screening programmes across the EU and beyond.

Through the expansion of Ireland's Cervical Cancer Elimination Partnership and the development of the Cervical Cancer Elimination Action Plan 2025-2030, we are advancing towards our vision for 2040 - to make cervical cancer rare in every community. This effort reflects the transformative potential of population health initiatives.

As we look ahead, our progress in 2024 reinforces the importance of our mission and vision. Our collective efforts are about lives saved and improved outcomes.

On behalf of the National Screening Service, I extend my thanks to our staff, partners and screening participants. Together, we are making a difference.



Fiona Murphy

Chief Executive,
National Screening Service

Introduction

Our Strategic Plan, [*Choose Screening: Together we can make a difference*](#) was published in 2023. This report outlines progress made, challenges addressed, and work completed in year 2 of the strategy.

The strategy supports the breadth of service we are delivering within Ireland's national healthcare system. Our actions are driven by a person-centred approach and working in partnership with our stakeholders.

The actions in our strategic implementation plan are strongly connected to our mission and vision. These actions are spread across three strategic priority and three enabling areas. This report includes a section on each of our strategic and enabling goals, capturing some of the many highlights of 2024.

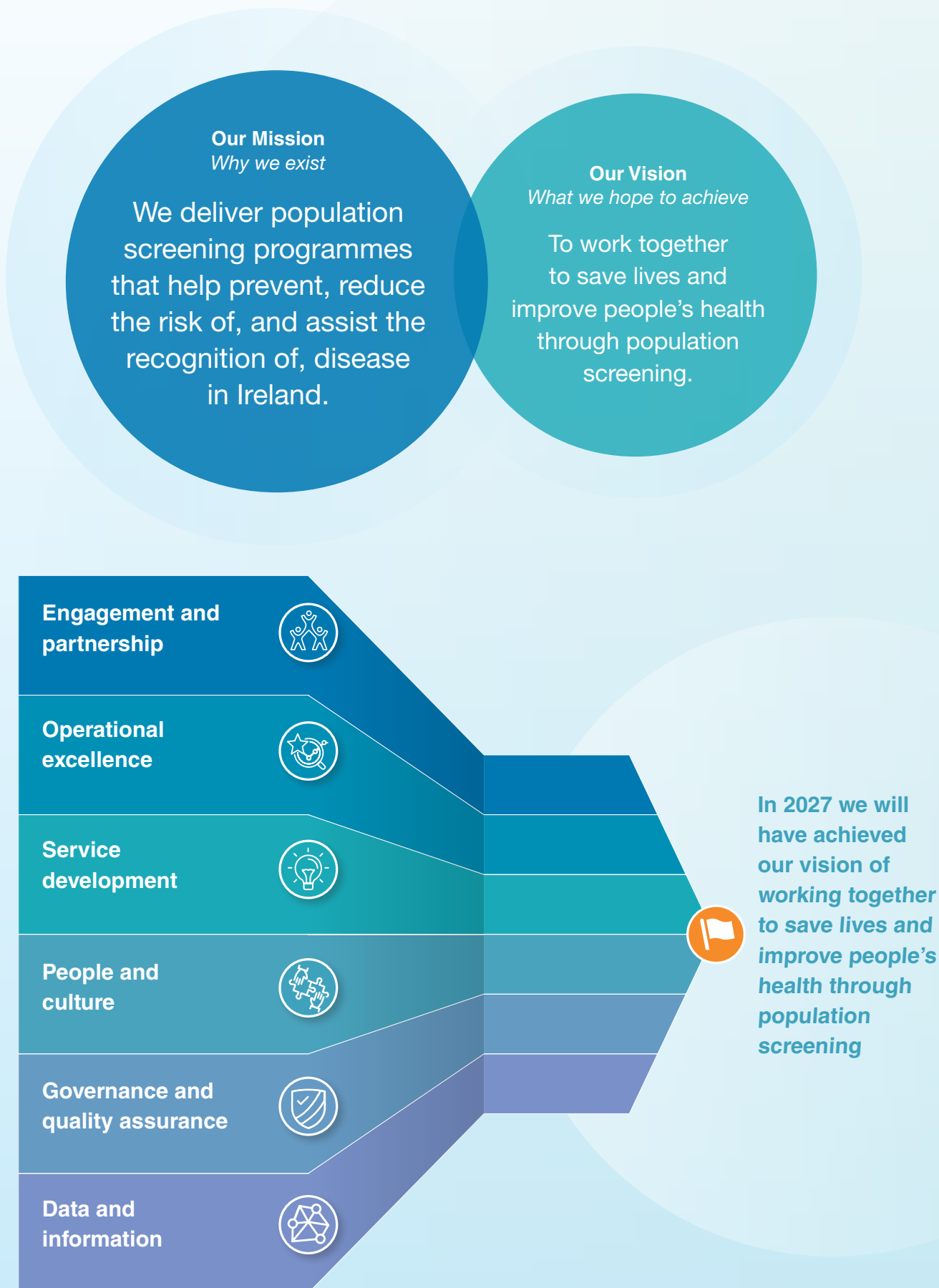
The report also includes a snapshot of how we measure the impact of our actions as we progress the implementation of our strategy.

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*](#). Published in September 2022, the report detailed for the first time the positive impact of BowelScreen, BreastCheck and CervicalCheck on cancer prevention and detection in Ireland. There has been a noticeable increase in earlier diagnosis and a demonstrable reduction in mortality.

Through the findings of the NCRI report, we can confidently say that a portion of the improvements in cancer detection is directly attributable to our population screening programmes. Our Year 2 strategy report shows how we are ensuring our programmes continue to make this valuable, trusted contribution to population health.



Figure 1: National Screening Service mission and vision



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](#)

[Advocates for screening, across our health service](#)

[Corporate website development](#)

[Conferences](#)

[Communications campaigns](#)

[Information development](#)

[Operation Transformation](#)

[Recovery Haven Kerry podcast](#)

[HSE health regions](#)

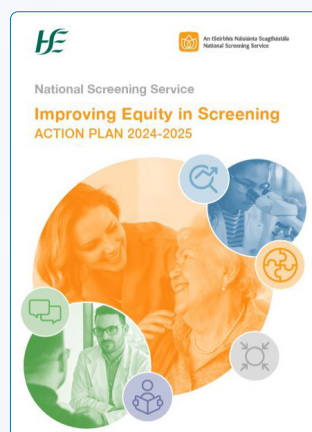
Improving equity in screening

Equity action plan

We published a two-year [action plan to support our work to improve equity in our screening programmes](#). Our goal is to continuously improve our approach to make screening more equitable, and this action plan shows our commitment to this.

The action plan is guided by our [Equity Strategic Framework 2023-2027](#) and focuses on addressing five priority areas, which are:

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



Digital portal development

We developed a digital portal on our corporate website to share information about [our ongoing work to improve equity in screening](#). The portal provides links from a single place to multiple sources of information about our equity projects.

Equity toolkit

We updated our [equity toolkit](#) which empowers communities to promote equity in cancer risk reduction, screening and early diagnosis. This is a partnership project with the National Cancer Control Programme.



Community Champions project

Our Community Champions Health Promotion project aims to build the capacity of community health workers. We educate and train local health workers to support people to take part in screening.

In 2024 we trained 40 people across five pilot sites. These cover a range of workers including peer support workers, community health workers, migrant support workers, Roma support workers and health promotion staff.

We developed new resources to support our community champions including an interventions toolkit, videos, and a communications partner pack. The types of interventions that are being delivered in communities by champions include group education, one to one support, use of small media, and reducing administrative and structural barriers.

The project will continue to run across the five pilot sites into 2025, when we will also evaluate its impact.

Staff disability awareness training

We developed [disability awareness training for staff](#) across our screening services. It's part of our work to implement recommendations from our disability needs assessment research, and our work to improve equity in screening.

We want to ensure 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; and demonstrate that we are a disability-inclusive organisation.

We worked 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. We delivered four training sessions in 2024 with almost 80 staff attending, and we are aiming to train the majority of our staff by June 2025.

Developing accessible materials

We completed a five-year project to [develop accessible information about our four screening programmes](#).

It's part of [our work to increase health literacy in screening](#), and to improve equity. It's also part of our responsibility as a public health service, under the Disability Act 2005, to make our services accessible to people with disabilities.

We worked with people who have disabilities, disability organisations, advocates, screening participants and people with limited health literacy to co-design this information, including easy-to-read and plain English resources, and video and photo stories.



Increasing health literacy

We completed work with the Adult Literacy for Life programme in Solas, developing two e-learning modules on health literacy for health and social care professionals.

The two modules are:

- [Let's talk about health literacy](#)
- [Let's talk about a literacy-friendly approach in healthcare](#)

E-learning resource - Diabetic RetinaScreen

We developed an [e-learning resource about diabetic retina screening](#) for health and social care staff to support our work to improve equity in screening. The 15-minute module is available on the HSE's learning platform HSeLanD. It aims to increase knowledge about diabetic retina screening so that health and social care staff can support eligible participants to take part in this screening programme. It explains the screening journey and supports people to register for and access screening. HSeLanD can be accessed by all health and social care staff.



Cervical Cancer Elimination

Ireland's [Cervical Cancer Elimination Partnership](#) expanded in 2024. We engaged in an extensive public consultation to develop a national action plan, and we announced Ireland's vision for 2040 - to make cervical cancer rare in every community.

Public consultation

We developed an [extensive stakeholder engagement and consultation process](#) to help shape a national action plan to eliminate cervical cancer in Ireland. This included consultation with the public, healthcare professionals, underserved communities, patient advocates and our key stakeholders and partners. Online surveys went live in March 2024 for the general public and healthcare professionals. This was followed by targeted information-gathering initiatives involving focus groups and workshops. A total of 3,735 survey responses were captured - a high response rate for a nationally representative survey. 88% of overall responses were from the general public and 12% from healthcare professionals.



Cervical Cancer Elimination Action Plan 2025-2030

We co-ordinated the launch of the HSE's [Cervical Cancer Elimination Action Plan 2025-2030](#) at an event in Dublin's EPIC museum on 15 November 2024 to mark the World Health Organization's (WHO) Day of Action to eliminate cervical cancer. The [community-driven action plan](#) sets out the next steps we will take to make cervical cancer rare in every community in Ireland.

In 2023, Ireland was one of the first countries in the world to publicly commit to the WHO's global initiative to eliminate cervical cancer. The action plan will ensure we remain on track to achieve elimination by our target date of 2040.

The event included addresses by Chief Medical Officer Prof Mary Horgan; HSE Chief Clinical Officer Dr Colm Henry; our Director of Public Health Dr Caroline Mason Mohan who leads Ireland's Cervical Cancer Elimination partnership; and Dr Salome Mbugua, Chief Executive Officer of AkiDwA - a national network representing migrant women in Ireland.

Speakers and attendees at the event signed a pledge committing to delivering on the actions to support the implementation of the plan.

