

NATIONAL CANCER REGISTRY

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDING 31<sup>ST</sup> DECEMBER 2018

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National  
Cancer  
Registry  
Ireland

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I'm delighted to provide this foreword to the National Cancer Registry's Annual Report and Accounts for the year ending 31st December 2018. This was a particularly busy year for the Registry and, on behalf of the Board, I would like to express my gratitude to Kerri and her staff for their commitment and hard work.

The external review of the organisation and workforce was completed in Q2. Having looked at registries in other countries the review contained recommendations in a number of areas that will be important as the organisation evolves to meet the challenges of increasing cancer incidence and prevalence.

The Data Protection Act, 2018 was signed into law in May, giving effect to the General Data Protection Regulation, that governs the processing of personal data by controllers and processors in the EU. The Registry is a data business and GDPR necessitated data sharing agreements between the Registry and the HSE and other healthcare providers, appointing a Data Protection Officer and reviewing the compliance readiness of the Registry.

In September "*The Scoping Inquiry into the CervicalCheck Screening Programme*" (the Scally report) was published, containing nine specific recommendations for the Registry, each of which is now underway, with an established process for reporting progress.

Two key publications in 2018 were: "*Cancer in Ireland 1994-2016 with estimates for 2016-2018: Annual Report of the National Cancer Registry*" and "*Diagnosing cancer in an emergency: Patterns of emergency presentation of cancer in Ireland 2002-2015*", the latter commissioned by the Irish Cancer Society. These reports give a clear indication of the increasing impact of cancer on society and the corresponding requirement to invest in the Registry as a core element of the response to this challenge.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'J. Coffey', written in a cursive style.

**Dr. Jerome Coffey MD FRCPI FRCR FFRRCSI**  
**Board Chairman**  
July 23<sup>rd</sup>, 2019

For NCRI, 2018 was a year of unexpected and unpredictable events in relation to the national CervicalCheck crisis. These events focused political and media attention on, cancer screening, a key cancer-related service. NCRI's involvement has elicited both learning and opportunity. Guided by Dr. Scally's report, the experience has urged NCRI to take up measures aimed at dramatically improving the service it provides to the greater national healthcare system.

NCRI plays an important supporting role for cancer services in Ireland. Moving forward, our legislation to promote and facilitate the use of NCRI data in the planning and management of services will become central to all NCRI's activities. I'm very excited about NCRI's new three-year strategy. NCRI will develop a new strategic plan to manage the challenges of fulfilling its role and driving improvements in the Irish public health sector. Especially those identified in the National Cancer Strategy 2017-2026. With a new strategy and drawing from the learnings of 2018, I hope we will progress towards positioning NCRI to assume a robust role as a world-class, public health aegis body of the Department of Health.

A handwritten signature in blue ink, reading 'Kerri M. Clough Gorr'.

Kerri Clough Gorr  
June 28<sup>th</sup>, 2019

## Establishment

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The National Cancer Registry Board was established by Statutory Order 19 of 1991, *“The National Cancer Registry Board (Establishment) Order”* under the *Health (Corporate Bodies) Act, 1961*. The Board discharges all its statutory responsibilities through the National Cancer Registry. The Order was amended twice; in 1996 by S.I. No. 293/1996 (*The National Cancer Registry Board (Establishment) Order, 1991 (Amendment) Order*) and in 2009 by the *Health (Miscellaneous Provisions) Act 2009*.

## The National Cancer Registry Board

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The National Cancer Registry Board is a statutory body established in 1991 under the National Cancer Registry Board (Establishment) Order as an agency of the Department of Health and Children (as it was at the time). The Board has a full membership of seven who are appointed by the Minister for Health.

The current Board members at 31 December 2018 are:

- Dr Jerome Coffey (Chair)
- Ms Orla Dolan
- Dr Anna Gavin
- Dr Fenton Howell
- Dr Catherine Kelly
- Mr John McCormack \*

\* This was a temporary arrangement to ensure a quorum at Board meetings, while the recruitment process for two replacement Board members was underway.

## Statutory functions

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The statutory functions of the National Cancer Registry Board, as set out in Statutory Order 19 of 1991, are:

- to identify, collect, classify, record, store and analyse information relating to the incidence and prevalence of cancer and related tumours in Ireland;
- to collect, classify, record and store information in relation to each newly diagnosed individual cancer patient and in relation to each tumour which occurs;
- to promote and facilitate the use of the data thus collected in approved research projects and in the planning and management of services;
- to publish an annual report based on the activities of the Registry;
- to furnish advice, information and assistance in relation to any aspect of such service to the Minister.

1. Commercially significant developments affecting the body

*No commercially significant developments occurred during 2018.*

2. Procedures for financial reporting, internal audit, travel, procurement and asset disposals:

*These are all being carried out according to official policies and guidelines.*

3. System of internal financial control

*a) The Board is responsible for the body's system of internal financial control.*

*b) Such a system can provide only reasonable, and not absolute, assurance against material error.*

*c) Key procedures which have been put in place by the Board to provide effective internal financial control include:*

*(i) A clearly defined management structure.*

*(ii) A risk register was compiled in 2010 and was updated throughout 2018.*

*(iii) Policies and procedures setting out instructions for all areas of financial activity were in place for 2018. These outlined the procedures for the administration of salaries, invoices and expense claims, use of the credit card and petty cash transactions as well as procedures for procurement and for the disposal of assets. The payroll function was carried out by University College Cork in 2017. There were regular reconciliations carried out between National Cancer Registry Board records and those maintained by University College Cork.*

*(iv) The Audit Committee was appointed by the Board in April 2013 and oversaw the work of the Internal Auditors during 2018.*

*(v) An ITT for Internal Audit Services was undertaken in July 2017 and a full three-year cycle of internal audits covering core financial, organisational and operational areas have been agreed by the Audit Committee and the Board. Formal internal audits were carried out in 2017 in the areas of the System of Internal Financial Controls, HR Policies and Procedures, Business Continuity Planning and Data Collection and Registration.*

*(vi) An overall annual budget for the National Cancer Registry was agreed which incorporated a separate budget for IT. A report is prepared on a regular basis to compare actual with budget figures and overall annual expected figures are updated throughout the year.*

*(vii) Review by the Board at each of its meetings of periodic and annual financial reports.*

*d) The National Cancer Registry is in compliance with current procurement rules and guidelines as set out by the Office of Government Procurement*

*e) The Board carried out a review of the effectiveness of internal financial controls for 2018 at its meeting in March 2019.*

4. Codes of conduct for the Board and Employees have been put in place and are being adhered to.
5. Government policy on the pay of the Director and all State body employees is being complied with.
6. Compliance with Government guidelines on the payment of Board members' fees is not relevant as there are no fees paid to the Board members of the National Cancer Registry.
7. The Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the public sector are being complied with.
8. Government travel policy requirements are being complied with in all respects.
9. All appropriate requirements of the Department of Public Expenditure and Reform Public Spending Code are being complied with.
10. Procedures are in place for the making of protected disclosures in accordance with section 21(1) of the Protected Disclosures Act 2014.
11. The Code of Practice for the Governance of State Bodies (2016) has been adopted by the Board and is being complied with.
12. The National Cancer Registry is not involved in any legal disputes involving other State bodies.
13. There are no significant post balance sheet events.
14. The National Cancer Registry Board complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There have been no communications concerning non-compliance with requirements of regulatory or tax authorities with respect to any matter. The National Cancer Registry Board is not aware of any actual or possible non-compliance with laws or regulations that could impact on the financial statements.

Signed



Dr Jerome Coffey

## REPORT ON SYSTEM OF INTERNAL FINANCIAL CONTROL

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### Governance

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#### Board

The National Cancer Registry Board addresses all matters outlined in the schedule of matters, as per the Code of Practice.

#### Briefing for new Board members

On their appointment new members are provided with information as in the Governance framework for the National Cancer Registry Board.

#### Disclosure of interests by Board members

The register of interests is maintained by the Board Secretary and each year Board members and all relevant staff are circulated with a request to bring their disclosure of interests up to date.

#### Protected Disclosures

No protected disclosures under the Public Disclosures Act 2014 were made during 2018.

