

NATIONAL CANCER REGISTRY

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDING 31ST DECEMBER 2020



National
Cancer
Registry
Ireland

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FOREWORD



I am delighted to provide this foreword to the National Cancer Registry's Annual Report and Accounts for the year ending 31st December 2020.

On behalf of the Board, I would like to express my sincere gratitude to Professor Kerri Clough Gorr and her staff for their commitment and hard work during an exceptionally difficult year for all organisations involved in healthcare and for the entire population. From the date of the Taoiseach's announcement from Washington on March 12th the Registry had to implement its remote working policy and face the challenges of collecting, analysing and reporting cancer data without physical access to headquarters at Cork Airport Business Park and, initially, to charts and records in many hospitals.

The pandemic has not ended and its impact on cancer incidence rates, and possibly on survival outcomes, remains to be seen. The Registry has a central role in measuring these impacts and informing the medium and long term response in service planning terms.

The importance of robust, secure laboratory systems for data transfer was highlighted throughout the year, and again with the ransomware attack on the HSE in May of this year. The Registry was prepared for these events, and it is hoped that future investment at hospital level will facilitate the fully digital data transfer already in place in other jurisdictions, which is essential to our strategic priorities for 2020-2022.

Key Registry publications in 2020 included "Estimates of the health service costs of cancers associated with smoking, overweight and obesity, and alcohol intake in Ireland during 2016", "Completeness of case ascertainment at the National Cancer Registry, Ireland", "Cancer in Ireland 1994-2018 with Estimates for 2018-2020: Annual Report of the National Cancer Registry", "Modifiable risk factors and cancer in Ireland". We are grateful to the authors for these important contributions to health policy and public awareness.

I will also take this opportunity to thank Kerri, on behalf of the Board, for her unstinting work as NCRI Director from 2016 to 2021 and to welcome her successor, Professor Deirdre Murray, who took up the role on June 9th.

A handwritten signature in black ink, appearing to read "J. Coffey". The signature is fluid and cursive, with the first name "J." and the last name "Coffey" clearly distinguishable.

Dr. Jerome Coffey MD FRCPI FRCR FFRRCSI
Board Chairman
June 15th, 2021

DIRECTOR'S STATEMENT



The year 2020 has been unprecedented for everyone as Covid-19 swept around the world. Like all organisations, the NCRI had to revise and redesign its processes to enable its staff to work safely and the important business of cancer data collection to continue. Cancer registry staff under the leadership of Professor Clough pivoted with great speed and agility, and successfully and seamlessly transferred to working remotely. This is my first week in the organisation but I have been struck by the passion of the staff for the work that they do and the innovative way that staff have responded to the constraints of Covid-19. Despite these efforts, data collection has been impacted and getting back on track will be a key focus of mine as I take up my new role as Director of the NCRI.

The severe disruption to hospital services consequent to Covid-19 has raised questions regarding the impact of such disruption on cancer patient outcomes. The NCRI with its whole population database and its long tradition of being a trusted source of data on cancer is best placed to answer these questions. Engaging with the health services, identifying and addressing their cancer information needs as well as obtaining the patient perspective on the work of the cancer registry will be part of our way of working into the future. I wish to thank Professor Clough for her service to the registry over the past number of years, to wish her well in her future endeavors and to thank the staff and the Board under the Chairmanship of Dr Jerome Coffey for their warm welcome.

A handwritten signature in blue ink that reads "Deirdre Murray". The script is fluid and cursive.

Professor Deirdre Murray
Director

June 15th, 2021

HISTORY AND BACKGROUND

Establishment

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

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 Board members at 31 December 2020 were:

- Dr Jerome Coffey (Chair)
- Ms Orla Dolan
- Dr Anna Gavin
- Dr Fenton Howell
- Dr Catherine Kelly
- Mr Eamonn Morris
- Dr Robert O’ Connor