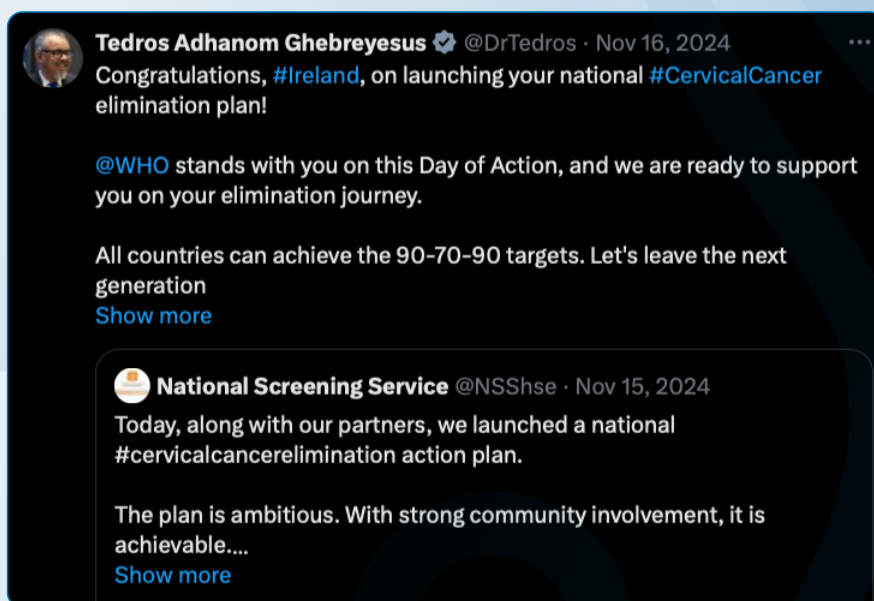


Dr Caroline Mason Mohan (left), Dr Colm Henry, Dr Salome Mbugua, and Professor Mary Horgan

With members of the Cervical Cancer Elimination Strategic Advisory Group & Delivery Groups, from left: Dr Colm Henry, Estelle McLaughlin, Dr Sarah Fitzgibbon, Fiona Ness, Prof Deirdre Murray, Prof Nóirín Russell, Gráinne Gleeson, Dr Heather Burns, Dr Caroline Mason Mohan, Dr Lucy Jessop, Fiona Murphy, Dr Cliona Murphy, Prof Mary Horgan and Kilian McGrane



Ms Fiona Murphy, Dr Caroline Mason Mohan and Prof Nóirín Russell signing the pledge committing to supporting the implementation of the Cervical Cancer Elimination Action Plan.



HSE Talking Health & Wellbeing podcast

We joined host Noreen Turley for episode 78 of the HSE Talking Health and Wellbeing podcast. Our Director of Public Health, and Ireland's lead for cervical cancer elimination, Dr Caroline Mason Mohan joined the discussion with Catherine Heaney, Healthy Communities Project Coordinator for Dublin City Community Cooperative.

[Together towards cervical cancer elimination](#)

explores the important role of community engagement in preventing cervical cancer and the importance of collaboration in creating an Ireland where cervical cancer is rare in every community.





Patient and Public Partnership

Increasing membership and diversity

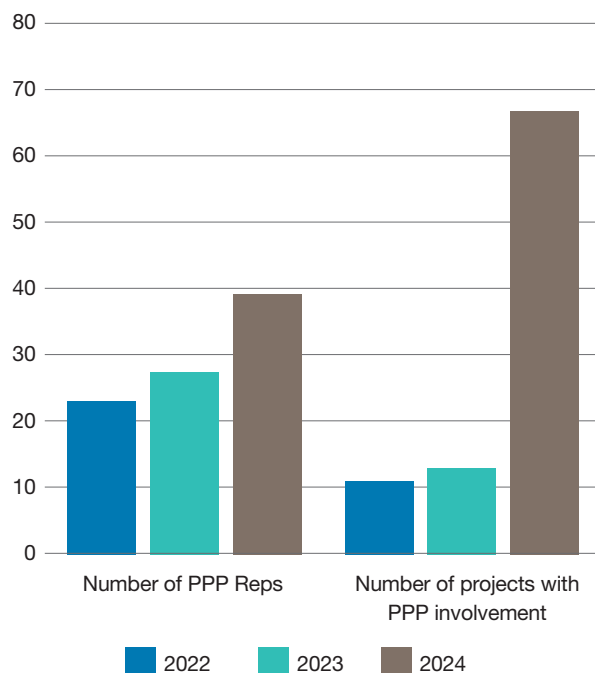
In 2024, we ran an extensive recruitment campaign in local and national press, radio and on social media to increase our Patient and Public Partnership (PPP) membership, in particular those from a diverse background. We received over 192 enquiries, which resulted in 14 new PPP representatives. We want our PPP to be representative of the people living in Ireland and we welcome people from different backgrounds, with different perspectives and experiences. Six of our new members represent diversity.

We now have 39 PPP representatives who participated in 67 activities in 2024.

New committee

We established a new committee to provide oversight for all PPP activity. Four meetings were held in 2024.

PPP Participation Levels



PPP representatives and staff who joined us at Central Office on 5 November, from left: Pat Power, Fiona Ness, Emma Homan, Dympna Cremin, Linda Sice Brogan, Jessica Black, Norma Deasy, Fiona Murphy, Damien Nee and Mary Kennedy



Patient advocates

We worked with patient advocates, including some of our PPP representatives throughout 2024 to share their stories and encourage people to choose screening.

Kim Hanly was diagnosed with cervical cancer at age 26. During Cervical Cancer Prevention Week, Kim told us about her personal journey from cervical cancer diagnosis to patient advocate.

"I'm delighted to be a patient advocate for Cervical Cancer Prevention Week 2024. It's an opportunity to remind women and people with a cervix that HPV cervical screening is one of the best ways to prevent and reduce the risk of developing cervical cancer. Why choose screening? Because screening can find abnormal cells and can identify cancer at the earliest possible stage."

Kim Hanly



"I'm very grateful my cancer was found early, I attribute that solely to BreastCheck."

Dympna Cremin

Dympna Cremin is a retired Special Education Teacher from Castletroy in Limerick. In 2021 Dympna was diagnosed with breast cancer after a screening mammogram with BreastCheck. After having successful surgery and radiotherapy Dympna shared her story to encourage other women to make informed decisions about their health and breast screening, and to go for screening every time they're invited. [Dympna featured in a video](#) about BreastCheck for Breast Cancer Awareness Month in 2024.

Mary Kennedy from Castleknock in Dublin, was 61 when she was told she had bowel cancer after a BowelScreen test. Sharing her story, Mary said she feels lucky because her cancer was found at an early stage, when her treatment was easier. Mary told us she's thankful that BowelScreen is available to people aged 59 to 69 and wants everyone to know about it.

"I'm so glad I chose to take the BowelScreen test, and my cancer was discovered early. That's why I want to shout it from the rooftops and tell everyone to do it, because it is so worth it."

Mary Kennedy



"I've never been minded so closely. The service is extremely efficient. I felt I was a priority."

Vicky Williams



Vicky Williams shared her story about going for diabetic retinal screening during her pregnancy. Vicky said that anything you can do to prevent sight loss, including managing glucose levels and by going for screening "is worth it".



Advocates for screening, across our health service

In 2024 we profiled the working lives of healthcare staff working across our screening services.

Natasha Mahon is a Clinical Midwife Manager (CMM2) and accredited colposcopist at The National Maternity Hospital, Holles Street, Dublin. Natasha told us how she has rooted herself in women's health, from training initially in midwifery and post-natal care, to finding a real interest in colposcopy and cervical cancer prevention and treatment.

"I'm proud to be supporting Ireland's goal to eliminate cervical cancer by 2040."

Natasha Mahon,
CMM2



"Being on the front line, face to face with women, is a special and important place to be. General practice is the ideal place to provide most cervical screening. It means women can access screening locally with someone they know."

Orla Loftus,
Advanced Nurse
Practitioner

Orla Loftus is an Advanced Nurse Practitioner at Knock Medical Centre in Co. Mayo and is a registered sample taker with CervicalCheck. Orla spoke to us about her frontline work providing caring, compassionate health services for women. Orla's message to women is simple: "Cervical screening prevents cervical cancer. If you're due your cervical screening, make that appointment."

Deirdre Diver

is an Advanced Nurse Practitioner Gastroenterology, and Nurse Endoscopist BowelScreen at Letterkenny University Hospital in Co. Donegal. Deirdre told us about a typical day working in the endoscopy unit caring for BowelScreen patients attending for a colonoscopy.



"Most BowelScreen patients have no symptoms of bowel cancer, so if we find cancer, it's usually at an earlier stage when it's easier to treat. Removing polyps means we can prevent some cancers from developing. Taking the BowelScreen home-test can be so valuable to people's health."

Deirdre Diver, ANP
Gastroenterology and
Nurse Endoscopist
BowelScreen

Amy Farrelly is a midwife in the Diabetes Service Maternity Unit in the Midland Regional Hospital in Mullingar, Co Westmeath. Amy specialised in diabetes and pregnancy and looks after women who have any kind of diabetes in their pregnancy. Highlighting the importance of eye screening for women with diabetes who become pregnant, Amy refers women with type 1 and type 2 diabetes to our Diabetic RetinaScreen programme.

"As soon as I get a due date I am able to fill in the form and send it off to the Diabetic RetinaScreen team, and I know the women will be offered eye screening. It's easy and efficient."

Amy Farrelly, Midwife





Corporate website development

In 2024, we continued to use our [corporate website](#) to report consistently on our activity, progress and performance, providing an experienced and expert voice in population screening. Our healthcare news website serves as a key engagement tool for our diverse stakeholder needs.

We report regularly on our service developments, research, projects and events. In 2024 our news coverage included:

- screening and service developments
- our work to improve equity in screening
- new research findings and developments
- our work with our Patient and Public Partnership
- patient advocate stories
- news reports from our conferences and events
- collaborations with our international partners
- profiling the positive work of our healthcare staff
- programme reports and strategies.

New developments

We continued to enhance the information we provide on our website to improve access to information, demonstrate our accountability and strengthen our engagement with stakeholders.

- [Equity in screening](#): we developed a portal to share information about our ongoing work to improve equity in screening.
- [Activity and performance data](#): we developed a new webpage to publish quarterly data reports on the numbers of people taking part in screening.
- [Patient and Public Partnership](#): this new webpage provides learning and educational resources to support our partnership work and includes information about how to join our PPP.

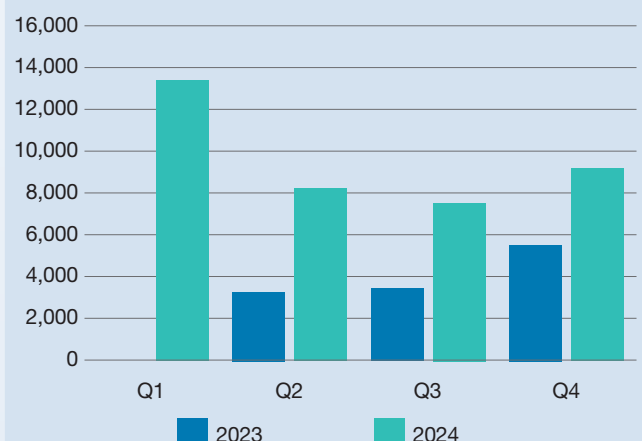
Measuring engagement on digital platforms

Data from our digital and social media platforms demonstrate that we have engaged stakeholders with our online content and increased our audience throughout 2024.

- 37,152 users connected with our corporate website, an increase of 197% on 2023* data, or a 94% increase when comparing the same period in 2024 (April to December).
- 53% (n=19,859) of users were new visitors to the website demonstrating that we are consistently reaching and engaging a new audience.
- We published over 90 news reports and blogs in 2024. Our news reports were viewed over 42,000 times – a 164% increase over 2023.
- Our reports and publications were downloaded almost 5,000 times, an increase of 98% over 2023.
- The average user engagement rate on our website was 64.5%.
- Active online engagement with our stakeholders was demonstrated at our 2024 conferences and events with trending hashtags at our CervicalCheck conference ([#CervicalCheck2024](#)), our Diabetic RetinaScreen clinical conference ([#DRSconf2024](#)), and our event to mark Cervical Cancer Elimination Day of Action ([#TogetherTowardsElimination](#)).
- In 2024, [we joined LinkedIn](#), broadening our social media presence.

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

Total number of website users per quarter 2024 -v- 2023



Website data only represents users who have accepted analytics cookies. For reference, in 2024 65%-70% of users to the HSE website accepted analytics cookies.