#### Audit and Risk Committee

The Audit and Risk Committee was appointed by the incoming Board in April 2013. A new appointment to the Committee was made in October 2017 to replace a member who had resigned. The Committee met four times in 2018.

#### Internal audit function

An internal audit service is in place and is carrying out a systematic audit of all areas of Registry activity. In 2018, the following areas were audited:

- Business Continuity Planning
- Data Collection and Reporting
- System of Internal Financial Control

#### Code of business conduct for Board members and staff

This has been updated in line with the recommendations of the internal auditors.

#### Procurement

All staff involved in procurement have been made aware of the Public Procurement Guidelines and directed to the [www.etenders.gov.ie](http://www.etenders.gov.ie) website for further guidance. This direction is contained within the Governance framework for the NCRB.

Guidance for staff on procurement processes has been written and circulated to all staff involved in procurement.

#### Tax clearance



Tax clearance procedures have been updated.

The NCRB has ensured that it holds on file an up to date tax clearance certificate for all suppliers that exceed the €10,000 per annum threshold.

#### Disposal of assets

No assets worth more than €150,000 were disposed of during the period reviewed.

#### Disposal of assets to Board members/staff

All assets disposed of to Board members or staff were at a fair market-related price.

All disposals have been documented accordingly and made in accordance with appropriate procedures.

#### Acquisitions/Subsidiaries

NCRB has not established or acquired any subsidiaries.

#### Diversification of core business

There has been no requirement for diversification of NCRB's core business.

#### Investment appraisal

There has been no significant capital investment.

#### Director's remuneration

The Director's remuneration accords to appropriate guidelines and is disclosed in the Annual Report for 2018, stating annual basic salary and superannuation benefits.

#### Board members' fees

No fees are paid to any Board members.

Travel and subsistence payments, in line with approved public sector rates, for the meetings that they attend are published in the annual report for 2018.

#### Government pay policy

All employees are paid at rates commensurate with their grade.

#### Reporting arrangements

The Chairperson provided a Chairperson's annual report to the Minister in June 2018. A statement regarding the system of internal control was approved by the Board and included in the report to the Minister.

#### Strategic and Corporate Planning

The Board adopted its most recent formal statement of strategy, for the period 2013-2017, in September 2015. This plan was extended to cover 2018. The Strategic Plan for 2019-2021 has recently been endorsed by the Minister. A Service Plan was provided to the Department of Health in May 2018 following the receipt from the Department, of the expenditure allocation for the year. This detailed the services planned for the year, consistent with the Board's statement of strategy, and within the constraints of the budget allocation.

### Tax compliance

VAT and PSWT are accounted for by the registry. Payroll in 2018 was processed by University College Cork which provides a payroll bureau service to the Board.

### Risk Management

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A risk management framework document has been prepared. This sets out the definition of risk, how it is to be identified and measured, who is responsible and the infrastructure and mechanisms for monitoring and reporting on risk and mitigating the same. A risk register is updated regularly which reflects the strategic aims of the Board, risk mitigation by the Registry and the changing environment. The principal risks are reviewed at Board and Audit and Risk Committee meetings to ensure associated mitigation measures and strategies are in place. A formal disaster recovery/business continuity plan has been developed.

### Finance

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#### Control Environment

The Board met four times in 2018. A Senior Management Team has been formed and meets regularly. Delegated authority levels for expenditure are in place and are well understood and monitored by the Finance staff.

#### Information and Communication

Accounts are produced on a monthly basis and are reviewed by the Director and circulated to the relevant parties. A guide to protected disclosures has been written and circulated to all staff.

#### Control Activities

The Board is kept up to date with expenditure against budget through regular management accounts. Expenditure against budget is monitored on a monthly basis by the Director and Finance staff. Variances against budget are discussed and actions agreed. The monthly accounts are also forwarded on to the Department of Health for information and feedback.

#### Monitoring and Corrective Action

The monthly review of expenditure is the main way in which expenditure is monitored and corrective action decided upon.

#### Budgetary Control

The initial annual budget submission is made to the Department in the autumn and is based on the previous year's outturn figures in conjunction with the current year to date expenditure figures. A narrative explanation is given for any significant variances from the previous year's expenditure figures. The Department provides formal notification of the Non-Capital Expenditure allocation early in the year (typically February). The NCRB then produces a detailed monthly budget profile based on the formal allocation received from the Department along

with a Service Plan for the year that details the services planned within the budget allocated. The NCRB is monitored against this plan throughout the year.

A monthly accounts pack is produced that consists of the following:

- Detailed income and expenditure account
- A balance sheet
- Budget profile for the year to date
- Variance analysis against budget
- Bank reconciliations (including bank statements)
- Summary trial balance.

#### Fixed Assets

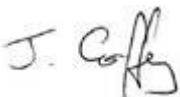
a) The Fixed Asset Register is maintained on an Excel spreadsheet that is divided into the following categories:

- Software
- Hardware
- Fixtures and furnishings
- Office equipment

b) The register contains the following level of detail:

- Year of purchase
- Supplier
- Item description
- Cost
- Accumulated depreciation
- Net Book Value

The register is reconciled to the Sage accounting system on an annual basis.



Dr Jerome Coffey, Chair, National Cancer Registry Board

## STAFF

The permanent staff complement on 31/12/18 was 44 persons, 37.18 FTE (Table 1). In addition, 11 staff (9.5 FTE) were on specified purpose/temporary contracts

*National Cancer Registry Total Headcount = 55 employees (31/12/2018)*

**Table 1. Registry staffing on 31/12/2018**

<b>Grade - (Permanent DoH Funded Staff)</b>	<b>FTE</b>	<b>No</b>
Grade III	1	1
Grade IV	3.89	4
Grade V	8.6	10
Grade VI	2.2	3
Grade VII	2.76	4
Grade VIII	1	1
Grade - Senior Lecturer	1.95	2
Grade – Senior Staff Nurse (SSN)	6.07	8
Grade – Senior Staff Nurse Dual Qualified (SSN DQ)	1.75	3
Grade – Staff Nurse (SN)	7.96	8
<b>Total Permanent DoH</b>	<b>37.18</b>	<b>44</b>
<b>Grade – (Temporary DoH Funded Staff)</b>		
State Chemist	1	1
<b>Total Temporary DoH</b>	<b>1</b>	<b>1</b>
<b>Grade – (Temporary Externally Funded Staff)</b>		
Grade III	0.5	1
Grade IV	5.5	6
Grade V	0.5	1
Grade VI	2	2
<b>Total Temporary External</b>	<b>8.5</b>	<b>10</b>
<b>Overall Total</b>	<b>46.68</b>	<b>55</b>

## ACTIVITIES

### Data Acquisition

#### *Registration activity*

*Table 4.1. Number of registrations by year of incidence*

<b>year of incidence</b>	<b>open</b>	<b>closed</b>	<b>% closed</b>	<b>all cases</b>
2009	4	34235	100%	34239
2010	4	35995	100%	35999
2011	4	38866	100%	38870
2012	5	38754	100%	38759
2013	12	39131	100%	39143
2014	21	40227	100%	40248
2015	87	41624	100%	41711
2016	4601	38359	89%	42960
2017	17302	25664	60%	42966
2018	27575	10339	27%	37914

*Figures in italics are for incomplete years*

As can be seen in the table above to date there has been a drop in registrations for year of incidence 2018 which can be attributed to new registration processes within the NCRI and ongoing recruitment difficulties.

*Table 4.2. Number of registrations by year of creation and year of closure*

<b>Year of creation</b>	<b>Total</b>	<b>Year of closure</b>	<b>Total</b>
2014	37988	2014	39523
2015	43147	2015	39457
2016	44537	2016	44284
2017	41943	2017	36234
2018	46463	2018	36781

*Figures in italics are for incomplete years*

46,463 new tumours were created in 2018 and 36,781 were closed in 2018. The figures for 2017 are 41,943 and 36,234 respectively which is a significant increase in registrations created between 2017 and 2018. This increase is reflected from registrations created through electronic pathology.