Statutory functions

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

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

Report of the Chairperson

1. There were no commercially significant developments affecting the Registry during 2020.
2. The Registry is carrying out its activities daily in accordance with official policies and procedures for financial reporting, internal audit, travel, procurement and asset disposals.
3. System of internal financial control
 - a) The Board is responsible for the Registry's system of internal 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 which was updated throughout 2020.
 - (iii) Policies and procedures setting out instructions for all areas of financial activity were in place for 2020. 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 2020. There were regular reconciliations carried out between National Cancer Registry records and those maintained by University College Cork.
 - (iv) An Audit and Risk Committee which oversaw the work of the Internal Auditors during 2020.
 - (v) A full three-year cycle of internal audits covering core financial, organizational and operational areas has been agreed by the Audit and Risk Committee and the Board. Formal internal audits were carried out in 2020 in the areas of the System of Internal Financial Controls, Risk Management and Cyber Security.
 - (vi) An overall annual budget for the Registry was agreed which incorporated a department level 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) Reviews 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, with the exception that single suppliers were approached for some I.T work (€319,864), HR services (€50,755) and legal related services (€35,789) due to their unique expertise in the relevant area. In future where it is deemed that there is only a single supplier capable of supplying the service the rationale will be documented and will be approved by the Finance/Corporate Services Manager and/or the Director.
 - e) The Board carried out a review of the effectiveness of internal financial controls for 2020 at its meeting

on the 10th June 2021.

4. The Registry has put in place Codes of conduct for the Board and Employees to which there is full adherence.
5. The Registry is fully complying with Government policy on the pay of the Director and all State body employees.
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 Registry is fully complying with Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the public sector.
8. The Registry is fully complying with Government travel policy requirements.
9. The Registry is fully complying with all appropriate requirements of the Department of Public Expenditure and Reform Public Spending Code.
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 Board has adopted and is in compliance with The Code of Practice for the Governance of State Bodies (2016).
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 Board considers that, as the Registry provides a public service which is funded by money provided by the Exchequer, via its parent department, the Department of Health, it is appropriate to prepare these financial statements on a going concern basis.
15. The National Cancer Registry Board has 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 MD FRCPI FRCR
FFRCSI Board Chairman**

June 15th, 2021

OUR MISSION, VISION AND VALUES

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 2020-2022

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

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

Communicate Information

- a) Improve routine reporting
- b) Comprehensive statistical and analytical reporting/publication
- c) Improve our linkage with other bodies

Develop Organisation

- a) Implement a new organizational structure
- b) Develop our personnel, resources and skill
- c) Improve our operational planning capability

REPORT ON SYSTEM OF INTERNAL FINANCIAL CONTROL

Governance

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 2020.

Audit and Risk Committee

The Audit and Risk Committee met on six occasions in 2020.

Internal audit function

An internal audit service is in place and is carrying out a systematic audit of all areas of Registry activity. In 2020, the following areas were audited:

1. System of Internal Financial Controls
2. Cyber Security
3. Risk Management

Code of business conduct for Board members and staff

Codes of conduct for the Board and Employees have been put in place, to which there is full adherence.

Procurement

All staff involved in procurement have been made aware of the Public Procurement Guidelines and directed to the www.etenders.gov.ie website for further guidance. This direction is contained within the Governance framework for the NCRI. Guidance for staff on procurement processes has been written and circulated to all staff involved in procurement. As reported in the NCRI's review of internal financial controls 2020 there is currently no formal procurement plan in place as required by the Code. NCRI will develop, agree and implement a corporate procurement plan including, but not limited to, contract signatories, sole suppliers forms and management of procurement related documentation. The internal audit unit reported to the Audit and Risk Committee on this matter at the ARC meeting on the 10th June 2021 and an implementation date of Q3 2021 was agreed.

Tax clearance

The NCRI 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

NCRI has not established nor acquired any subsidiaries.

Diversification of core business

There has been no requirement for diversification of NCRI'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 2020, 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.

Government pay policy

All employees are paid at rates commensurate with their grade.

Reporting arrangements

The Chairperson provides a Chairperson's annual report to the Minister. 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 2020-2022, in September 2020. A Service Plan was provided to the Department of Health in June 2020 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 2020 was processed by University College Cork which provides a payroll bureau service to the Board.

Risk Management

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

Control Environment

The Board met five times in 2020. The Senior Management Team meets weekly. 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 preparation of monthly 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 Audit and Risk Committee and 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 NCRI 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 NCRI is monitored against this plan throughout the year.

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

- Detailed income and expenditure account
- Balance sheet

- Budget profile for the year to date
- Variance analysis against budget
- Bank reconciliations (including bank statements)
- Summary trial balance.

Fixed Assets

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

- Software
- Hardware
- Fixtures and furnishings
- Office equipment

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.

Signed



**Dr. Jerome Coffey MD FRCPI FRCR
FFRCSI Board Chairman**

June 15th, 2021

STAFF

The total staff complement as at 31 December 2020 was 44 employees or a full time equivalent (FTE) of 39.02. This was made up of a permanent staff complement of 42 people (FTE – 37.02) and an additional 2 staff (FTE – 2) who were on specified/temporary contracts 37.02 FTE (Table 1).