Conferences

2024 CervicalCheck conference

In October, over 230 cervical screening professionals gathered at the Limerick Strand Hotel for our [2024 CervicalCheck conference](#) - Fostering partnerships in cervical screening. This was the first time that partners across the cervical screening pathway came together for a day of learning, discussion, collaboration and reflection.

CervicalCheck Clinical Director Prof Nóirín Russell gave the keynote address, sharing data from the first three years of primary HPV cervical screening in Ireland, and showed how cervical screening and treatment has reduced the incidence of cervical cancer in Ireland.

Quality assurance and improvement, equity in screening and discussing potential future developments in cervical screening and cervical cancer prevention were the main presentation themes throughout the day.

"The next steps for cervical screening could go in many directions as evidence evolves. There's lots to learn for the future. We are assured by the inputs provided by so many experts to help guide us. Our cervical screening programme is in good hands."

Fiona Murphy, Chief Executive, National Screening Service, addressing the 2024 CervicalCheck conference



Pictured at our 2024 CervicalCheck conference with our laboratory partners from Quest Diagnostics and the National Cervical Screening Laboratory, at the back, from left: Karen Locke, Dr Corrina Wright, Randy Henderson, Gráinne Gleeson, Ed Saah, Syzmon Dylo, Dr Síne Phelan, and Brad Davis. Front, from left: Aisling O'Connor and Prof Nóirín Russell

2024 Diabetic RetinaScreen clinical conference

Innovation and advancements in diabetic retinopathy screening and treatment was the focus of our [international conference in Dublin in November](#). The event brought together national and international experts to share insights, discuss challenges, and explore new technologies and therapies aimed at improving eye care for people with diabetes.

The conference programme focused on global and Irish perspectives on diabetic retinal screening, the future role of artificial intelligence in screening, and therapies and surgical treatments for diabetic eye disease.

Prof David Keegan, Clinical Director for Diabetic RetinaScreen, shared how Ireland's programme has evolved since its inception in 2013. He celebrated the programme's development and innovation, including the introduction of a digital surveillance pilot in 2017, a two-year screening pathway in 2021, and a new initiative in 2023 to provide priority eye screening for pregnant women with diabetes in partnership with maternity hospitals – an example of the programme's commitment to improving equity and accessibility.



Our Diabetic RetinaScreen team pictured with our service provider team at NEC Care at the 2024 conference in November



Dr Mark James, Mr Robert Acheson, Ms Marie Hickey Dwyer, Prof Simon Harding, and Prof David Keegan at the 2024 Diabetic RetinaScreen conference



Communications campaigns

We researched, designed and implemented large scale evidence-based awareness campaigns for our four screening programmes during 2024. We use digital and social media, print, radio and outside advertising channels to deliver our screening messages. Our campaigns aim to help people eligible for screening to make informed choices about taking part in screening.

Campaign messages tell people:

- what screening is
- what screening can and can't do
- how to take part in screening.

Campaign highlights

- We ran BowelScreen campaigns in January, in April for Bowel Cancer Awareness month, and in the autumn. Campaign messages focused on encouraging all eligible men and women to do their first BowelScreen test. Our top performing social media post featured one of our PPP representatives, Mary Kennedy. We also introduced out-of-home advertisements in the Aviva stadium in Dublin on key match dates.
- We ran CervicalCheck campaigns in January for Cervical Cancer Prevention Week and in October. Campaign messages focused on the importance of checking the register and asking people to update their contact details if they had moved address. The top performing social post featured Dr Sarah Fitzgibbon raising awareness about the symptoms of cervical cancer.
- In March we ran a campaign encouraging the public and healthcare professionals to take part in a survey to help develop a national action plan for cervical cancer elimination. We received 3,735 responses - a high response rate for a nationally representative survey.

- In November, we ran a stakeholder-focused social media campaign to mark Cervical Cancer Elimination Day of Action. Campaign messages encouraged people to choose HPV vaccination, cervical screening and timely treatment to help eliminate cervical cancer in Ireland by 2040. We re-engaged with users from previous activities on Facebook and Instagram. Snapchat proved effective in delivering cost-efficient reach and engagement, while TikTok excelled in driving video views and resonating with younger audiences.
- We optimised search as the advertising delivery channel for Diabetic RetinaScreen and BreastCheck during 2024. This was based on our 2023 campaign evaluations which showed that search had yielded strong results for these programmes.



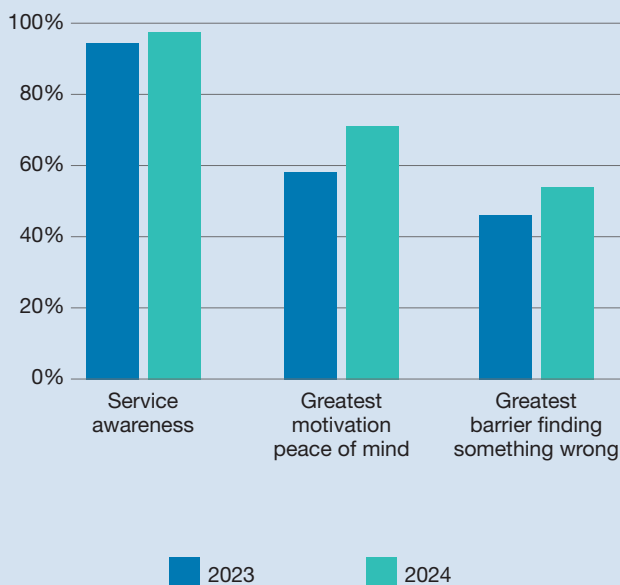
Social post from a CervicalCheck campaign featuring Dr Sarah Fitzgibbon raising awareness about the symptoms of cervical cancer.



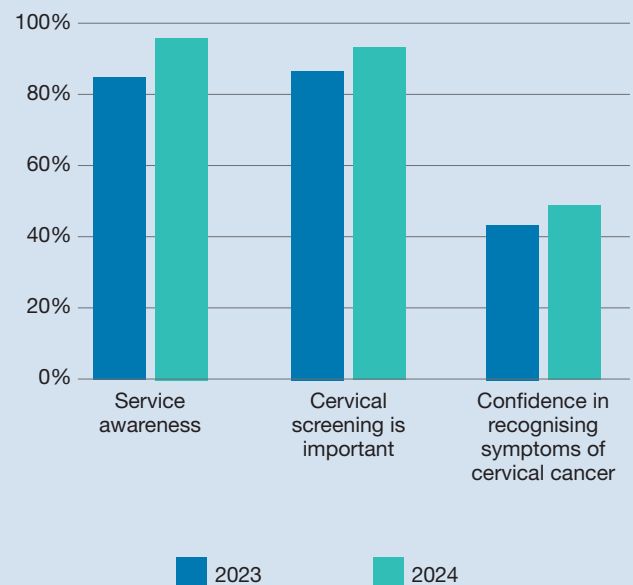
2024 Market research

Our annual research on the knowledge, attitudes, motivators and challenges to screening informs and guides our campaign messaging. Comparing our 2024 results with 2023, we found increases in levels of knowledge about screening and about the importance of taking part in screening; and increases in levels of confidence in recognising the signs and symptoms of cancer. Peace of mind remains the main motivator to take part in screening, and fear of finding something wrong, while decreasing, remains the main barrier.

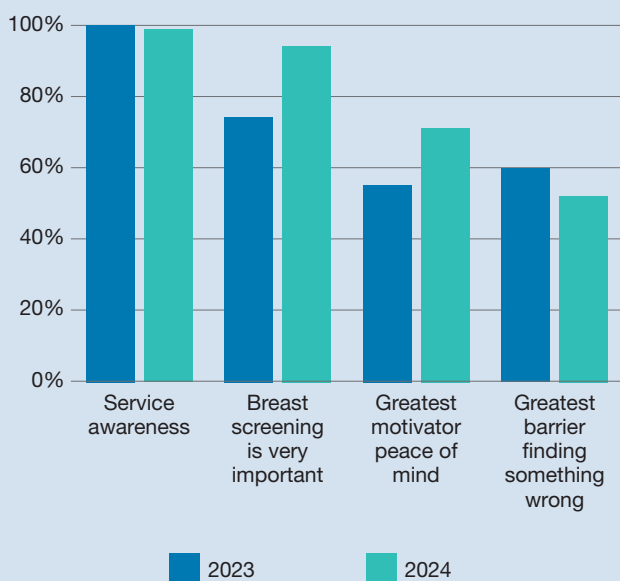
BowelScreen research 2024 -v- 2023



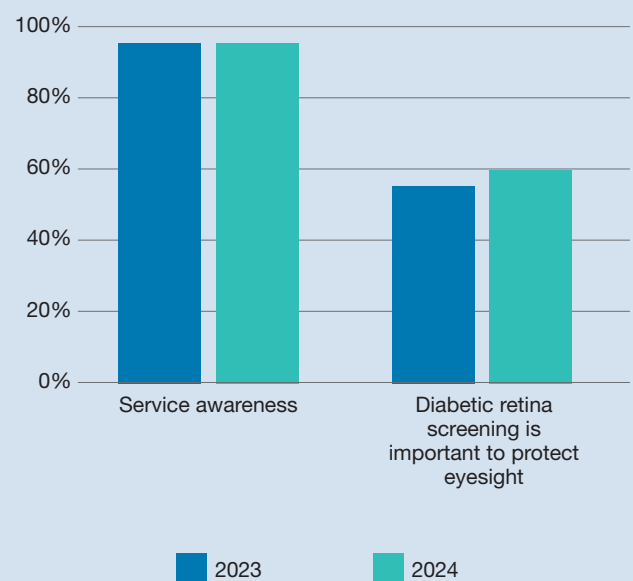
CervicalCheck research 2024 -v- 2023



BreastCheck research 2024 -v- 2023



Diabetic RetinaScreen research 2024 -v- 2023





Information development

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

Examples of the information we developed in 2024 include:

- [an e-learning resource](#) for health and social care professionals about diabetic retinal screening
- [an awareness video](#) about breast cancer symptoms and how to check your breasts
- information about the link between HPV, smoking and cervical cancer
- updated charters for CervicalCheck and BreastCheck
- [animated videos](#) and presentations for our Community Champions project.

Better Letters initiative

In 2024, we started work with the Department of Health on a 'Better Letters' initiative for our BowelScreen programme. A discussion paper published by the Department of Health suggests that it might be possible to increase uptake in screening by incorporating insights from behavioural science into our invitation letters and this project will aim to increase uptake in bowel screening.

Operation Transformation



We collaborated with the producers of the television programme Operation Transformation (OT) to highlight the importance of diabetic retina screening for people with diabetes. One of the OT leaders, Noel O'Connell, had recently been diagnosed with type 2 diabetes. We organised for Noel to get his free eye screening at his local pharmacy in

Newbridge, Co. Kildare. This was filmed and aired on RTE in February 2024. The programme was watched by over 300,000 viewers. Our Diabetic RetinaScreen Programme Manager Helen Kavanagh featured on the programme encouraging people with diabetes to come for their eye screening appointments when invited.

Recovery Haven Kerry podcast

We joined the Recovery Haven Kerry Cancer Support House team to take part in a new eight-part podcast series. In [episode 8 of the series](#), our Senior Health Promotion Officer Lynn Swinburne joined host Siobhan MacSweeney to chat about our three cancer screening programmes – BowelScreen, BreastCheck and CervicalCheck.



Lynn Swinburne with Siobhan MacSweeney in studio recording episode 8 of the Recovery Haven Kerry podcast series

HSE health regions

In 2024, we began the process of engaging with the Regional Executive Officers (REOs) of the six new 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. 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 hope that by working together we can develop tailored interventions to support screening uptake. We will continue our work to foster and strengthen relations with REOs in 2025.