## Timeliness

The percentage of cases first registered within a year of the date of incidence remains relatively steady

**Table 4.3. Interval from date of incidence to date of registration**

year of incidence	% cases created at 3 mths	% cases created at 6 mths	% cases created at 9 mths	% cases created at 12 mths	% cases created at 15 mths
<b>2009</b>	50%	74%	83%	87%	91%
<b>2010</b>	59%	76%	83%	87%	90%
<b>2011</b>	57%	70%	77%	83%	89%
<b>2012</b>	55%	67%	75%	83%	88%
<b>2013</b>	50%	70%	76%	82%	88%
<b>2014</b>	42%	68%	77%	84%	89%
<b>2015</b>	48%	72%	78%	83%	88%
<b>2016</b>	50%	74%	79%	82%	86%
<b>2017</b>	47%	71%	77%	81%	85%
<b>2018</b>	67%	88%	96%	99%	100%

*Figures in italics are for incomplete years*

**Table 4.4. Percentage of cases closed at year end and subsequent quarters**

year of incidence	% cases closed at 15 mths	% cases closed at 18 mths	% cases closed at 21 mths	% cases closed at 24 mths
<b>2009</b>	73%	82%	89%	92%
<b>2010</b>	75%	82%	87%	92%
<b>2011</b>	74%	79%	83%	87%
<b>2012</b>	67%	76%	85%	90%
<b>2013</b>	74%	82%	89%	93%
<b>2014</b>	74%	84%	92%	95%
<b>2015</b>	83%	89%	93%	95%
<b>2016</b>	61%	73%	81%	84%
<b>2017</b>	51%	58%	<i>n/a</i>	<i>n/a</i>
<b>2018</b>	27%	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>

*Figures in italics are for incomplete years*

The table above is based on the target year end date set by the Registry. This is fifteen months from the end of the year incidence. For example, the year-end date for year of incidence 2016 is 31/03/2018 and the year-end date for year of incidence 2017 is 31/03/2019.

### *Pathology data*

#### **Cancer Centres**

The Registry is now receiving electronic pathology from eight cancer centres, seven of which are able to provide text. New registrations have been created to the end of May 2019.

#### **Acute hospitals**

The Registry is now receiving electronic pathology from four acute hospitals. All four are up to date to the end of quarter 1 2019. Quarter 2 2019 is expected at the end of July and will be registered on receipt.

#### **Private hospitals**

The Registry is receiving electronic pathology from four private hospitals. Three of these hospitals provide text and are up to date to the end of May 2019. The fourth is up to date to the end of quarter 1 2019. Quarter 2 2019 is expected at the end of July and will be registered on receipt. Work has commenced with a number of private hospitals to get electronic pathology extracts in place.

#### **Manual review of reports**

Every electronic histopathology report must be manually reviewed. Decisions on new tumours, pathology staging, tumour size, grade, tumour markers, surgical managements, more accurate topography and morphology codes can only be made by review of the reports by CDRs.

#### **Medlis project**

There have been a number of meetings and phone conferences with the MedLIS project group on the proposed electronic extract for the NCRI. The start date for the project has been moved to June 2020.

#### **Radiotherapy data**

The NCRI is receiving electronic extracts from nine out of thirteen radiotherapy units that provide radiotherapy treatments to residents of the Republic of Ireland. Contact has been made with Galway Clinic, Mater Private Dublin and Altnagelvin in Derry to also get datasets from these hospitals. This will be pursued further in 2019.

#### **UKIACR performance indicators**

A decision was made not to contribute to the UKIACR PIs for 2019 due to the bedding in of the new system and a lack of resources.

#### **Death Certificates**

Death certificate matching in the CRS could not commence until the CSO Memorandum of Understanding was in place. The MOU contract was finalized and agreed. The NCRI Director and CSO signed the MOU agreement on 04/12/2018 and 8 quarters of death certificates – Q3 2016 – Q2 2018 were received by the registry on the 16/12/2018. Testing, processing and matching of these death certificates began in January 2019.

## **Data Integration into CRS**

Electronic data matching for radiotherapy has now been added to the CRS. The development of this functionality began in mid-2018 and went live in early 2019. The application is working successfully, and a number of hospitals have already been matched through the system. Based on feedback received from Cancer Registrars working in the hospitals, further enhanced functionality will be added over the course of 2019.

The work on integrating HIPE into the system began in early 2019.

## **CervicalCheck**

In May 2018 the NCRI were required by Ministerial order to assist the National Screening Service (including CervicalCheck) by providing information regarding existing and new diagnoses of cervical cancer. Two staff were assigned to work on this full time for the remainder of 2018 which had a corresponding impact on other work within the Registry.

## **BreastCheck**

There was an interval dataset from the NCRI covering the years 2011 and 2012 sent to BreastCheck in early 2018. The NCRI are awaiting feedback from BreastCheck regarding same. Work started on integrating the BreastCheck data into the CRS in late 2018.

## **CDR Positions**

Two vacant CDR positions are outstanding at end year. One in St James's Hospital Dublin and the other in the Mater Misericordiae Public hospital Dublin. Recruitment in filling these posts is proving difficult with a small pool of candidates applying.

Acquisition of CDR workspaces within hospitals and access to full data remains a constant challenge for the NCRI.

## **Geocoding**

A total of 35,995 addresses were geocoded in 2018. Maps were produced for the following:

The website was updated in May with twenty five sets of maps covering three separate time frames.

Four maps were produced for various cancer cluster queries involving areas in Ulster, Leinster and Connacht.

Cancer fact sheets.



### **Central Registration System**

During 2018 user requested changes were implemented in the Cancer Registration System put live in 2017. All changes follow a formal change control process. In its first year of being live, there was a planned release approximately every month with an aim to getting to quarterly releases by year 3. Larger projects were also implemented in parallel. The main projects for 2018 were the increase of processing of data received electronically.

### **Remote Access**

Having remote access to hospital systems increases the efficiency of data collection. In 2018 we successfully implemented a remote access process with Cork University Hospital. This was very successful and it is our intention to expand this in 2019 and 2020.

### **Sally Recommendations**

The project to implement the recommendations from the Sally Report will commence in 2018. Planning for this project started in Q4 2017.

### **Audit actions**

All audit actions for IT have been addressed.

### **Outputs for 2017**

A core aim of the National Cancer Registry is to promote and facilitate the use of our data in research and in the planning and management of cancer services in Ireland. A research strategy is currently under development with the emphasis in developing the capacity to promote and facilitate research through enhancing the suite of data collected in the NCRI through more detailed clinical registration, collection of patient reported outcomes information and capturing health economic data related to cancer. A committee has been established to manage the facilitation of research and transfer of data to researchers in the NCRI. The process is being piloted and embedded in 2018 with a plan for review in mid-2019.

#### **Patient Reported Outcomes**

The NCRI have entered into a collaboration with the School of Public Health in University College Cork (UCC) to begin to routinely capture patient reported outcomes with a view to support planning and evaluation of survivorship services in Ireland and to support establishment of a key performance indicators for cancer in Ireland. Dr Mairead O'Connor has been recruited to UCC in January 2019 to undertake this work as part of a four year work programme. Funding applications for the development of this work have been prepared along with a patient engagement event to address some of the methodological challenges in this work.

#### **Health economic reporting**

The NCRI are also collaborating with the School of Public Health in UCC to develop a work programme for health economic reporting. It is the long term plan in this project to develop costings along the patient pathway from diagnosis to survivorship and end of life care. A Health Economist, Alan O'Ceilleachair has been employed through UCC to lead this work, he is currently working with the NCCP to establish costs of care for radiotherapy services in Ireland.

## Clinical registries

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### **Irish Prostate Cancer Outcomes Research**

The IPCOR study involves detailed clinical registration and patient surveys of prostate cancer patients. Four research officers and Data administrator are employed on the study. A significant review of the clinical database, data dictionary and survey methodology were undertaken during 2018 creating a challenging environment for data collection. The survey was re-established in 2019 where over 1000 survey were returned constituting a 58% response rate. The focus for 2019 will be the completion of data collection on patient follow up, finalizing data transfer arrangements and supporting IPOCR on their plans for sustainability.