Table 1.

Grade - (Permanent DoH Funded Staff)	FTE	No
Grade III	1	1
Grade IV	4.89	5
Grade V	7.55	9
Grade VI	3.76	4
Grade VII	3.76	5
Grade VIII	1	1
Grade - Senior Lecturer	0.95	1
Grade – Senior Staff Nurse (SSN)	6.90	8
Grade – Senior Staff Nurse Dual Qualified (SSN DQ)	2.25	3
Grade – Staff Nurse (SN)	4.96	5
Total Permanent DoH	37.02	42
Grade – (Temporary DoH Funded Staff)		
State Chemist	1	1
Total Temporary DoH	1	1
Grade – (Temporary Externally Funded Staff)		
Grade VI	1	1
Total Temporary External	1	1
Overall Total	39.02	44

ACTIVITIES

Data Acquisition

Electronic data

The Registry continues to engage with hospitals to obtain electronic extracts from pathology and radiotherapy departments. The majority of tumours are created electronically in a raw format with a minority of fields populated. All fields populated during electronic processing have to be manually verified with coding updated in line with international guidelines. In addition, information on staging and treatment, and any other outstanding fields must be entered manually.

During 2020, work continued to develop mechanisms to integrate other electronic data with the Cancer Registration System (CRS).

Remote access

Remote access to hospital IT systems by Cancer Data Registrars (CDRs) is in place for all statutory hospitals. Work is ongoing to obtain this access for voluntary and private hospitals.

ICDO 3.2

Registration of tumours using the International Classification of Disease for Oncology Third edition, Second Revision commenced in January 2020, in keeping with international recommendations.

Impact of Covid 19

NCRI staff commenced working from home in March 2020. All visits to hospitals by CDRs were suspended in keeping with government guidelines; this heavily impacted case completeness. The focus of registration became centred on initial tumour registration, i.e. diagnosis. Simultaneously Registration also actively sought remote access to relevant IT hospital systems for CDRs. Once remote access was established, follow up continued using any systems which were made available to NCRI and which would allow tumours to be completed.

Electronic data continued to be received and processed at the NCRI. There were some delays during the first months of lockdown but obstacles to receipt of electronic data were gradually removed.

IT developments

Business Continuity during the pandemic

The Registry was well positioned to respond to the crisis, which arose due to the Covid-19 pandemic. The Registry already had infrastructure in place to allow for remote working with approximately half its staff working at locations remote to the main office. All NCRI staff used laptops, with a number of office-based staff also setup for remote working. In March 2020, NCRI extended this facility to the remaining staff, including supplying mobile Wi-Fi devices to all staff members. The Registry extended its videoconferencing and instant messaging system for use with remote working and external attendees. The Registry's IT Department has supported this remote workforce from their own remote locations during 2020, including putting in place processes and procedures to allow for device replacement and on-site maintenance.

Corporate Strategy

IT Management worked closely with the Director and Corporate Services to develop and launch NCRI's corporate strategy. IT Management worked with the Director and the Senior Management Team to develop an implementation plan for this strategy and was involved in presenting this to NCRI's Board of Directors.

Scally Report Recommendations

The individual projects relating to recommendations from the Scally Report moved into the business as usual part of each department during 2020. IT continued to manage the reporting of status to the Department of Health and to the NCRI Board.

Data Architecture

The Data Architecture project has as its first phase and end-to-end review of how the NCRI receives, processes, stores, uses and presents data and information. The output from this phase will be a blueprint for a future architecture. During 2020, this phase was tendered with the winning bid received from KPMG. The project was halted at the start of the pandemic but resumed in Q4 2020 and will complete in 2021.

Cancer Registration System

During 2020, user requested changes & bug fixes were implemented in the Advanced Cancer Enquiry System (ACES). All changes follow a formal change control process. The planned release schedule for 2020 was developed and published, with six planned major functional releases during the year.

There are several major functional improvements, driven by user requests, efficiency improvements, Scally project recommendations and data protection considerations. The major projects for 2020 included the completion of the patient database minimisation project, reporting improvements and efficiency improvements for processing of electronic data, including integration of HIPE data and the initiation of a project to integrate GeoCode electronic data processing.

National Medical Laboratory Information System (MedLIS)

NCRI IT personnel have continued to participate in meetings with the HSE and Cerner planning for the rollout of Medlis

at HSE labs. NCRI will receive data from Medlis and the NCRI Medlis team has developed requirements for this interface and tested this interface during the lifetime of this project. During 2020, the main focus was on user acceptance testing.