Strategic Priority 2

Operational excellence



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

SPOTLIGHT ON

CervicalCheck initiative for women over 60

2024 Irish Healthcare Awards

Patient Safety Act 2023

International collaborations

Patient reported experience measures programme

Conference presentations

Programme standards and reports

Efficiency and productivity

CervicalCheck initiative for women over 60

In 2023 we completed a [project to invite over 100,000 women between the ages of 60 and 69 to attend for a CervicalCheck HPV screening test](#).

These women did not have the opportunity to have an HPV screening test after it was introduced in March 2020 because they had their final CervicalCheck screening test before the upper age range for screening was extended to 65.

The first data from the project in March 2024 showed that more than 26,000 women of the 106,000 invited chose to have screening – an attendance of 24.9%. This number increased to nearly 30,000 by year-end, over 12 months after sending the initial letter – an attendance of 28.3%. We are now working to evaluate the project.

2024 Irish Healthcare Awards

Our research on the first Irish data demonstrating the impact of HPV vaccination on cervical cancer [won an Irish Healthcare Award for research project paper of the year](#).

The award-winning research paper was a collaboration involving the HSE's National Screening Service and National Immunisation Office (NIO); the School of Public Health, Physiotherapy & Sports Science, University College Dublin; and the School of Public Medicine, Trinity College Dublin.

It's the first data in Ireland combining CervicalCheck data with NIO data and offers early insights into the potential impact of combined HPV vaccination and cervical screening in reducing cervical disease.

[The effect of HPV vaccination on the rate of high-grade cytology in 25-year-old women attending cervical screening in Ireland](#) is published in the Irish Journal of Medical Science.

Our team being presented with the 2024 Irish Healthcare Award for research project paper of the year





Patient Safety Act 2023

The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 was commenced in September 2024. [Under Part 5 of the Patient Safety Act 2023](#), people can request a review of their screening should they develop a cancer after taking part in a population screening programme - BowelScreen, BreastCheck or CervicalCheck.

In 2024, we established a working group, which included patient representatives, to review our new and existing processes and ensure we were aligned and in compliance with the Act before its commencement. This involved developing information and updating leaflets and websites to tell people about their right to request a review.

We contributed to a HSE working group developing resources and communication materials for the HSE-wide implementation of the Act. Our work was overseen by a HSE multi-disciplinary steering group that includes patient representatives.

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.

Diabetic RetinaScreen works with WHO in Uzbekistan and Turkmenistan

In June 2024 our Diabetic RetinaScreen Programme Manager [Helen Kavanagh travelled to Uzbekistan with the WHO](#) to help the country establish a pilot programme for population retina screening for people with diabetes. The project set out to deliver on-the-ground training for equipment to be used by clinicians providing the first line of treatment for retinopathy. Helen advised on the critical role of the programme manager in administering a screening programme; described the workings of the call and recall system; and advised on how to establish a screening register.

In October 2024 Helen joined a second international mission to help develop a clinical pathway for early diagnosis and treatment of diabetic retinopathy in Turkmenistan. She advised on the operational infrastructure required in establishing a screening programme including the establishment of a register, what data needs to be captured, patient engagement, screening appointments, and recall processes.



Photo caption: Helen Kavanagh (second from left) with colleagues from the WHO team outside the Polyclinic in Gulistan City, Uzbekistan



European Joint Action on Cancer Screening

We [joined European partners to launch the Joint Action on Cancer Screening project](#) (EUCanScreen) in Latvia, in September 2024.

EUCanScreen is a four-year project and is one of the most significant European Commission initiatives in the fight against cancer. It brings together 97 institutions from 29 countries including Irish partners: the Department of Health, the Royal College of Surgeons, and the National Screening Service.

The main goal of EUCanScreen is to assure sustainable implementation of high-quality screening for breast, cervical and bowel cancers across Europe, as well as the implementation of recently recommended screening programmes for lung, prostate and stomach cancers.

Ireland will be involved in 8 of the 11 workstreams, including co-leading on activities and working with our colleagues in the WHO International Agency for Research on Cancer, to improve sustainable implementation of population-based cancer screening programmes in European regions.

"It's exciting for Ireland to be involved in so many aspects of this important collaborative project. The goal is to promote accessible and effective screening in all European countries and to increase public awareness of the importance of early diagnosis to reduce cancer-related deaths. This is closely aligned with the objectives of our own strategy and we are keen to learn and to share our knowledge and expertise to help improve the efficiency of cancer screening programmes across the EU."

Fiona Murphy, Chief Executive, National Screening Service



European Commission initiative on cervical cancer

This year, our CervicalCheck Clinical Director Professor Nóirín Russell was appointed to 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. By mid-2026, the group will develop updated patient-centred, evidence-based guidelines on HPV vaccination, cervical cancer screening and diagnosis, and management of precancerous lesions. The quality assurance scheme will cover all processes of cervical cancer care, from screening to end-of-life care.

The completion and implementation of the new recommendations will mark a major step towards the elimination of cervical cancer in Europe and will improve access to high-quality services.

Three meetings took place in 2024 hosted by the World Health Organization's International Agency for Research on Cancer.



Prof Nóirín Russell pictured with the Expert Working Group of the European Commission Initiative on Cervical Cancer at their meeting in Lyon, France in November 2024

Delegates, including our Chief Executive Fiona Murphy at the launch of the EUCanScreen project



Appointment to BS CCP Executive

CervicalCheck Clinical Director Professor Nóirín Russell was appointed as the Republic of Ireland regional representative on the British Society of Colposcopy and Cervical Pathology (BS CCP) Executive Committee for 2024 to 2027.

The BS CCP represents a common forum for the discussion and debate of all matters relating to the prevention of cancer of the cervix and promotes excellence in colposcopy.

“It’s a great opportunity for the Irish colposcopy community to strengthen links with our BS CCP colleagues. As we move towards our shared global goal of cervical cancer elimination, there are lots of opportunities for collaboration and sharing of good practice with international colleagues.”

*Professor Nóirín Russell,
CervicalCheck Clinical Director*

International screening fora

We share our information on screening best practice, particularly around new initiatives, through established cross-national screening programme fora. Our screening programme managers meet regularly with their counterparts in nations with similar programmes and populations, to share and consider planned research, and to promote effective use of our resources through collaborative workstreams.

As Chair of the Eight-Nations group of Ireland, Scotland, England, Wales and Northern Ireland, the Bailiwicks of Jersey and Guernsey, and the sovereign state of The Isle of Man, CervicalCheck Programme Manager Gráinne Gleeson advised the cross-nation group in 2024 on key operational aspects of cervical screening in Ireland, including our work to eliminate cervical cancer in Ireland by 2040.

We advise on aspects of programme pathway delivery which may require collaboration; and consider data reports, trends and improvement strategies. We share strategies used to better communicate about screening and, where possible, benchmark across identified standards to establish underlying themes and discuss strategic approaches to our agreed shared objectives.

Patient reported experience measures (PREMs) programme

PREMs are digital surveys that gather information from people who take part in our BowelScreen and BreastCheck programmes. The information helps us to continuously listen to the people who choose screening and identify any areas where we can improve their experience. In 2024 [we published a 2023 BowelScreen survey report](#).

Participant response rates

The response rates are considerably higher than would traditionally be expected from paper-based surveys.

- BowelScreen PREMs: the response rate from bowel screening participants who had a completed colonoscopy in 2023 and in 2024 was 47%.
- BreastCheck PREMs: the response rate from women who received a normal result after their breast screening was 21% in 2023 and 23% in 2024.

Net Promoter Score

The Net Promoter Score (NPS) is a well established method for any business to measure how happy their customers or service users are. It’s based on one question: “How likely are you to recommend our product or service to a friend or colleague?”

Scores over 70% are considered excellent.

- The NPS for BowelScreen during 2023 was 74%; and in 2024 was 78%.
- The NPS for BreastCheck during 2023 was 82%; and in 2024 was 84%.

Governance

In 2024 we successfully established an Oversight Committee to implement a standardised organisation-wide PREMs programme. Our aim is to provide a consistent approach to the implementation of PREMs across our four screening programmes and to optimise our use of PREMs for improving services across our screening programmes.



Quality improvement opportunities

PREMs has proven to be useful in identifying areas of success in our BreastCheck and BowelScreen screening programme pathways, as well as identifying areas for improvement. The information captured helps us strengthen our connection with our programme participants, demonstrate our desire to listen to what they have to say, and in parallel contribute to a programme's quality improvement to drive change and measure the impact and success of that change.

We identified opportunities from our BowelScreen PREMs data to improve in relation to communication of results and from our BreastCheck PREMs to improve access to screening.

- In one hospital, each patient is given the option of requesting a call back after a multi-disciplinary team meeting to discuss their colonoscopy results and to discuss next steps. The early patient reported feedback on this new initiative is positive.
- It is standard clinical practice for healthcare staff to speak with each patient after their colonoscopy procedure. In another hospital, if there is any indication that the patient may not fully remember the conversation (for example, due to the sedation), the unit will contact the person the day after the procedure as well. The initial feedback on this quality improvement initiative is positive, with people appreciating the personalised call and the additional opportunity to ask questions.
- We noticed a trend in our BreastCheck PREMs data that some women were finding it difficult to locate one of our mobile units. We added extra signage on the way to the mobile screening unit which resolved the problem.

Expansion

In 2024 we completed work to introduce PREMs to our Diabetic RetinaScreen programme. This will be rolled out in 2025.

Conference presentations

In 2024, we shared our research and learnings, delivering oral and poster presentations at national and international conferences, including:

- SPHeRE network annual conference - a national network connecting research, policy and practice in population health and health services
- EUROGIN 2024 - international multi-disciplinary HPV congress
- 2024 British Society for Colposcopy and Cervical Pathology (BSCCP) annual scientific meeting
- Royal College of Physicians in Ireland ([RCPI](#)) [Faculty of Public Health Summer Scientific meeting](#)
- HSE National Quality and Patient Safety Directorate webinar: [Building a just culture](#)
- European Health Psychology Society conference
- International Papillomavirus Society conference
- European Association for Diabetic Eye Complications (EAsDEC) conference
- 2024 World Organisation of Family Doctors (WONCA) Europe conference
- Irish Institute of Radiography and Radiation Therapy (IIRRT) mammography webinar
- Royal College of Physicians in Ireland (RCPI) Faculty of Public Health Winter Scientific meeting



Conference presentations



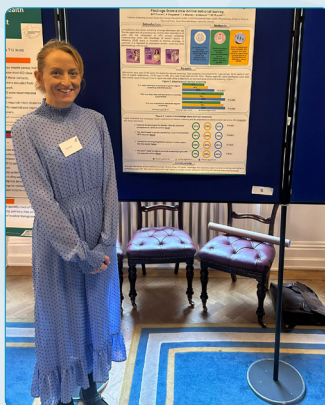
Sinéad Woods at the EUROGIN conference in Sweden in March 2024



Micheál Rourke, Laura Tobin, and Dr Róisín McCarthy at the British Society for Colposcopy and Cervical Pathology (BSCCP) annual scientific meeting in Edinburgh in April 2024



Dr Alice Le Bonniec at the annual conference of the European Health Psychology Society in Portugal in September 2024



Dr Mairead O'Connor at the RCPI Faculty of Public Health Winter Scientific meeting in December 2024



Dr John Price and Prof Nóirín Russell at the BSCCP annual scientific meeting in Edinburgh in April 2024



Dr Sarah Fitzgibbon at the World Organization of Family Doctors (WONCA) conference in Dublin, in September 2024



Our Diabetic RetinaScreen team at the European Association for Diabetic Eye Complications (EAsDEC) conference in Milan in May 2024.