### **Blood Cancer Network Ireland**

Funding from the Irish Cancer Society and Science Foundation Ireland has provided a database developer and Clinical Data Registrars in Cork and Dublin to collaborate with a haematologist Professor Mary Cahill in CUH to develop blood cancer databases. By December 2018 an acute myeloid leukaemia (AML) database had been developed and work on Multiple Myeloma (MM) database and been commenced. Data collection protocols, data

dictionaries and audit and quality assurance processes have also been established. Work will commence on further clinical databases for hematological malignancies through 2019. Work has been undertaken to identify industry resources for the expansion of clinical registration across Ireland and the development of a patient reported outcomes study. In addition, a full study protocol for the clinical registry and PROMS has been established. The emphasis of the work on clinical registries will be the development of infrastructure that will ensure that the registries and associated PROMS will be a sustainable resource in the longer term.

### Grants awarded

Irish Cancer Society: Developing an evidence base to inform the National Cancer Strategy at the National Cancer Registry. €93,828. September 2018 – December 2020

- HRB Investigator Led Awards – CERVIVA-Vax: to monitor the impact of HPV vaccination on HPV prevalence rates, cytological abnormalities and colposcopy/histological findings in girls invited to attend for cervical screening in Ireland (NCRI in collaboration with CERVIVA/Trinity College Dublin).
- HRB APA co-project looking at what influences cervical screening uptake in younger and older women (NCRI in collaboration with CERVIVA and CervicalCheck).

### Other awards

None

## Dissemination

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### *Summary of dissemination activities, 2018*

1. Data provision for CI5, EUROCIM, EUROCARE and similar projects on time and as requested.
  - No relevant projects in 2018 but liaison with relevant organisations continued re data quality and registration methodology for datasets submitted in 2017 (ENCR/JRC and International Cancer Benchmarking Partnership SurvMark-2).
2. Papers published on which National Cancer Registry staff member was first or last/senior author: **11**.
3. Number of papers submitted in 2018 and under review at 31/12/2018 on which NCR staff member was first or last/senior author: **5+**.
4. Total papers first published in 2018 on which NCR staff member was a named author: **26** (of which 2 were first e-published in 2017).
5. Oral and poster presentations at national and international conferences. **5+** (including 3+ invited presentations).
6. Queries:
 

**Over 300** dealt with in 2018.
7. Reports
  - Number of full reports published in 2018: **2** (annual statistical report and emergency presentation report).
  - Number of short reports published in 2018: **none**.
8. Press release and/or website news item:
  - Total number of news items in 2018: **15**.

- Number of press releases in 2018: **1** (emergency presentation report).
9. Registry website:
- Survival query system updated to include an extra two years of incidence (to 2013) and follow-up (to 2014), survival to 10 years (previously 5) and an additional 18 cancer sites/groups, January.
  - Maps of cancer incidence by county updated to include 2015 data, May.
  - Updated factsheets covering 23 cancer type or groups added to the website, May.
  - Cancer incidence query system updated online to include 2015 data, July.

### *Reports published in 2018*

1. Cancer in Ireland 1994-2016 with estimates for 2016-2018: Annual report of the National Cancer Registry. National Cancer Registry, Cork, November 2018 (McDevitt J, O'Leary E, Walsh PM).
2. Diagnosing cancer in an emergency: Patterns of emergency presentation of cancer in Ireland 2002–2015. Irish Cancer Society, Dublin and National Cancer Registry, Cork, March 2018 (McDevitt J, McGovern L, Walsh PM).

### *Peer-reviewed papers 2018*

1. Bastiaannet E, Charman J, Johannesen TB, Schrodi S, Siesling S, van Eycken L, Walsh PM, Audisio RA, Boelens PG, Rubio IT, Jones N, Lewis J, van de Velde CJH. A European, observational study of endocrine therapy administration in patients with an initial diagnosis of hormone receptor-positive advanced breast cancer. *Clin Breast Cancer*. 2018 Aug;18(4):e613-e619. doi: 10.1016/j.clbc.2017.11.019. Epub 2017 Nov 29.
2. Breugom AJ, Bastiaannet E, Boelens PG, Van Eycken E, Iversen LH, Martling A, Johansson R, Evans T, Lawton S, O'Brien KM, Ortiz H. Oncologic treatment strategies and relative survival of patients with stage I-III rectal cancer - A EURECCA international comparison between the Netherlands, Belgium, Denmark, Sweden, England, Ireland, Spain, and Lithuania. *Eur J Surg Oncol*. 2018 May 26. [Epub ahead of print].
3. Derks MGM, Bastiaannet E, Kiderlen M, Hilling DE, Boelens PG, Walsh PM, van Eycken E, Siesling S, Broggio J, Wyld L, Trojanowski M, Kolacinska A, Chalubinska-Fendler J, Gonçalves AF, Nowikiewicz T, Zegarski W, Audisio RA, Liefers GJ, Portielje JEA, van de Velde CJH; EURECCA Breast Cancer Group. Variation in treatment and survival of older patients with non-metastatic breast cancer in five European countries: a population-based cohort study from the EURECCA Breast Cancer Group. *Br J Cancer*. 2018 Jul;119(1):121-129. doi: 10.1038/s41416-018-0090-1. Epub 2018 Jun 7.
4. Donnelly DW, Donnelly C, Kearney T, Weller D, Sharp L, Downing A, Wilding S, Wright P, Kind P, Catto JWF, Cross WR, Mason MD, McCaughan E, Wagland R, Watson E, Mottram R, Allen M, Butcher H, Hounscome L, Selby P, Huws D, Brewster DH, McNair E, Rivas C, Nayoan J, Horton M, Matheson L, Glaser AW, Gavin A. Urinary, bowel and sexual health in older men from Northern Ireland. *BJU Int*. 2018 Feb 28. doi: 10.1111/bju.14182. [Epub ahead of print]
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13. Maguire R, Hanly P, Drummond FJ, Gavin A, Sharp L. Expecting the worst? The relationship between retrospective and prospective appraisals of illness on quality of life in prostate cancer survivors. *Psychooncology*. 2018 Apr;27(4):1237-1243. doi: 10.1002/pon.4660. Epub 2018 Mar 1.
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16. Molina-Montes E, Gomez-Rubio P, Márquez M, Rava M, Löhr M, Michalski CW, Molero X, Farré A, Perea J, Greenhalf W, Ilzarbe L, O'Rorke M, Tardón A, Gress T, Barberà VM, Crnogorac-Jurcevic T, Domínguez-Muñoz E, Muñoz-Bellvís L, Balsells J, Costello E, Huang J, Iglesias M, Kleeff J, Kong B, Mora J, Murray L, O'Driscoll D, Poves I, Scarpa A, Ye W, Hidalgo M, Sharp L, Carrato A, Real FX, Malats N; PanGenEU Study Investigators. Risk of pancreatic cancer associated with family history of cancer and other medical conditions by accounting for smoking among relatives. *Int J Epidemiol*. 2018 Jan 10. doi: 10.1093/ije/dyx269. [Epub ahead of print]
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26. Sharp L, Redfearn D, Timmons A, Balfe M, Patterson J. Posttraumatic growth in head and neck cancer survivors: Is it possible and what are the correlates? *Psychooncology*. 2018 Jun;27(6):1517-1523. Doi:10.1002/pon.4682. Epub 2018 Apr 16.

## *Presentations*

### **Invited conference/meeting presentations made by Registry staff**

1. O'Connor M. Screening in vaccinated and unvaccinated women: are two algorithms necessary and if so how do we implement them? International Workshop on Lower Genital Tract Pathology HPV Disease and Cervical Cancer: Summing Up. Rome, Italy, 12<sup>th</sup>-13<sup>th</sup> April 2018.
2. O'Connor M, on behalf of the CERVIVA research consortium. Reducing possible harms of screening: communicating about HPV. RCPI Advanced Colposcopy and Cervical Cancer Prevention Course. RCPI, Dublin, 23<sup>rd</sup> February 2018.

3. Walsh PM. Diagnosing cancer in an emergency: Patterns of emergency presentation of cancer in Ireland 2002–2015. Launch of ICS/NCRI report, Irish Cancer Society, Dublin, 29<sup>th</sup> March 2018.