Budget

IT Management continue to work with Finance in the monitoring of the revenue and capital budgets. During 2020, IT developed its services while remaining within its revenue allocation. IT delivered capital projects including upgrades to user devices, additional modules for the CRS and the implementation of the Data Protection requirement to audit all views/reads of records in the CRS.

Audit Actions

All audit actions for IT have a management response with a time-bound plan to complete.

Research and Dissemination

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 committee has been established within NCRI to manage the facilitation of research and transfer of data to researchers. The process was piloted and embedded in 2018.

Clinical Registries

Irish Prostate Cancer Outcomes Research

The IPCOR study involves detailed clinical registration and patient surveys of prostate cancer patients. Up to four research officers and a data administrator were employed by NCRI on the study until late 2019 / early 2020. The focus for 2019 was on the completion of data collection on patient follow up, finalizing data transfer arrangements and supporting IPCOR on their plans for sustainability. Data transfer arrangements to collaborators were completed in 2020.

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 at NCRI and work on a multiple myeloma (MM) database had begun. Data collection protocols, data dictionaries and audit and quality assurance processes have also been established. AML data collection continued at NCRI up to September 2020, and subsequently (and into 2021) the remaining NCRI focus has been on data transfer to other BCNI partners.

Grants Awarded

Irish Cancer Society: Developing an evidence base to inform the National Cancer Strategy at the National Cancer Registry. €165,585. January 2020 – January 2022.

Dissemination

Reports published in 2020

1. Modifiable risk factors and cancer in Ireland. NCRI, Cork, October 2020 (O'Neill C, O'Leary E).
2. Cancer in Ireland 1994-2018 with estimates for 2018-2020: Annual report of the National Cancer Registry. NCRI, Cork, December 2020 (McDevitt J, Walsh PM).
3. Completeness of case ascertainment at the National Cancer Registry, Ireland. NCRI, Cork, December 2020 (O'Leary E).
4. Estimates of the health service costs of cancers associated with smoking, overweight and obesity, and alcohol intake in Ireland during 2016. NCRI, Cork, December 2020 (O'Neill C, Ó Céilleachair A, O'Leary E).

Peer-reviewed papers 2020

5. Alken S, Owens C, Gilham C, Grant C, Pears J, Deady S, O'Marcaigh A, Capra M, O'Mahony D, Smith O, Walsh PM. Survival of childhood and adolescent/young adult (AYA) cancer patients in Ireland during 1994-2013: comparisons by age. *Ir J Med Sci.* 2020 Nov;189(4):1223-1236. doi: 10.1007/s11845-020-02236-0. Epub 2020 May 18.
6. Andersson TM, Rutherford MJ, Myklebust TÅ, Møller B, Soerjomataram I, Arnold M, Bray F, Parkin DM, Sasieni P, Bucher O, De P, Engholm G, Gavin A, Little A, Porter G, Ramanakumar AV, Saint-Jacques N, Walsh PM, Woods RR, Lambert PC. Exploring the impact of cancer registry completeness on international cancer survival differences: a simulation study. *Br J Cancer.* 2021 Mar;124(5):1026-1032. doi: 10.1038/s41416-020-01196-7. Epub 2020 Dec 9.
7. Araghi M, Arnold M, Rutherford MJ, Guren MG, Cabasag CJ, Bardot A, Ferlay J, Tervonen H, Shack L, Woods RR, Saint-Jacques N, De P, McClure C, Engholm G, Gavin AT, Morgan E, Walsh PM, Jackson C, Porter G, Møller B, Bucher O, Eden M, O'Connell DL, Bray F, Soerjomataram I. Colon and rectal cancer survival in seven high-income countries 2010-2014: variation by age and stage at diagnosis (the ICBP SURVMARK-2 project). *Gut.* 2021 Jan;70(1):114-126. doi: 10.1136/gutjnl-2020-320625. Epub 2020 Jun 1.
8. Cabasag CJ, Butler J, Arnold M, Rutherford M, Bardot A, Ferlay J, Morgan E, Møller B, Gavin A, Norell CH, Harrison S, Saint-Jacques N, Eden M, Rous B, Nordin A, Hanna L, Kwon J, Cohen PA, Altman AD, Shack L, Kozie S, Engholm G, De P, Sykes P, Porter G, Ferguson S, Walsh P, Trevithick R, Tervonen H, O'Connell D, Bray F, Soerjomataram I. Exploring variations in ovarian cancer survival by age and stage (ICBP SurvMark-2): A population-based study. *Gynecol Oncol.* 2020 Apr;157(1):234-244. doi: 10.1016/j.ygyno.2019.12.047. Epub 2020 Jan 28.
9. Kelly M, O'Brien KM, Hannigan A. Specialist palliative cancer care in acute hospitals and place of death: a population study. *BMJ Support Palliat Care.* 2020 Sep 11:bmjspcare-2020-002232. doi: 10.1136/bmjspcare-2020-002232. Online ahead of print.
10. Martin P, O'Leary E, Deady S, Horgan A. The uptake and efficacy of neoadjuvant therapy in older adults with locally advanced esophogastric cancer. *J Gastrointest Cancer.* 2020 Sep;51(3):893-900. doi: 10.1007/s12029-019-00320-y.
11. Molina-Montes E, Coscia C, Gómez-Rubio P, Fernández A, Boenink R, Rava M, Márquez M, Molero X, Löhr M, Sharp L, Michalski CW, Farré A, Perea J, O'Rorke M, Greenhalf W, Iglesias M, Tardón A, Gress TM, Barberá VM, Crnogorac-Jurcevic T, Muñoz-Bellví L, Dominguez-Muñoz JE, Renz H, Balcells J, Costello E, Ilzarbe L, Kleeff J, Kong B, Mora J, O'Driscoll D, Poves I, Scarpa A, Yu J, Hidalgo M, Lawlor RT, Ye W, Carrato A, Real FX, Malats N; PanGenEU Study Investigators. Deciphering the complex interplay between pancreatic cancer, diabetes mellitus subtypes and obesity/BMI through causal inference and mediation analyses. *Gut.* 2021 Feb;70(2):319-329. doi: 10.1136/gutjnl-2019-319990. Epub 2020 May 14.