Pictured L-R: Stephen Kely, Clara Rizzo (Mater Hospital), Dr Ian Brennan, Prof Louise O'Toole, Helen Kavanagh

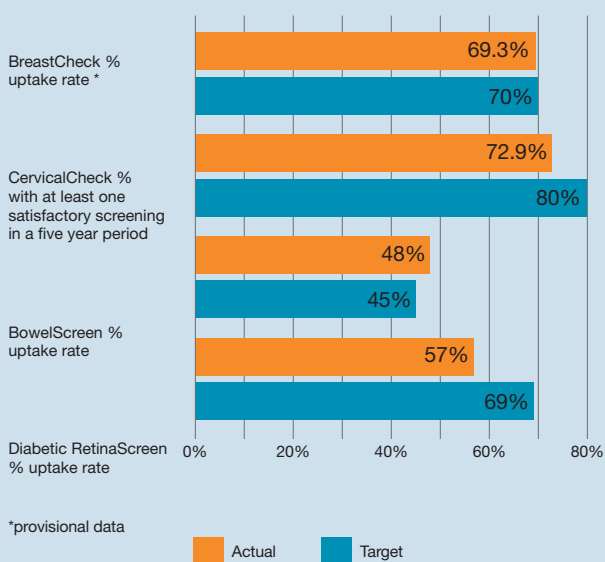


Programme standards and reports

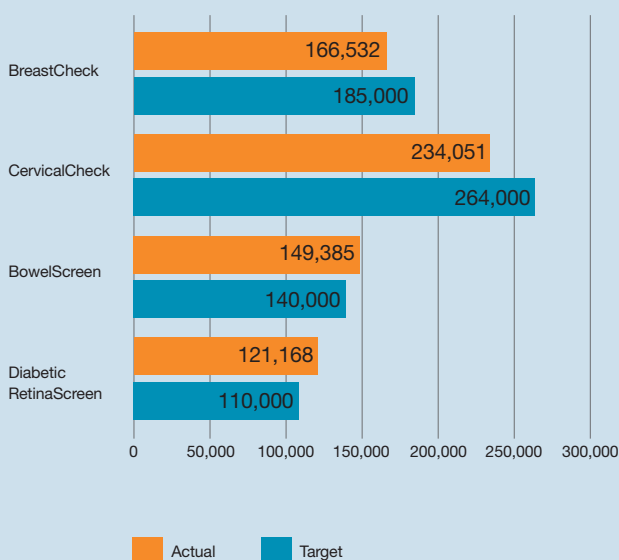
Our four screening programmes operate in line with national and international best practice standards. This ensures our programmes achieve their aims to improve population health. We continuously monitor our performance against programme standards, and we monitor key performance indicators at defined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

Participation/Coverage Rates 2023



Numbers screened per programme 2023



In 2024 we published the following reports:

- [BowelScreen programme report 2020-2021](#)
- [CervicalCheck programme report 2020-2022](#)
- [BreastCheck statistical report 2022](#)
- [Diabetic RetinaScreen statistical bulletin 2018-2019](#) (revised)

The most recent full year data available for reporting purposes is 2023.

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 have enhanced efficiency and productivity across our programmes and departments.

Examples include:

- increasing electronic communication to GPs which has significantly reduced time of delivery and printing and postage costs, and increased patient safety
- developing an online self-registration portal to enable people to consent to take part in BowelScreen and receive a test kit, which will reduce call centre volumes and ensure more accuracy in kit delivery
- improving capacity in BreastCheck by reducing technical recalls through an improvement in radiography quality assurance processes and staff training; introducing new non-surgical procedures in assessment; and introducing surgical innovations in treatment
- maximising capacity through diverse communications methods to reduce non-attendance at screening and follow-up appointments across the service

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 experience and expert voice in population screening.

SPOTLIGHT ON

Eye screening for women with diabetes in pregnancy

Policy developments

Research developments

Published research

Eye screening for women with diabetes in pregnancy

We began offering [additional eye screening to women with diabetes who become pregnant](#), nationally, in June 2023, following a pilot supported by a grant from the Women's Health Fund. We link with the 19 national maternity hospitals to offer this service. Women who have diabetes at the time they become pregnant are referred to our Diabetic RetinaScreen programme by their maternity service as part of their initial assessment, or by their diabetes nurse or hospital doctor.

Women can attend their appointments locally in community-based settings, across a network of over 140 screening locations. The screening is free and if treatment is required, this is also free.

In 2024, 512 women received additional screenings as part of this initiative. Approximately 30% of these women had not been registered for the Diabetic RetinaScreen programme previously.

Policy developments

EU Policy event on cervical cancer

We joined leading international experts and stakeholders active in the field of cancer policy and women's health for an [EU Policy event on cervical cancer](#) at the European Parliament in Brussels in January 2024.

Our Research Officer Dr Mairead O'Connor took part in an expert discussion at the event on ways to increase participation in cervical cancer screening among underserved groups.

National Diabetes Strategy

This year, we were part of a Diabetes Policy and Services Review group contributing to the development of a national diabetes strategy. The group included representatives from a wide range of medical and healthcare professions as well as patient advocates.

The group was responsible for providing a report to the Minister for Health identifying gaps in diabetes services as well as a set of actions to improve service delivery for people living with diabetes.

The review builds on recent government measures taken to improve diabetes care, including the provision of funding to establish a national diabetes register. A national register is essential to fully understand the scope of diabetes in Ireland, and to help the design of future diabetes programmes.

Our work as part of the review group has concluded and the final report is being drafted to present to the Minister for Health.



Public Health Strategy

We're contributing to the development of a Public Health Strategy for the HSE, led by Office of the National Director of Public Health. The strategy aims to provide a roadmap for Public Health over the next five years. The first strategy development workshop was held in 2024 with initial work focusing on setting out the vision, mission, values and priorities for the future of Public Health.

National Men's Health Action Plan

We provided input into the development of the Men's Health Action Plan 2024-2028. We will continue our partnership work to implement the actions of the plan, including a specific focus on tackling health inequalities and improving equity in screening.

Research developments

Prostate cancer screening

We've joined a project team of Irish and European partners for an [EU-wide initiative on prostate cancer](#). [PRAISE-U](#) (PRostate cancer Awareness and Initiative for Screening in the European Union) is a three-year project co-funded by the European Union under the EU4Health programme.

The goal of PRAISE-U is to work towards better early detection and diagnosis of prostate cancer in men across the European Union through carefully designed and risk-based screening programmes.

Lung cancer screening

We are supporting a pilot study which will help to inform future decisions by the National Screening Advisory Committee on the implementation of lung screening in Ireland. The 'Strengthening the screening of Lung Cancer in Europe' ([SOLACE](#)) project is an EU4Health project. It aims to facilitate implementation of lung cancer screening programmes across Europe.

The project will include a pilot study of lung screening in Dublin and Drogheda, with recruitment starting in 2025. A team from Beaumont Hospital and the Royal College of Surgeons Ireland are leading the research, with funding from the Irish Cancer Society. We are supporting the research in an advisory capacity as part of the project's steering group.

Microb-AI-ome research project

We're taking part in a five-year research project exploring the use of artificial intelligence (AI) to improve the effectiveness of bowel cancer screening. The [Microb-AI-ome research project](#) aims to analyse gut or stool microbiome data to determine how effective it could be as a screening tool for the early detection of bowel cancer.

The research involves the recruitment of 4,000 screening participants who have had a positive BowelScreen FIT (faecal immunochemical test) result and are undergoing colonoscopy – 2,500 in France, and 1,500 from our BowelScreen programme at the Mater and St James's hospitals in Dublin, and the Mercy hospital in Cork.

Our BowelScreen Clinical Director Prof Pádraic Mac Mathúna joined researchers and clinicians from across Europe for a Steering Committee meeting at the Royal College of Physicians of Ireland in September 2024.



Photo caption: Prof Pádraic Mac Mathúna (second from right) with fellow researchers at the Microb-AI-ome Steering Committee meeting



IAEA research project

We're taking part in an [international research project led by the International Atomic Energy Agency](#) (IAEA). The research, called *Advanced Tools for Quality and Dosimetry of Digital Imaging in Radiology*, aims to improve x-ray imaging quality and safety in radiology centres worldwide.

The project will explore a simple, cost-effective method developed by the IAEA to address the need for regular quality control testing. With extensive expertise in quality assurance, our BreastCheck medical physics team is well-positioned to contribute to this international project. We're supporting University Hospital Galway in the mammography aspect of the research.



Elizabeth Keavey, Principal Physicist with BreastCheck at the IAEA headquarters in Vienna in Austria for an international project team meeting in early December 2024

Published research

We authored or co-authored seven peer-reviewed research papers in 2024. These were published in the following journals:

- Clinical Ophthalmology: [Addressing Technical Failures in a Diabetic Retinopathy Screening Program](#)
- Journal of Medical Screening: [Examining the impact of COVID-19 disruptions on population-based breast cancer screening in Ireland](#)
- International Journal of Gynaecology and Obstetrics: [Turning the tide—Recommendations to increase cervical cancer screening among women who are underscreened](#)
- Cancer Epidemiology, ScienceDirect: [The impact of delayed screening colonoscopies during the COVID-19 pandemic on clinical outcomes](#)
- International Journal of Cancer: [Cervical cancer screening: Sharing best practices and addressing common challenges in cervical cancer screening programs](#)
- European Journal of Public Health: [Screen-detected breast cancer and cancer stage by area-level deprivation: a descriptive analysis using data from the National Cancer Registry Ireland](#)
- Irish Medical Journal: *A decade of population-based screening for colorectal cancer in Ireland: Lessons from four rounds of BowelScreen* (accepted for publication in 2024).

ESRI Behavioural Research

We worked with the Economic & Social Research Institute (ESRI) on [research investigating the impact of the 2018 CervicalCheck controversy on levels of trust and attributions of blame for interval cancers](#) - cancers developed after taking part in screening.

The aim of the research was to assess how well people understand screening and how they perceive screening services, and to use this knowledge to design more targeted communications to enhance informed decision-making.

The study is the first in a series of findings from a research programme we began with the ESRI's Behavioural Research Unit in 2021.

The findings of the study demonstrate the positive impact new information materials had on improving trust in screening and highlights the role open and transparent communications have in mitigating the adverse effects of a controversy for eligible people.

The study was published in the British Journal of Health Psychology: [Trust in Cervical Screening and Attributions of Blame for Interval Cancers Following a National Controversy](#)



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

Our staff

International Women's Day 2024

Working Together

Learning and development

Workforce planning

Recruitment

Dignity at work

Leadership development

Our staff

Our people are our greatest asset. We want our staff to feel valued and we support them to share stories about their work and what motivates them to work in screening. Our aim is to promote a positive culture across the organisation and encourage others to choose screening as a great place to work.



Kerry Lombard

is the National Radiography Service Manager with our BreastCheck programme. Kerry told us about her day-to-day work, why she's proud to work with BreastCheck, and how working in screening offers opportunities for growth and development.



Erika Strofe

works as screening administration support for our Diabetic RetinaScreen programme. Erika told us about her role working to provide more frequent screening for women with diabetes during pregnancy.



Niamh McNamara

is Quality Assurance Coordinator with our BowelScreen and Diabetic RetinaScreen programmes. Niamh told us about the variety in her work and how she makes an impact through the continuous improvement of our screening programmes.



Dr Philippa White

completed a six-month training rotation with us as part of her postgraduate medical training to become a fully qualified public health doctor. Philippa told us about her placement and the projects she worked on supporting our work to improve equity in screening.



International Women's Day 2024

The theme for International Women's Day 2024 was 'Inspire Inclusion'. To celebrate the day, we developed a social media campaign to put a spotlight on some of the women working across our screening services.