**Oral presentations or oral poster presentations made by Registry staff**

1. O'Brien K. Burden of HPV cancer in Ireland. RCPI, Dublin.
2. O'Connor M, Waller J, Gallagher P, Keogh I, MacCarthy D, O'Sullivan E, Timon C, Martin C, O'Leary J, and Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). Health professionals' experiences of discussing HPV with head and neck cancer patients: a qualitative study. 15th Annual Psychology, Health & Medicine Conference. Coleraine, Northern Ireland, 1st June 2018.

## OUR MISSION, VISION AND VALUES

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### **Mission**

Our mission is to capture data and communicate information on cancer patients nationally to support the improvement of cancer outcomes in Ireland

### **Vision**

NCRI will be a modern, dynamic and high-performing state resource, working collaboratively within the health system, and across the population, for the prevention, detection, treatment, management and support services for cancer in Ireland.

### **Value**

Our values are the core principles shaping the way we operate and engage with our stakeholders and our staff.

## OUR STRATEGIC PRIORITIES FOR 2019-2021

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Our Strategic Priorities for the coming three years are grouped into three principal areas of focus: capturing data, communicating information, and developing the organization. Within these areas, we have identified a number of strategic objectives for the Registry.

### **Capture Data**

- Broaden the scope of data captured by the Registry
- Enhance data quality, security, timeliness and access
- Increase use of technology and electronic data capture

### **Communicate Information**

- Improve routine reporting
- Comprehensive statistical and analytical reporting/publication
- Improve our linkage with other bodies

### **Develop Organisation**

- Implement a new organisational structure
- Develop our personnel, resources and skill
- Improve our operational planning capability



## PERFORMANCE INDICATORS

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A set of performance indicators was agreed by the Board in 2010 to evaluate the success of the registry in attaining the objectives set out in the strategic plan. The targets were chosen to be slightly better than current performance in most areas. Performance on these indicators is shown below for the most recent year available. Indicators which did not reach the agreed target are shown in red.

### Aims

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1. To provide a suite of indicators to measure the performance of the National Cancer Registry in delivering on the strategic plan.
2. To benchmark the performance of the National Cancer Registry against similar bodies.

### Registration

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#### Performance indicators

	2016	2017
<b>a. Timeliness</b>		
1. 50% of invasive cancers, excluding non-melanoma skin, should be registered with 3 months of the date of incidence	55.6%	50.5%
2. 90% of invasive cancers, excluding non-melanoma skin, should be registered within 12 months of the date of incidence	84.1%	79.6%
3. 90% of invasive cancers, excluding non-melanoma skin, should be closed with 24 months of the date of incidence	75.1%	89.9%
<b>b. Accuracy</b>		
1. Death certificate only cases should be <1% of the total of all invasive cancers, excluding non-melanoma skin	*0.2%	0%
2. 90% of all invasive cancers, excluding non-melanoma skin, should be microscopically verified, if the case is closed	93.9%	93.2%
3. Cancers of ill-defined sites should be less than 3% of all invasive cancers, excluding non-melanoma skin	1.9%	2.5%

\* Please note the NCRI received the second six months of death certs for 2016 and all of the death certs for 2017 on 16/12/2018.

## OVERVIEW OF ENERGY USAGE IN 2018

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The main energy users at the National Cancer Registry are air conditioning and heating. Other uses include lighting, office equipment and catering. All of these are powered by electricity and there is no consumption of gas or fossil fuels for any purpose. It is not possible to apportion electricity consumption between these various uses, as they come off the same supply.

In 2018, the National Cancer Registry consumed 71.1 MWh of energy, all electrical.

### Actions Undertaken in 2018

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In 2018 the Registry undertook a range of initiatives to improve our energy performance, including:

- Maintaining the virtualised environment in the server room which makes for the most efficient use of energy;
- Decreased use of heating and air-conditioning by judicious use of natural heating and cooling; Powering down of all non-essential IT equipment when not in use.



National  
Cancer  
Registry  
Ireland

**National Cancer Registry Board**  
**Financial Statements for**  
**the year ended 31<sup>st</sup> December 2018**

# National Cancer Registry Board

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## **National Cancer Registry Board**

### **Information**

<b>Director</b>	Prof. Kerri Clough	Appointed 1 <sup>st</sup> August 2016
<b>Business Address</b>	Building 6800, Cork Airport Business Park, Kinsale Road, Cork T12 CDF7	
<b>Auditor</b>	Comptroller and Auditor General, 3A Mayor Street Upper, Dublin	
<b>Bankers</b>	Allied Irish Banks plc, 66 South Mall, Cork	

## **National Cancer Registry Board**

### **Governance Statement and Board Members' Report**

#### **Governance**

The Board of the National Cancer Registry was established under the National Cancer Registry Board Establishment (Order) 1991. The functions of the Board are set out in section 4 of this Act. The Board is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of the National Cancer Registry are the responsibility of the Chief Executive Officer (CEO) and the senior management team. The CEO and the senior management team must follow the broad strategic direction set by the Board, and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CEO acts as a direct liaison between the Board and management of the National Cancer Registry.

#### **Board Responsibilities**

The work and responsibilities of the Board are set out in the Board Induction Policy, which also contain the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 21 of the National Cancer Registry Board Establishment (Order) 1991 requires the Board of the National Cancer Registry to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it. In preparing these financial statements, the Board of the National Cancer Registry is required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 21 of the National Cancer Registry Board Establishment (Order) 1991. The maintenance and integrity of the corporate and financial information on the National Cancer Registry's website is the responsibility of the Board.

The Board is responsible for approving the annual plan and budget. An evaluation of the performance of the National Cancer Registry by reference to the annual plan and budget was carried out on 7<sup>th</sup> March 2019.

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. Except for the non-compliance with the requirements of FRS102 in relation to retirement benefit entitlements, the Board considers that the financial statements of the National Cancer Registry give a true and fair view of the financial performance and the financial position of the National Cancer Registry at 31 December 2018.

## National Cancer Registry Board

### Board Structure

The Board consists of a Chairperson and six ordinary members, all of whom are appointed by the Minister for Health. There was one vacancy on the Board at 31<sup>st</sup> December 2018. The members of the Board were appointed for varying periods and meet on a quarterly basis. The table below details the appointment dates for current members:

Name	Date Re-Appointed
Dr Jerome Coffey (Chairperson from)	31 May 2017
Dr Anna Gavin	15 February 2016
Dr Fenton Howell	15 February 2016
Mr John McCormack	15 February 2016
Ms Orla Dolan	15 February 2016
Dr Cathy Kelly	15 February 2016

The Board has established an **Audit and Risk Committee** which comprises two Board members and one independent member. The role of the Audit and Risk Committee (ARC) is to support the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The ARC is independent from the financial management of the organisation. In particular the Committee ensures that the internal control systems including audit activities are monitored actively and independently. The ARC reports to the Board after each meeting and presents an annual report on its activities.

The members of the Audit and Risk Committee are: Dr Fenton Howell (Chairperson), Ms Orla Dolan and Mr Simon Murtagh (external member). There were 4 meetings of the ARC in 2018.

At its March 2019 meeting the Board carried out a review of its effectiveness for 2018. As the Board has recently had two new additions no external evaluation of its performance has taken place as yet.

### Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Board and Committee meetings for 2018 is set out below. No fees are paid to Board members.

Board Member	Board	ARC
No of meetings	5	4
Dr Jerome Coffey	5	
Ms Orla Dolan	4	3
Dr Anna Gavin	4	
Dr Fenton Howell	4	4
Dr Cathy Kelly	3	
Mr John Mc Cormack	5	

### Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

The Board is responsible for ensuring that the National Cancer Registry has complied with the requirements of the Code of Practice for the Governance of State Bodies ('the Code'), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code:

## National Cancer Registry Board

### Employee Short-Term Benefits Breakdown

Employees' short-term benefits in excess of €60,000 are detailed in note 4 to the financial statements.

### Consultancy Costs

Consultancy costs as detailed in note 13 of the financial statements include the cost of external advice to management and exclude outsourced 'business-as-usual' functions.

### Legal Costs and Settlements

There was no expenditure in the reporting period in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received by the National Cancer Registry which is disclosed in Consultancy costs above.