12. Molina-Montes E, Van Hoogstraten L, Gomez-Rubio P, Löhr M, Sharp L, Molero X, Márquez M, Michalski CW, Farré A, Perea J, O'Rorke M, Greenhalf W, Ilzarbe L, Tardon A, Gress TM, Barberà VM, Crnogorac-Jurcevic T, Muñoz-Bellvis L, Domínguez-Muñoz E, Balsells J, Costello E, Iglesias M, Kleeff J, Kong B, Mora J, O'Driscoll D, Poves I, Scarpa A, Yu J, Ye W, Hidalgo M, Carrato A, Lawlor R, Real FX, Malats N; PanGenEU Study Investigators. Pancreatic cancer risk in relation to lifetime smoking patterns, tobacco type, and dose-response relationships. *Cancer Epidemiol Biomarkers Prev.* 2020 May;29(5):1009-1018. doi: 10.1158/1055-9965.EPI-19-1027. Epub 2020 Feb 12.
13. Morgan E, Soerjomataram I, Gavin AT, Rutherford MJ, Gatenby P, Bardot A, Ferlay J, Bucher O, De P, Engholm G, Jackson C, Kozie S, Little A, Møller B, Shack L, Tervonen H, Thursfield V, Vernon S, Walsh PM, Woods RR, Finley C, Merrett N, O'Connell DL, Reynolds JV, Bray F, Arnold M. International trends in oesophageal cancer survival by histological subtype between 1995 and 2014. *Gut.* 2021 Feb;70(2):234-242. doi: 10.1136/gutjnl-2020-321089. Epub 2020 Jun 17.
14. Murray SL, Daly FE, O'Kelly P, O'Leary E, Deady S, O'Neill JP, Dudley A, Rutledge NR, McCormick A, Houlihan DD, Williams Y, Morris PG, Ni Raghallaigh S, Moloney FJ, Sexton DJ, Conlon PJ. The impact of switching to mTOR inhibitor-based immunosuppression on long-term non-melanoma skin cancer incidence and renal function in kidney and liver transplant recipients. *Ren Fail.* 2020 Nov;42(1):607-612. doi: 10.1080/0886022X.2020.1785499.
15. Murray SL, O'Leary E, De Bhailís ÁM, Deady S, Daly FE, O'Kelly P, Williams Y, O'Neill JP, Sexton DJ, Conlon PJ. Cancer survival in kidney transplant recipients in Ireland. *Nephrol Dial Transplant.* 2020 Oct 1;35(10):1802-1810. doi: 10.1093/ndt/gfaa109.
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17. O'Connor M, O'Donovan B, Waller J, Céilleachair AÓ, Gallagher P, Martin C, O'Leary J, Sharp L. The role of healthcare professionals in HPV communication with head and neck cancer patients: A narrative synthesis of qualitative studies. *Eur J Cancer Care (Engl).* 2020 Jul;29(4):e13241. doi: 10.1111/ecc.13241. Epub 2020 May 20.
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PERFORMANCE INDICATORS

A set of performance indicators was agreed by the Board to evaluate the success of the Registry's core activities and to benchmark the performance of the National Cancer Registry against similar bodies. 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.