- We asked our staff what inspiring inclusion meant to them and created social cards to highlight their contributions.
- [We interviewed our Chief Executive Fiona Murphy](#) about what inspiring inclusion means to her, what has inspired her, and her ideas about how we can shape a more inclusive service to empower women to choose screening.
- [Lynn Swinburne](#) and [Kathryn Meade](#) told us about their roles as senior health promotion officers and how inclusion is a priority in their daily work.

International Women's Day 2024: #InspireInclusion



To me inclusion means recognising, and living through the recognition, that we are all limited by our own perspective. Everyone's perspective is valuable and when we accept this we are more inclusive.



Spotlight on Women in Screening

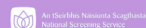


Susie Black
Senior Complaints & Feedback
Manager, Client Services
National Screening Service

International Women's Day 2024: #InspireInclusion



To me inclusion means being intentional in creating a safe space for every woman to participate holistically in matters concerning themselves; and being represented on platforms they otherwise can't access.



Spotlight on Women in Screening

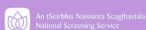


Isabel M Kapatwa
Senior Radiographer
BreastCheck
National Screening Service

International Women's Day 2024: #InspireInclusion



To me inclusion is about valuing diversity. Diversity offers resilience and adaptability. By being an inclusive organisation and providing equal access to opportunities, we can develop a workforce with a diverse range of knowledge, skills and qualities which will make us more resilient and adaptable.



Spotlight on Women in Screening



Isabella Zanette
Senior HR Officer
Human Resources
National Screening Service

International Women's Day 2024: #InspireInclusion



Inclusion to me means ensuring everyone is aware of, and gets access to, quality-assured screening services, and where we do identify issues, challenges or barriers, that we work together with those impacted on solutions.



Spotlight on Women in Screening



Colette Brett
Head of Quality, Safety & Risk
National Screening Service



Working Together

Working Together is our organisational development project which 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. We will be a workplace of choice where our staff feel valued, supported and engaged.”*

The first stage of the project focused on conducting a cultural assessment. We identified where we are; where we want to be; and how we get there.

In 2024 we:

- developed a 2024 Action Plan, and launched it across various locations, briefing our teams on how they can be involved in Working Together
- held focus groups, supported by HSE Capability & Culture to explore topics to support the development of our culture
- developed new information resources to help us better understand the roles and responsibilities of our colleagues

- developed a Learning and Development plan to support management development across the organisation
- established the Working Together Champions team with representatives across the organisation who communicate messages at local levels and give us feedback on how the project is progressing.

Working Together

Our core aim is to bring people together. To illustrate this, our staff came together to include their photo in our Working Together image. Representing all our screening programmes and departments, the image shows the diversity across our teams. Commenting on the initiative, one staff member said: *“It sends a powerful message of teamwork, of a collective, of togetherness - and that we’re people too, not just an anonymous entity.”*



Care
Compassion
Trust
Learning

Working Together



An tSeirbhís Náisiúnta Scagthástála
National Screening Service



Learning and development

We are committed to supporting a culture for our staff that embodies our HSE values of care, compassion, trust and learning. Some of the supports we offer are increased opportunities for staff training, learning and development, promotion of programmes available to staff, and the rollout of the Academic Sponsorship Scheme.

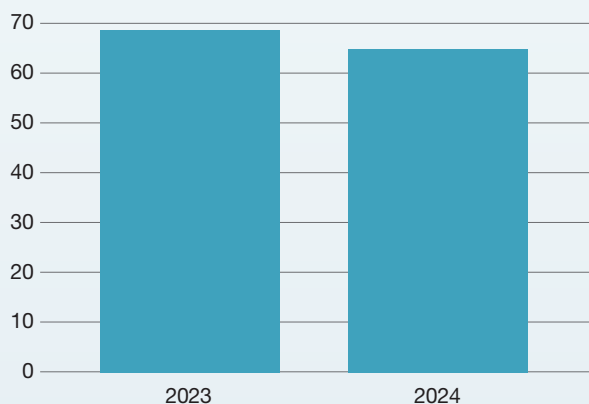
This year we created and launched our Management Development Plan. The plan sets out a series of resources that support staff in developing their leadership and management capabilities. It provides for a series of webinars in 2025 to support staff and managers.

Our plan will also assist managers and staff in identifying their learning needs and skill gaps and support the completion of staff Performance Achievement forms.

Feedback from an applicant:

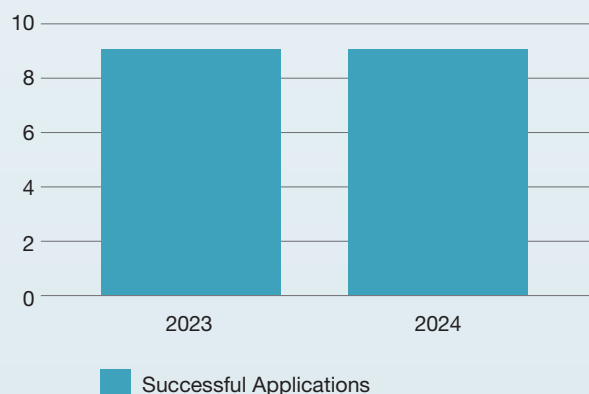
"I applied for the Academic Study Sponsorship Scheme as I had wanted to further my education at a Post Graduate Level for some time, but I lacked motivation. When funding was approved it meant that the NSS had faith in me. That it sees a future for me in the organisation to invest in me so that gave me the extra inspiration I needed. It was a personal acknowledgement and made me feel more than just a number. I hope to continue with my studies next year also and maybe apply to do a masters. I have gained a real insight and interest in research since undertaking this course and am hoping to pivot my career in this direction in some way in the future."

Training Requests*

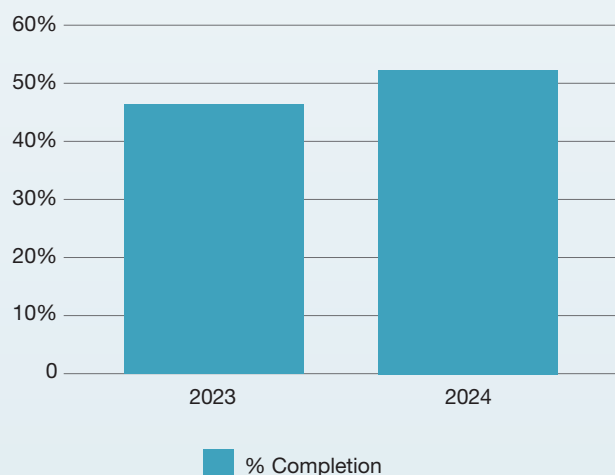


*includes training courses and conferences

Academic Study Sponsorship Scheme



Performance Achievement





Workforce planning

We are working to forecast our future demand for people and skills through our 10-year Strategic Workforce Plan 2024-2034. The development of our strategic workforce plan is a continuous process that provides for regular evaluation, review and revision.

This year our work included:

- identifying critical roles (those with higher skills value and uniqueness) within BreastCheck; demographic changes; changes to programme delivery; and impact on future workforce requirements for the projection period of 2024 to 2034
- forecasting replacement demand in other BreastCheck grades due to attrition for the period 2024 to 2034
- forecasting replacement demand due to attrition in our other three screening programmes and corporate departments for the period 2024 to 2034.

The BreastCheck forecasting data will form the basis for seeking additional resources for the programme to meet service demand, increasing demographics and future initiatives.

This is a multi-phased project that will continue into 2025.

Recruitment

The continued HSE recruitment pause in 2024 has meant that metrics for the first eight months of 2024 do not reflect our recruitment ability. The introduction of HSE Pay and Numbers Strategy and the 3-stage approval process for the recruitment, selection and onboarding of vacant replacement posts, impacted our recruitment timelines. We received our first approvals to recruit in August 2024. To mitigate the extended timelines, our HR recruitment team worked to recruit the majority of posts in-house. Our approach was successful, as indicated below.

Total vacancies filled

Year	2023	2024
No. Posts	106	41

We filled 41 posts in Q3 and Q4 2024.

Candidate Profile – Internal promotions versus external hires / rehires

20.75% of the 106 posts filled in 2023 were promotions. 14.6% of the 41 posts filled in 2024 were promotions.

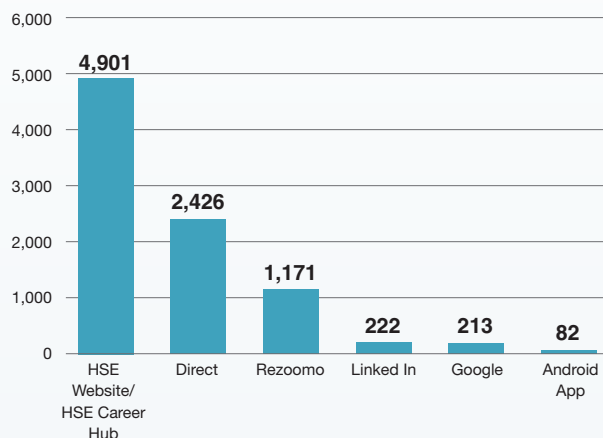
	2023	2024
Total Posts filled	106	41
Promotions	22	6
Promotions as % of posts filled	20.75%	14.6%

Campaign management – In-house recruitment model

Campaign Management	2023	2024
NSS (In-house recruitment Team)	39.6%	80%
NRS/ PAS	37.7%	0%
CPL	22.7%	20%



Top sourcing channels 2024



Time to hire metrics

Several factors can influence time to hire data, including delays in the pre-clearance process, for example Garda vetting, overseas police clearance and occupational health clearances. The length of a candidate's notice period may also have an impact.

The HSE National Recruitment Service have set a time-to-hire target of 12.5 weeks, from approval to start date agreed. Our time-to-hire in 2024 was 12 weeks.

Absenteeism	
2023	2024
4.42%	4.52%

HSE Target 4%

Dignity at work

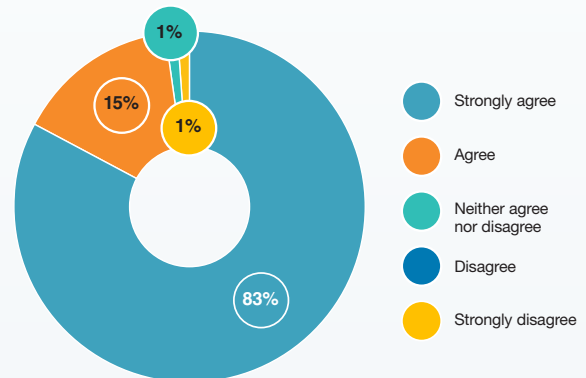
Following our roll-out of the HSE Dignity at Work policy in 2022 and 2023, we developed a dedicated workshop to support our staff in recognising, responding and preventing bullying and harassment in the workplace. The workshop is underpinned by our aim to have a positive culture where all our staff are encouraged, supported and treated with dignity and respect. 16 workshops were delivered across all our sites in 2024 with 206 participants.

Participant feedback

"I must admit I did not think I would learn much today, but I really found the session informative, interactive and enjoyable. It was really well delivered."

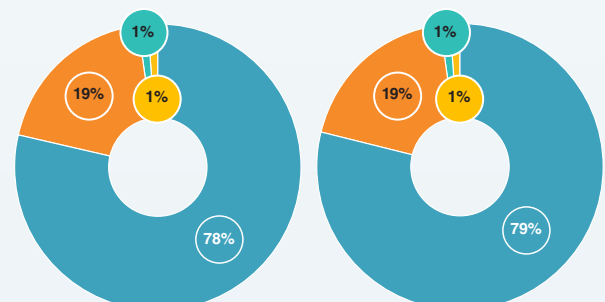
"The facilitator was great. They made it a very interesting workshop and gave realistic suggestions on how to manage challenging situations and made me aware of the possible effects of my behaviour in the workplace"

The workshop enhanced my knowledge of Dignity at Work



Following the workshop, I have a greater understanding of bullying and harassment and how to recognise inappropriate behaviours in the workplace

Following the workshop, I have a greater understanding of what to do if I experience inappropriate behaviour, bullying or harassment in the workplace



Leadership development

In 2024, we continued to proactively support and develop leaders across our organisation. Our leadership development programme supports senior staff in their leadership role and shapes our culture of open communication and collaboration. Work on strengthening our culture is led by our Chief Executive and senior managers, and our leaders are working together to develop and model a culture that drives the implementation of our strategy and has positive benefits for service users and our teams. During 2024, we ran collaborative workshops with our senior managers, building our leadership culture, and delivering our strategy.