### Hospitality Expenditure

No expenditure on staff or client hospitality was incurred by the National Cancer Registry in 2018

### Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows:

2018	Domestic	International	Total
	€	€	€
Employees	39,201	2,309	41,510
Board	<u>308</u>	<u>0</u>	<u>308</u>
	39,509	2,309	41,818

### Statement of Compliance

The Board has adopted the 2016 Code of Practice for the Governance of State Bodies (the Code). In the latter part of 2017, the Board's internal auditor carried out a review of the Board's governance arrangements which included a gap analysis of compliance with the Code. The review made a number of recommendations regarding compliance gaps identified. The Board is engaging with its parent department on the implementation of the recommendations and in particular, in seeking clarification from the department on the proportional application of the Code to the NCR. To date discussions have indicated there is no proportional application of the code. This will be discussed at the next Board meeting.

On behalf of the Board

  
.....  
Dr Jerome Coffey  
Chairperson

Date: 25-06-2019

  
.....  
Dr Fenton Howell  
Board Member

Date: 25/6/2019



## **National Cancer Registry Board**

### **Statement on Internal Control for the year ended 31st December 2018**

#### **Scope of Responsibility**

On behalf of the National Cancer Registry I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016).

#### **Purpose of the System of Internal Control**

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in the National Cancer Registry for the year ended 31 December 2018 and up to the date of approval of the financial statements.

#### **Capacity to Handle Risk**

The National Cancer Registry has an Audit and Risk Committee (ARC) comprising two Board members and one external member, with financial and audit expertise, one of whom is the Chair of the Committee. The ARC met four times in 2018.

The National Cancer Registry has an established outsourced internal audit function which is adequately resourced and conducts a programme of work agreed with the ARC.

The ARC has developed a risk management policy which sets out its risk appetite, the risk management processes in place and details the roles and responsibilities of staff in relation to risk. The policy has been issued to all staff who are expected to work within the National Cancer Registry's risk management policies, to alert management on emerging risks and control weaknesses and assume responsibility for risks and controls within their own area of work.

#### **Risk and Control Framework**

The National Cancer Registry has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place which identifies the key risks facing the National cancer Registry and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by the ARC on a quarterly basis. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication technology systems,
- there are systems in place to safeguard the assets, and
- control procedures over grant funding to outside agencies ensure adequate control over approval of grants and monitoring and review of grantees to ensure grant funding has been applied for the purpose intended.

## National Cancer Registry Board

### Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Board, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.

### Procurement

I confirm that the National Cancer Registry has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2018 the National Cancer Registry complied with those procedures.

### Review of Effectiveness

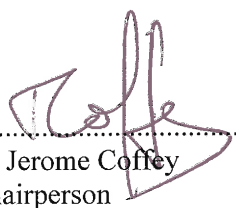
I confirm that the National Cancer Registry has procedures to monitor the effectiveness of its risk management and control procedures. The National Cancer Registry's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the Audit and Risk Committee which oversees their work, and the senior management within the National Cancer Registry responsible for the development and maintenance of the internal control framework.

I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2018 at its meeting on 7<sup>th</sup> March 2019

### Internal Control Issues

No weaknesses in internal control were identified in relation to 2018 that require disclosure in the financial statements.

Signed on behalf of the Board of the National Cancer Registry

  
.....  
Dr Jerome Coffey  
Chairperson

Date: 25-06-2019

# **National Cancer Registry Board**

## *Report of the Comptroller & Auditor General*



## **Ard Reachtaire Cuntas agus Ciste** **Comptroller and Auditor General**

### **Report for presentation to the Houses of the Oireachtas**

#### **National Cancer Registry Board**

#### **Qualified opinion on the financial statements**

I have audited the financial statements of the National Cancer Registry Board for the year ended 31 December 2018 as required under the provisions of section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements have been prepared in accordance with Financial Reporting Standard (FRS) 102 — *The Financial Reporting Standard applicable in the UK and the Republic of Ireland* and comprise the statement of income and expenditure and retained revenue reserves, the statement of financial position, the statement of cash flows and the related notes, including a summary of significant accounting policies.

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the National Cancer Registry Board at 31 December 2018 and of its income and expenditure for 2018 in accordance with FRS 102.

#### ***Basis for qualified opinion on financial statements***

In compliance with the directions of the Minister for Health, the National Cancer Registry Board accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102 which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period and the accrued liability at the reporting date. The effect of the non-compliance on the National Cancer Registry Board's financial statements for 2018 has not been quantified.

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the National Cancer Registry Board and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### **Report on information other than the financial statements, and on other matters**

The National Cancer Registry Board has presented certain other information together with the financial statements. This comprises the annual report, the governance statement and Board members' report and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

**Andrew Harkness**  
**For and on behalf of the**  
**Comptroller and Auditor General**

**14 August 2019**

## Appendix to the report

### Responsibilities of Board members

As detailed in the governance statement and Board members' report, the Board members are responsible for

- the preparation of financial statements in the form prescribed under section 21 of the National Cancer Registry Board (Establishment) Order 1991
- ensuring that the financial statements give a true and fair view in accordance with FRS 102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Responsibilities of the Comptroller and Auditor General

I am required under section 5 of the Comptroller and Auditor General (Amendment) Act 1993 to audit the financial statements of the National Cancer Registry Board and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.
- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty

exists related to events or conditions that may cast significant doubt on the National Cancer Registry Board's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the National Cancer Registry Board to cease to continue as a going concern.

- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

### Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

### Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

I also report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readably and properly audited, or
- the financial statements are not in agreement with the accounting records.

# National Cancer Registry Board

## Statement of Income and Expenditure and Retained Revenue Reserves for the year ended 31<sup>st</sup> December 2018

	Notes	2018 €	2017 €
<b>Income</b>			
Department of Health	2	3,186,072	3,146,230
Retirement benefit contributions		81,354	80,739
Other Income	3	461,604	382,830
<b>Total Income</b>		<b>3,729,030</b>	<b>3,609,799</b>
<b>Expenditure</b>			
Staff costs	4	2,816,834	2,718,586
Administration expenses	5	948,285	809,970
Travel and subsistence		41,818	45,567
<b>Total Expenditure</b>		<b>3,806,937</b>	<b>3,574,123</b>
<b>(Deficit)/ Surplus for year before appropriations</b>		<b>(77,907)</b>	<b>35,676</b>
Transfer (to)/from capital account	9	106,843	(93,791)
<b>Surplus / (Deficit) for the year after appropriations</b>		<b>28,936</b>	<b>(58,115)</b>
Balance Brought Forward at 1 January		30,399	88,514
Balance Carried Forward at 31 December		<u>59,335</u>	<u>30,399</u>

The Statement of Income and Expenditure Retained Revenue Reserves include all gains and losses recognised in the year.

The Statement of Cash Flows on page 10 and notes on pages 11-20 form part of these financial statements

On behalf of the Board:

.....  
Dr Jerome Coffey  
Chairperson

.....  
Dr Fenton Howell  
Board Member

Date: 25-06-2019

Date: 28/8/2019



# National Cancer Registry Board

## Statement of Financial Position as at 31<sup>st</sup> December 2018

	Notes	2018 €	2017 €
<b>Property, Plant and Equipment</b>	<b>6</b>	<b>164,542</b>	<b>271,385</b>
<b>Current Asset</b>			
Receivables and Prepayments	7	146,240	217,089
Cash and Cash Equivalents		443,885	319,598
		<u>590,125</u>	<u>536,687</u>
<b>Current Liabilities</b>			
Revenue & Payroll Deductions		78,184	76,177
Other Payables		5,461	8,120
Accruals		125,257	130,694
Grants received in advance	8	321,888	291,297
		<u>530,790</u>	<u>506,288</u>
<b>Net Current Assets</b>		<u>59,335</u>	<u>30,399</u>
<b>Total Net Assets</b>		<u>223,877</u>	<u>301,784</u>
<b>Representing:</b>			
Capital Account	9	164,542	271,385
Retained Revenue Reserves		59,335	30,399
		<u>223,877</u>	<u>301,784</u>

The Statement of Cash Flows on page 10 and notes on pages 11-20 form part of these financial statements

On behalf of the Board:

.....  
Dr Jerome Coffey  
Chairperson

.....  
Dr Fenton Howell  
Board Member

Date: 25-06-2019

Date: 25/6/2019

## National Cancer Registry Board

### Statement of Cash Flows for the year ended 31<sup>st</sup> December 2018

	2018 €	2017 €
<b>Net Cash Flows from Operating Activities</b>		
Excess Income over Expenditure	28,936	(58,115)
Depreciation and Impairment of Fixed Assets	169,915	219,439
Transfer from/(to) Capital Account	(106,843)	93,791
(Increase)/Decrease in Receivables	70,849	(78,667)
Increase/(Decrease) in payables	<u>24,502</u>	<u>80,649</u>
<b>Net Cash Inflow from Operating Activities</b>	<b>187,359</b>	<b>257,097</b>
 <b>Cash Flows from Investing Activities</b>		
Payments to acquire Property, Plant & Equipment	(63,072)	(313,230)
<b>Net Cash Flows from Financing Activities</b>	<b>0</b>	<b>0</b>
 <b>Net Increase /(Decrease) in Cash and Cash Equivalents</b>	 <b>124,287</b>	 <b>(56,133)</b>
<b>Cash and cash equivalents at 1 January 2018</b>	<b>319,598</b>	<b>375,731</b>
<b>Cash and cash equivalents at 31 December 2018</b>	<b>443,885</b>	<b>319,598</b>



# **National Cancer Registry Board**

## **Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018**

### **1. Accounting Policies**

The basis of accounting and significant accounting policies adopted by the National Cancer Registry Board are set out below. They have all been applied consistently throughout the year and for the preceding year.

#### **a) General Information**

The National Cancer Registry Board (the Registry) was established by the Minister for Health in 1991 under S.I No 19/1991 – The National Cancer Registry Board (Establishment) Order, 1991. The Registry was set up to record information on all cancer cases occurring in Ireland and has been collecting such data since 1994.

Its functions were laid down in legislation in 1991, with an amendment in 1996 and are as follows:

- To identify, collect, classify, record, store and analyse information relating to the incidence and prevalence of cancer and related tumours in Ireland;
- To collect, classify, record and store information in relation to each newly diagnosed individual cancer patient and in relation to each tumour which occurs;
- To promote and facilitate the use of the data thus collected in approved research and in the planning and management of services;
- To publish an annual report based on the activities of the Registry;
- To furnish advice, information and assistance in relation to any aspect of such service to the Minister.

NCR is a Public Benefit Entity (PBE).

#### **b) Statement of Compliance**

The financial statements of NCR for the year ended 31 December 2018 have been prepared in accordance with Financial Reporting Standard (FRS) 102 (the financial reporting standard applicable in the UK and Ireland) as modified by the directions of the Minister in relation to superannuation. In compliance with the directions of the Minister, the Board accounts for the costs of superannuation entitlements only as they become payable. (See Accounting policy (i)).

This basis of accounting does not comply with Financial Reporting Standard 102 which requires such costs to be recognised in the year the entitlements are earned.

#### **c) Basis of Preparation**

The financial statements are prepared under the accruals method of accounting and under the historical cost convention in the form approved by the Minister for Health with the concurrence of the Minister for Public Expenditure and Reform, in accordance with Section 21 of National Cancer Registry (Establishment) Order 1991. The following accounting policies have been applied consistently in dealing with items which are considered material in relation to NCR's financial statements.

## **National Cancer Registry Board**

### **Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018**

#### **d) Revenue**

##### Oireachtas Grants

Revenue Grants are recognised on a cash receipts basis. Capital grants are transferred to a Capital Account and amortised over the same period as the related fixed assets are depreciated.

#### **e) Research Grants**

Research grants are recognised in the period in which the corresponding expenditure is incurred and are accounted for as Other Income.

#### **f) Property, Plant & Equipment**

Property, plant and equipment is stated at cost less accumulated depreciation, adjusted for any provision for impairment. Depreciation is provided on all property, plant and equipment, other than freehold land and artwork, at rates estimated to write off the cost less the estimated residual value of each asset on a straight line basis over their estimated useful lives, as follows:

(i) Fixtures and Fittings	20% per annum
(ii) Office Equipment	20% per annum
(iii) Computer Hardware	25% per annum
(iv) Computer Software	33% per annum

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting estimated costs of disposal, if the asset were already of an age and in the condition expected at the end of its useful life.

If there is objective evidence of impairment of the value of an asset, an impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year.

#### **g) Operating Leases**

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease.

#### **h) Employee Benefits**

##### Short-term Benefits

Short term benefits such as holiday pay are recognised as an expense in the year, and benefits that are accrued at year-end are included in the Other Payables figure in the Statement of Financial Position.

## **National Cancer Registry Board**

### **Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018**

#### **i) Retirement Benefits**

By direction of the Minister no provision has been made in respect of accrued benefits payable in future years under the Nominated Health Agencies Superannuation Scheme and its Spouses and Children Scheme. Contributions from employees who are members of the scheme are credited to the Statement of Income and Expenditure and Retained Revenue Reserves when received. Retirement Benefit payments are charged to the Statement of Income and Expenditure and Retained Revenue Reserves when payable.

All new entrants to the public sector with effect from 1 January 2013 are members of the Single Public Sector Pension Scheme, where all employees' pension deductions are paid over to the Department of Public Expenditure and Reform. Pension payments under the scheme are charged to the statement of income and expenditure and retained revenue reserves when paid. By direction of the Minister no provision has been made in respect of benefits payable in future years.

#### **j) Critical Accounting Judgements and Estimates**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the reporting date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The following judgements have had the most significant effect on amounts recognised in the financial statements.

#### **k) Capital Accounting**

In accordance with the accounting standards prescribed by the Minister, expenditure on fixed asset additions is charged to the Revenue Income and Expenditure Account or the Capital Income and Expenditure Account, depending on whether the asset is financed by capital or revenue funding. Computer/ICT Equipment over €2,000 and other Equipment over €7,000 which are funded from Revenue will also be treated as a fixed asset.

#### **Depreciation and Residual Values**

The Directors have reviewed the asset lives and associated residual values of all fixed asset classes, and in particular, the useful economic life and residual values of fixtures and fittings, and have concluded that asset lives and residual values are appropriate.

## National Cancer Registry Board

### Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018

#### 2. Department of Health

	2018	2017
	€	€
Revenue Grant (Vote 38, Subhead B.1)	3,123,000	2,833,000
Capital Grant (Note 9)	<u>63,072</u>	<u>313,230</u>
	3,186,072	3,146,230

#### 3. Other Income

	2018	2017
	€	€
<b>Research Grants</b>		
CARG (HRB)	2,208	61,410
IPCOR (MMI)	212,705	207,667
Survivorship Interdisciplinary Capacity Enhancement (HRB)	27,165	0
Cancer Stage Project (ICS)	1,285	8,070
Pharmacoepi ICE (HRB)	0	1,348
Cancer Prevention (ICS)	16,416	0
Cerviva ICE 2 (HRB)	53,491	64,921
JARC (EU)	1,762	542
Blood Cancer Network (BCNI)	107,348	34,771
Research Grant Overheads	<u>38,000</u>	<u>0</u>
	460,380	378,729
<b>Non Research Grant</b>		
Miscellaneous	1,224	4,101
	<u>461,604</u>	<u>382,830</u>

#### Grant Donors are:

Health Research Board (HRB), European Union (EU), Molecular Medicine Ireland (MMI), Blood Cancer Network Ireland (BCNI), Irish Cancer Society (ICS).

# National Cancer Registry Board

## Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018

### 4. Staff Costs

	2018 Number	2017 Number
The average numbers of employees during the year was:		
Director	1	1
Administration	35	34
Cancer Data Registrar	21	20
	<u>57</u>	<u>55</u>
Whole time equivalent numbers at 31 <sup>st</sup> December	46.68	49.03
<b>Aggregate Employee Benefits</b>	<b>2018</b>	<b>2017</b>
	€	€
Staff Short-term benefits	2,357,508	2,276,469
Termination benefits	5,100	11,470
Employers contribution to social welfare	246,085	232,313
Retirement Benefit costs	208,141	198,334
	<u>2,816,834</u>	<u>2,718,586</u>

The termination payment includes payments of €15,300 offset by a decrease in the accrual of €10,200 relating to redundancy costs arising on the termination and expected termination costs of specified purpose contracts. Further information on key management personnel is included in note 12.