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

CervicalCheck charter development

EUREF accreditation - BreastCheck

BowelScreen service provider audit

CervicalCheck laboratory QA visits

CervicalCheck colposcopy QA visits

Finance

Client relationship management system

Your Service Your Say – improving services through participants' feedback


Your Service Your Say (YSYS) is the name of the HSE's complaints process for all users of HSE-funded services. YSYS enables us to listen and respond to feedback from people. This helps to improve our services. Feedback can come in the form of a comment, a compliment or a 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 & 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. With this work we have increased our compliance with the Ombudsman's Learning To Get Better recommendation by over 39%, bringing us up to 79% compliance in 2024.

In 2024 we received 765 instances of participant feedback. This includes stage 1 complaints (29%), stage 2 complaints (28%), compliments (40%), comments (2%) and suggestions (1%). The national target for managing YSYS feedback within statutory

timeframes is 75% and we are on target to achieve 100% compliance. We are also on target to meet the national KPI of 75% on recommendations for improvement. This figure will be available later in 2025.

We designed a suite of YSYS training which we will deliver to our staff early in 2025. We have planned a Complaints & Feedback forum which will take place in our offices in 2025. The forum will bring together expertise from across our organisation to ensure we can share the value of our participants' feedback and deliver better outcomes for our staff and the people we care for in screening.

 **How it's going so far...**

"...again thank you for your speedy response. It's hard to find people that take their job seriously and act with due diligence!"

"...thank you for your kind concern.

You provide a wonderful service, and I wanted to ensure we were not wasting your valuable time."

"Thank you for your effort, much appreciated."

"Thank you for your kind reply and information, which has made it clear to me why..."

"Thank you for your email it is nice to give a compliment to people and departments for their great and hard work."



Quality Assurance

Quality assurance (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](#). We have four QA committees – one for each screening programme – who provide assurance to the Quality, Safety and Risk committee, who in turn assures our Chief Executive, that the quality, safety, risks and internal controls of each screening programme are being effectively managed. Our Quality, Safety and Risk committee met four times in 2024 and received quarterly QA updates from our four screening programmes.

Our QA work in 2024 included:

- completion of a redevelopment project of the electronic forms that we use for reporting incidents and Your Service Your Say feedback, in collaboration with our Client Services team and our external service provider Health Care Informed
- completion of a HSE Safety Committee Audit tool for self-assessment and making recommendations to ensure compliance with our statutory obligations
- working with internal and external stakeholders on the implementation of the Patient Safety Act 2023 to ensure our new and existing processes were aligned and in compliance with the Act before its commencement
- strengthening our QA framework with the development and publication of a [Quality Manual for Population Screening Programmes](#); and a [Quality Assurance Governance Procedure](#)
- reviewing our previous learning from the Controls Assurance Review Process (CARP), developing guidance on the process and delivering additional training webinars which resulted in an improved compliance rate of participation in CARP of 82% (a 14% increase compared to 2023)
- delivering four open disclosure training workshops in Dublin, Cork and Galway, and organising activities for open disclosure week to strengthen awareness with our staff
- delivering training and webinars on a number of areas including Enterprise Risk Management, Information Governance, Quality Information Management System, and the Patient Safety Act 2023.

In line with our [QA Policy Framework: Standard Setting and Revision Procedure](#) we published a revised edition of our [Standards for Quality Assurance in Diabetic Retinopathy Screening](#). We engaged in extensive stakeholder engagement to draft revised QA standards for our CervicalCheck laboratories providing HPV testing, cytology and histopathology services.



CervicalCheck charter development

We've developed 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 women can help us make our services work better for them and for others. We worked collaboratively with our Patient and Public Partnership, Swords Women's Sheds, representatives from HIV Ireland and our staff to develop the charter.

In reviewing and updating the charter we have aimed to:

- communicate clearly and effectively about our standards and intent to all participants, stakeholders and staff
- be open and transparent in our communication, in line with plain language standards, our communications values, and behavioural science insights
- provide information to people about how they can help us ensure cervical screening is as effective as it can be in preventing and detecting cervical cancer
- support women to make an informed choice about taking part in screening.

The charter will be published in 2025.



Swords Women's Sheds meeting in July 2024 to discuss the CervicalCheck charter

EUREF accreditation - BreastCheck

Our BreastCheck programme has [applied for re-accreditation to the European Reference Organisation \(EUREF\)](#) for Quality Assured Breast Screening and Diagnostic Services. EUREF accreditation provides independent external reassurance of the quality of our BreastCheck programme.

A delegation from EUREF visited BreastCheck in June 2024 to help us plan for re-accreditation. We have completed supporting documentation about our operational activities, quality assurance and programme data in preparation for the accreditation visit in March 2025.



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. It 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 2024, we conducted nine onsite service provider audits at five locations - St Vincent's University Hospital in February; and in the RCSI group of hospitals (Beaumont Hospital, Connolly Hospital, Louth County Hospital and St Joseph's Hospital in Raheny) in October. 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.



BowelScreen Clinical Director Professor Pádraic Mac Mathúna (on the right) with colleagues during the audit

CervicalCheck laboratory quality assurance visits

We completed QA visits at our two CervicalCheck screening laboratories in 2024. These regular QA visits assess the laboratory's compliance and performance against CervicalCheck standards.

The assessment team, which included an international independent expert, performed sample observations on operational processes, procedures and management systems and interviewed staff in the laboratory, including quality managers and key laboratory management personnel.

The visiting team found the services provided by the laboratories to the CervicalCheck programme are of a demonstrably high standard that meet the requirements of a high-quality population cervical screening programme.

CervicalCheck colposcopy quality assurance visits

We completed QA visits at five colposcopy units in 2024 and have now visited all 15 units over our three-year cycle. QA visits assess a colposcopy unit's compliance and performance against CervicalCheck standards. If deficiencies are identified, they are investigated, and corrective measures are put in place. The visits provide a great opportunity to engage with the clinical teams, meet hospital management and see the clinical location.

The visits found the services provided by the colposcopy units to CervicalCheck are of a demonstrably high standard that meet the requirements of a high-quality population cervical screening programme.



Finance

In 2024 we've been developing a five-year plan for programme funding, including capital and revenue. The plan enables us to understand the future financial requirements for our screening programmes and corporate services. This will enhance our investment planning and facilitate the annual estimates process.

The plan is now at an advanced stage, in what has been a challenging financial year. The programme activity plans will be refined, and a draft will be finalised in Q1 2025. As more information becomes available, the plan will be updated, taking into consideration the area of artificial intelligence, and future initiatives.

Workforce planning has been key to the development of the overall financial plan. We worked closely with our Human Resources team to finalise and cost future workforce requirements.

We continue to operate in line with the HSE National Service Plan objectives and the Pay and Numbers strategy. The focus is on efficiency and compliance and ensuring that all our activity is carried out in line with national financial regulations.

Following the development of the Procurement Support Group in 2023, we developed a pre-tender procurement pack in 2024. This pack is designed to assist our budget holders as they embark on a tender process, allowing potential roadblocks to be identified and addressed at an early stage across the areas of procurement rules, IT and information governance. We anticipate that use of our pre-tender pack will improve the overall efficiency of our use of the procurement process in 2025.

Internal auditing was one of our priorities for 2024 to quality assure our internal processes. Audit schedule templates were developed for each process (both pay and non-pay). Access to additional payroll reports previously unavailable to us has enhanced the information available for auditing. A procedure is in place to run reports and cross check with previous pay periods every fortnight.

We hold regular HR/Finance meetings to plan our actions from finance/payroll audits. A monthly payroll analytic report review is ongoing and is an effective method of pay monitoring.

Client relationship management system

We've developed a Client Relationship Management System (CRMS) that has improved the quality and safety of data, ensures adherence to information governance and data management requirements, and meets our statutory, regulatory and legal reporting requirements. The system was developed across two platforms and one search application. This allows us to respond adequately to multiple requests for client information. The system provides a single data source for all Data Subject Access Requests (DSAR) which enables us to gain instant access to information and significantly reduces the number of searches required for DSAR requests.

The roll out of the CRMS has significantly improved the efficient management of internal resources by reducing administrative manual processes, allowing for more efficient ways of working.

The benefits of the system include:

- a reduction in duplication of work, improved transparency and accountability
- a significant reduction in timeframes for completion of DSARs resulting in operational and resourcing efficiencies
- applying best practice to how we acquire, store, manage and share data
- enabling staff to collaborate internally and share information across the team
- instant and secure access to client information with an automated audit function which tracks all stages of the request to completion
- an automated reporting process.

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

BreastCheck patient database system – AIRE

CervicalCheck information system - Cara

Information governance

Activity and performance data

Interval cancer rates

Screening health profiles

Individual health identifiers

ICT Implementation Plan

Data roadmap

We are developing a data roadmap to continue to improve how we govern, manage and utilise data to enhance the effectiveness of our screening programmes and improve participant care.

This is a priority for us in our strategy, and it aligns with other public sector initiatives including the *Public Service Data Strategy* and the *Digital Health Framework for Ireland 2024-2030*.

The roadmap is a response to increasing digitalisation in healthcare, evolving regulatory requirements (including the European Health Data Space (EHDS) and Health Information Bill 2024), and growing public expectations for data transparency and security.

During 2023 and 2024 the development process has involved extensive stakeholder consultation and the following key activities:

- project kick-off
- business opportunities workshop
- data inventory assessment
- data management maturity assessment
- data quality assessment
- organisational readiness workshop
- road mapping workshop
- data roadmap document development
- data roadmap prioritisation survey workshop.

Artificial intelligence programme

In 2024, we've been working on a pre-implementation phase for an artificial intelligence (AI) programme. The programme will begin in quarter 1, 2025. We'll work with colleagues in the HSE Technology and Transformation Office AI & Robotic Processing Automation Centre of Excellence to identify potential opportunities for leveraging the benefits of AI across our screening programmes.

We've established an Oversight Committee who will monitor and set the strategic direction for the AI programme.

We've identified a number of workstreams, including:

- AI and clinical pathways
- creating the AI data ecosystem
- ensuring regulatory compliance
- research and evaluation
- ethical use of AI data.



Developing a framework for AI in breast cancer screening

In 2024, we hosted a workshop to discuss [developments in the use of AI in breast cancer screening](#).

Our discussions included:

- the potential benefits, opportunities and challenges of AI
- the use of AI in breast screening internationally
- practical aspects of implementation of the technology
- issues around patient understanding and acceptance of the technology
- legal and ethical concerns.

We learned that the use of AI in breast screening can offer many benefits including improved accuracy, speed and efficiency analysing and processing mammograms; and assisting radiologists in their decision-making process. We also learned that it will be essential to ensure that AI technologies are rigorously tested and validated before widespread adoption to ensure patient safety and prove effectiveness.

There is a definite recognition that AI offers potential to the delivery of screening services, and importantly to improved confidence and care to our screening participants.

BreastCheck patient database system - AIRE

This year we introduced [a modernised patient database system to our BreastCheck programme](#) - AIRE (Assessment, Information, Record & Evaluation). This new system is simplifying and streamlining workflows, allowing our BreastCheck team to focus more on direct patient care. With AIRE, we can access real-time data to track each screening participant's journey and address any gaps identified in service delivery.

The development of AIRE is in line with the HSE's Digital Health Strategy, which aims to improve health services for both patients and staff, making them more modern and easier to access. The strategy outlines that the first key step to providing fully integrated care is to create digital systems that support it.

AIRE has been the biggest system change in 25 years of BreastCheck. We are already beginning to experience its benefits. It is a user-friendly system based on up-to-date technology and means we will be able to follow every woman's journey through the screening pathway.

With the new AIRE system we will be better equipped to offer more efficient care, improving the entire screening journey for women who choose screening.

CervicalCheck information system - Cara

We are progressing with our project to procure and develop a new information management system for our CervicalCheck programme, which we have called Cara. Workstreams stood up in 2024 include the future state operating model, data migration and strategy, and colposcopy. The primary focus has been the procurement process and we will finalise documents for publication in 2025. Our aim is to award a contract and start on the 18-month design and implementation of Cara in quarter 3, 2025.



Information governance

Our Information Governance (IG) team completed the drafting phase of the Records of Processing Activities (RoPA) project and supported all areas across our organisation to populate their RoPAs. A RoPA is a requirement of data protection law and forms the backbone of a GDPR compliance programme. The project has now moved to a maintenance phase.

We introduced four new online forms to help streamline our IG activities:

- query support or engagement form
- new project or process registration form
- data breach incident form
- data subject rights request form.

We developed and rolled out a new CCTV policy, continued the rollout of a data protection management platform and enhanced oversight of our access to the Department of Social Protections' Single Client View system.

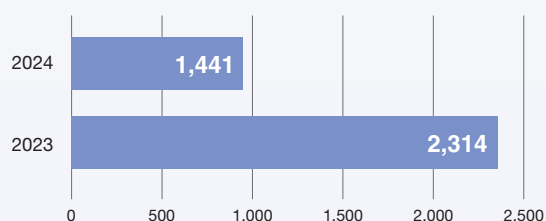
We introduced a new process to capture, record, manage and report on all data incidents, data breaches and call letters opened in error (CLOEs). CLOEs occur when a programme letter is delivered

to an incorrect address and opened by an unintended recipient, often because out of date details are recorded on the system. During the year, we oversaw the processing of 1,441 CLOEs, 52 data breaches, and 72 other personal data incidents. This represents a reduction in the volume of CLOEs from the previous year. CLOEs account for just 0.04% of the 3.45 million letters issued by our programmes in 2024, indicating the vast majority of letters arrive as intended.

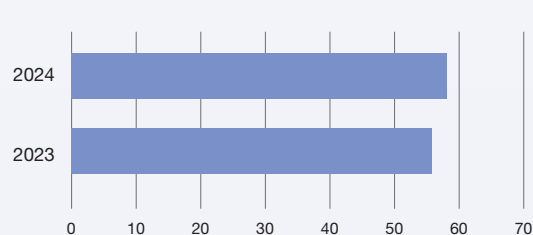
A new process has been introduced to capture, record, manage and report on all data subject rights requests (DSRRs). The team introduced a new work instruction to outline the overarching data subject access request (DSAR) process, and other DSRR processes.

In 2024, 105 DSRRs were processed. Of these, 96 were granted and nine were refused. 100 DSRRs were processed within the one-month timeframe and five were outside the one-month timeframe. As the volume of DSRRs increases, efficient processes for recognising and responding to requests is required and the new procedure will support this.

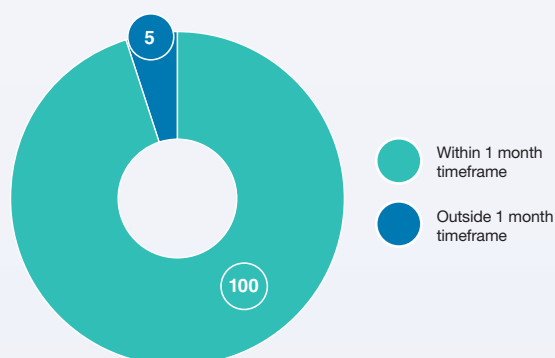
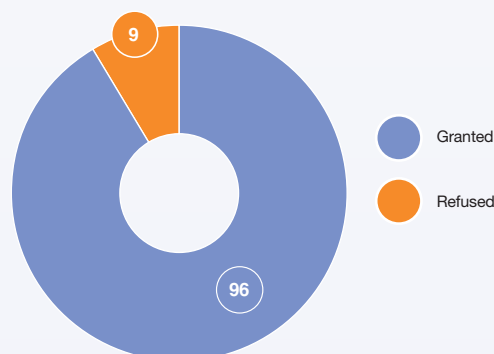
Call letters opened in error



Data breaches notified to DDPO



Data subject rights requests processed in 2024





Activity and performance data

We started publishing [data reports](#) for our four screening programmes on the numbers of people taking part in screening. We publish these reports quarterly in arrears.

Data provided in the reports, while preliminary, is a good indicator of screening activity based on the latest information we have. This data can be read in line with our verified data in our latest published programme reports.

Interval cancer rates

We worked with the National Cancer Registry of Ireland (NCRI) to measure interval cancer rates for our BowelScreen and BreastCheck programmes. Measuring interval cancer rates assures us of the quality of our screening programmes.

We developed a clear and detailed protocol with the NCRI for the safe and accurate exchange of data to help us calculate these rates. This protocol helped to support compliance with our respective responsibilities under legislation including the Health (Provision of Information) Act 1997, the Health Acts and data protection legislation.

An interval cancer in BreastCheck is a breast cancer that is diagnosed within 24 months (2 years) of a woman's last breast screening.

An interval cancer in BowelScreen is a bowel cancer that is diagnosed within 36 months (3 years) of a person's last BowelScreen colonoscopy, that was reported as a negative colonoscopy where no abnormality was found, or a polyp was removed.

Screening health profiles

We are working with the National Health Intelligence Unit on a pilot project to develop screening health profiles. The aim of the project is to enhance our use of address data from our programme registers to improve service planning, delivering and outcome monitoring by improved access to geographic data and population profiling.

The first phase of the project, which we started in 2024, involves assessing the feasibility of geocoding our CervicalCheck, BowelScreen and Diabetic RetinaScreen registers and analysing the data outputs to develop population screening health profiles. These profiles will provide insight and understanding of screening indicators such as screening uptake and coverage rates of our eligible populations. Accessing Central Statistics Office 2022 population statistics will allow us to understand our services at a local level and act to improve these, working with stakeholders at the regional level.

We are working with the National Health Service Improvement team and the National Cancer Control Programme to ensure alignment with the [Regional Population profiles](#). The next phase of this project will be to work with the Intelligence Unit to include our geocoded screening indicators on [HSE Health Atlas Finder](#), and to explore the feasibility of including them in the next version of the Regional Population profiles.



Individual health identifiers

We've been working on bringing in the use of individual health identifiers (IHIs) across our four screening programmes. This will mean a more efficient system for our screening population, and it will help us to find our patient records quickly.

This will also mean:

- improved patient safety - reducing the risk of medical errors associated with incorrect patient records or treatments
- continuity of care - in time, the IHI will enable health records to be seamlessly accessible across the care continuum
- efficient healthcare operations - IHIs on patient records reduces administrative burdens, minimises duplication, and optimises resources
- eHealth applications are enabled and allow us to link patient records together from different systems.

Our Diabetic RetinaScreen programme database has over 88% of its records containing a valid IHI number, and our three cancer screening programmes' databases have over 90% of their records containing a valid IHI number.

ICT implementation plan

Our Information and Communication Technology (ICT) implementation plan allows for the re-structuring and re-prioritisation of our projects and initiatives within our ICT strategy. We've been working with our programmes and departments to plan our ICT priorities, including some advance planning and horizon scanning.

Telephony project

We're replacing our telephony infrastructure as the existing system is no longer supported. In 2024, we've been working on implementing a cloud-based unified communication solution across the organisation, including our BreastCheck mobile units. This will enhance communication efficiency, ensuring high system availability, and support clinical operations seamlessly across fixed and mobile environments.

Our goal is to use advances in information technology to strengthen our delivery of a safe and responsive service that meets the needs of our screening participants and enhances their experience with us. We are working to advance this project through the procurement process in 2025.

Healthlink

In 2024, we worked with the Healthlink team to design and implement improved communication of screening results to our GP partners. We replaced printed and postal communications with electronic messaging for our BowelScreen and Diabetic RetinaScreen programmes. All four programmes now have the capability to communicate screening results to GPs electronically, improving speed, reliability and accuracy of communications.

We have started work to design and build a referral process with Healthlink to allow GPs to refer patients to our Diabetic RetinaScreen programme electronically, using the general referral template. This template facilitates GPs in referring patients to services such as ours directly from their practice management systems.

Addressing challenges

Our plan for 2024 was ambitious in scope and was reflective of our commitment to improving population health. We have made good progress in achieving our mission and vision, completing 34 (24%) strategic actions with 45% of actions progressing and on track.

The year was not without its challenges. 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 HSE's Pay and Numbers Strategy created a staffing ceiling across all health service divisions. It substantially reduced our existing staffing profile which in turn impacted our ability to meet all of our objectives and national KPIs.

A reduction in the BreastCheck ceiling was compounded by the global and national shortage of radiologists and radiographers. Nursing and medical scientist vacancies have a further impact on clinical assessment provision. A number of posts have been approved through the National Service Development Fund 2024 and we are recruiting for specific roles. Our capacity needs are growing year on year due to our growing and aging population and increasing immigration. It is vital to maintain our recruitment in order to adequately staff our BreastCheck service to meet our growing population needs. In the meantime, we continue to maximise all of our available capacity and have had great support in this from women invited for screening.

Capacity has also affected our ability to further expand the BowelScreen age range, as outlined in the National Cancer Strategy 2017-2026. We are working closely with our participating endoscopy units to ensure delivery of agreed capacity and to make maximum use of all available colonoscopy capacity. We are delighted that we will receive funding in 2025 to extend the age range for BowelScreen by another two years.

We see these challenges continuing in 2025, and we will continue to seek innovative solutions to our recruitment needs, and continue to drive efficiency and productivity measures, through the lifetime of our strategy.

Introducing a modernised patient database system - AIRE - to our BreastCheck programme brought challenges in 2024. AIRE has been the biggest system change in 25 years of BreastCheck and affected every single member of staff working across the patient pathway. We knew that adapting to AIRE would pose some challenges, including early-stage system adjustments. Our priority at all times is patient safety. We reduced screening numbers over the implementation period to minimise the impact of this system change to our screening participants and ensure their continued safety. The huge benefit that new technologies will bring for our participants now, and in the future, makes the necessity of reduced screening numbers this year worthwhile, and we are now safely increasing our invitation rates.

Overall progress

This table demonstrates the progress made across our strategic actions in 2024 broken down by strategic goal.

NSS Strategy Implementation Plan

Overall Strategy Summary Status 2024

Priority	Gr	Am	R	B	G
1. Engagement and Partnership	8	0	0	10	0
2. Operational Excellence	19	0	6	5	0
3. Service Development	9	1	6	6	4
4. People and Culture	5	0	2	5	1
5. Governance and Quality Assurance	15	6	5	8	6
6. Data and Information	9	4	2	0	2
RAG Total	65	11	21	34	13

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.

Conclusion

While we have made measurable strides, we are also calling out challenges, encouraging flexibility and adapting our plans where necessary. The dedication of our staff, partners and stakeholders ensures our continuous progress. Through robust governance, enhanced data systems, and our focus on equity and service quality, we continue to deliver impactful outcomes that improve population health.

As we enter Year 3 of our Strategy, the milestones achieved this year strengthen our resolve to advance our mission of prevention and early diagnosis; and our vision to work together to save lives and improve people's health – shaping a healthier future for people who choose screening.