No of Ee's Breakdown by salary band at end December	2018	2017
Less than €60K	48	50
Between €60K - €70K	3	5
Between €70K - €80K	2	0
Between €80K - €90K	0	0
Between €90K - €100K	1	1
Between €100K - €110K	0	0
Between €110K-€120K	1	1
Total	<u>55</u>	<u>57</u>
<b>Director's Remuneration (all short term excl ERS PRSI)</b>	<b><u>116,183</u></b>	<b><u>107,834</u></b>
<b>Directors Expenses</b>	<b><u>3,174</u></b>	<b><u>1,227</u></b>

The Director is a member of the Single Public Service Pension Scheme and did not receive any Performance Related Reward in 2018. The value of retirement benefits earned in the period is not included in the above.

### Board Members Remuneration and Expenses

## National Cancer Registry Board

Board members do not receive fees. Travel and Subsistence Costs of €308 were incurred by Board members for attendance at Board meetings in 2018.

### Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018

#### 5. Administration Expenses

	2018 €	2017 €
Office Consumables	16,148	12,906
Courier and delivery charges	330	1,007
Books and periodicals	235	4,215
C&AG Audit fee	12,000	10,000
Other Audit fees	12,359	10,764
Recruitment	8,954	7,604
Training & Conference fees	43,355	67,082
Rent & service charges	176,461	129,198
Insurance	9,044	9,984
Building repairs & maintenance	1,120	1,193
Light and heat	13,253	13,656
Licences, Subscriptions & Support	204,616	148,988
Printing, postage and stationery	4,473	3,485
Telephone, fax and Internet	49,120	49,168
Legal and professional fees	144,525	64,380
Bank Charges	545	538
Research Collaborations	27,038	0
Sundry expenses	7,827	5,821
Cancer Benchmarking Project	43,264	39,930
Information Technology Consumables	3,703	10,612
Depreciation on computer equipment	167,303	215,707
Depreciation on fixtures and fittings	1,087	2,207
Depreciation on office equipment	1,525	1,525
	<hr/>	<hr/>
Total Administration Expenses	<u>948,285</u>	<u>809,970</u>

## National Cancer Registry Board

### Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018

#### 6. Property, Plant and Equipment

	Computer Equipment	Fixtures & Fittings	Office Equipment	Total
	€	€	€	€
<b>Cost</b>				
At 1 <sup>st</sup> January 2018	1,115,059	311,711	27,545	1,454,315
Additions	63,072	0	0	63,072
Disposals	(5,563)	0	0	(5,563)
<b>At 31<sup>st</sup> December 2018</b>	<b>1,172,568</b>	<b>311,711</b>	<b>27,545</b>	<b>1,511,824</b>
<b>Depreciation</b>				
At 1 <sup>st</sup> January 2018	850,794	310,225	21,911	1,182,930
On disposals	(5,563)	0	0	(5,563)
Charge for the year	167,303	1,087	1,525	169,915
<b>At 31<sup>st</sup> December 2018</b>	<b>1,012,534</b>	<b>311,312</b>	<b>23,436</b>	<b>1,347,282</b>
<b>Net book Values</b>				
<b>At 31<sup>st</sup> December 2018</b>	<b>160,034</b>	<b>399</b>	<b>4,109</b>	<b>164,542</b>
At 31 <sup>st</sup> December 2017	<u>264,265</u>	<u>1,486</u>	<u>5,634</u>	<u>271,385</u>

Computer Equipment includes Computer Software with a net book value of €101,213 at 31<sup>st</sup> Dec 2018.

#### 7. Receivables and Prepayments

	2018	2017
	€	€
Receivables – Research Grants (Note 8)	1,341	108,255
Receivables – Other	4,327	1,540
Prepayments	140,572	107,294
	<u>146,240</u>	<u>217,089</u>

## National Cancer Registry Board

### Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018

#### 8. Grants Received in Advance/Arrears

Project (Donor)	Opening at 1 <sup>st</sup> January	Income Received	T/F to I&E A/C	Closing at 31 <sup>st</sup> December
	€	€	€	€
<b>Grants Currently in Advance</b>				
Survivorship ICE (HRB)	104,771	(77,606)	27,165	0
CARG (HRB)	41,664	9,375	2,208	48,831
Cerviva ICE	4,937	0	0	4,937
Blood Cancer Network	98,703	250,321	107,348	241,676
Cancer Stage (ICS)	1,286	0	1,286	0
Cancer Prevention	0	23,457	16,416	7,041
Cerviva ICE 2 (HRB)	(78,063)	143,002	53,491	11,448
IPCOR	(30,192)	250,853	212,706	7,955
Research Grant Overheads	39,514	(1,514)	38,000	0
				<b>321,888</b>
<b>Grants Currently in Arrears</b>				
JARC	421	0	1,762	(1,341)
				<b>(1,341)</b>
<b>Total</b>	<u>183,041</u>	<u>597,888</u>	<u>460,382</u>	<u>320,547</u>

#### Research Grant Donors are:

Health Research Board (HRB)	Irish Cancer Society (ICS)
European Union (EU)	University College Cork (UCC)
Health Information Quality (HIQA)	Womens Health Council (WHC)
Northern Ireland Cancer Registry (NICR)	Molecular Medicine Ireland (MMI)



## National Cancer Registry Board

### Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018

9. Capital Account	2018 Total €	2017 Total €
Balance at 1 January 2018	271,385	177,594
<b>Transfer to/(from) Income and Expenditure account</b>		
Capital Grants Received from Department of Health (Vote 38 subhead L1)	63,072	313,230
Amount of amortisation in line with asset depreciation	<u>(169,915)</u> (106,843)	<u>(219,439)</u> 93,791
Balance at 31 December 2018	<u>164,542</u>	<u>271,385</u>

## 10. Operating Lease Rentals

The Board carries out its business from a premises at Cork Airport Business Park, a new lease was entered into on 5<sup>th</sup> March 2018 which commenced on 1<sup>st</sup> December 2017 for a period of 10 years.

	2018 €	2017 €
Lease Rentals Charged to the Statement of Income & Expenditure and Retained Revenue Reserves	136,100	101,542
The Board has the following commitments under operating leases which expire:		
Within one year	136,101	0
Within two to five years	544,403	0
After five years	533,061	0

## National Cancer Registry Board

### Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2018

#### 11. Pension Related Deduction

In accordance with the Financial Emergency Measures in the Public Interest Act 2009, a pension related deduction for public servants became effective from 1 March 2009. The deduction when collected is remitted on a monthly basis by the National Cancer Registry to the Department of Health. The total of the monthly payments remitted to the Department for the period from January to December 2018 was €79,908. The comparative amount for 2017 was €68,974.

#### 12. Related Party Transactions

##### Key Management Personnel Compensation

Key Management Personnel comprise the Director and the Senior Management Team.

The total short term remuneration benefits for 2018 were € 582,915 (Incl Employers PRSI).

The comparative figure for 2017 was € 512,496 (Incl Employers PRSI).

The NCR adopts procedures in accordance with the guidelines issued by the Department of Public Expenditure and Reform covering the personal interests of board members. In the normal course of business, the NCR may approve grants or enter into contractual arrangements with entities in which NCR board members are employed or are otherwise interested. In cases of potential conflict of interest, Board members do not receive board documentation or otherwise participate in or attend discussions regarding these transactions. A register of disclosures is maintained.

During the year 2018 no transactions/contracts were entered into in which a board member had an interest.

#### 13. External Consultants & advisors fees

Included in Legal and Professional fees (note 5), the following expenditure was incurred on external consultants

	2018	2017
	€	€
Contract and legal commitments	5,691	6,305
Data Protection Advice	60,843	35,309
Operational Review	40,474	13,491
HR Support	11,992	0
Strategy	25,184	0

#### 14. Capital Commitments.

There are no capital commitments

#### 15. Approval of Financial Statements

The Board approved the financial statements on June 6<sup>th</sup> 2019