<i>a. Timeliness</i>	2017	2018
1. 50% of invasive cancers should be registered within 3 months of the date of incidence	50%	57%
2. 90% of invasive cancers should be registered within 12 months of the date of incidence	78%	82%
3. 90% of invasive cancers should be closed within 24 months of the date of incidence	44%	20%
<i>b. Accuracy</i>		
1. Death certificate only cases should be <1% of the total of all invasive cancers	0.5%	0.4%
2. 90% of all invasive cancers should be microscopically verified, if the case is closed	92%	92%
3. Cancers of ill-defined sites should be less than 3% of all invasive cancers	2%	2%

OVERVIEW OF ENERGY USAGE IN 2020

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 2020, the National Cancer Registry consumed 70.31 MWh of energy, all electrical.



National
Cancer
Registry
Ireland

National Cancer Registry Board
Financial Statements for
the year ended 31st December 2020

National Cancer Registry Board

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National Cancer Registry Board

Information

Director	Prof. Deirdre Murray - appointed 9 June 2021
Business Address	Building 6800, Cork Airport Business Park, Kinsale Road, Cork T12 CDF7
Auditor	Comptroller and Auditor General, 3A Mayor Street Upper, Dublin
Bankers	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 10th June 2021

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 2020.

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. 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	Date Resigned
Dr Jerome Coffey (Chairperson from)	31 May 2017	
Dr Anna Gavin	15 February 2016	14 th February 2021
Dr Fenton Howell	15 February 2016	14 th February 2021
Ms Orla Dolan	15 February 2019	
Dr Cathy Kelly	14 February 2021	
Mr Eamonn Morris	12 April 2019 (initial appointment)	
Dr Robert O'Connor	12 April 2019 (initial appointment)	

The Board has established an **Audit and Risk Committee** which comprises three 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 Registry. In particular the ARC 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 during 2020 were: Dr Fenton Howell (Chairperson), Ms Orla Dolan, Mr Eamonn Morris and Mr Simon Murtagh (external member). There were six meetings of the ARC in 2020.

No external evaluation of the Board's performance has taken place in the last 4 years. It was agreed at the June 2020 Board meeting that the Board would look into tendering for this service. This is now planned for quarter 4 of 2021 as new members will need to be appointed and inducted to the Board.

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Board and Committee meetings for 2020 is set out below. No fees are paid to Board members for meetings. A fee of €4,050 was paid to a Board Member for Recruitment Consultancy work.

Board Member	Board	ARC
No of meetings	5	6
Dr Jerome Coffey	5	
Ms Orla Dolan	5	6
Dr Anna Gavin	5	
Dr Fenton Howell	5	6
Dr Cathy Kelly	4	
Mr Eamonn Morris	5	6
Dr Robert O'Connor	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 was incurred on staff hospitality by the National Cancer Registry in 2020. No expenditure was incurred on client hospitality either.

Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows:

2020	Domestic	International	Total
	€	€	€
Employees	3,956	0	3,956
Board	<u>0</u>	<u>0</u>	<u>0</u>
	3,956	0	3,956

Statement of Compliance

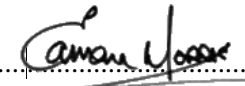
The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. The National Cancer Registry Board was in compliance with the Code of Practice for the Governance of State Bodies for 2020.

On behalf of the Board


.....

Dr Jerome Coffey
Chairperson

Date: 24th June 2021


.....

Mr Eamonn Morris
Board Member

Date: 24th June 2021

National Cancer Registry Board

Statement on Internal Control for the year ended 31st December 2020

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 2020 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 three Board members and one external member, with financial and audit expertise, one of whom is the Chair of the Committee. The ARC met six times in 2020.

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 2020 the National Cancer Registry complied with those procedures. One supplier has provided IT development resources to NCRI since its implementation of its Cancer Registration System. NCRI contracted additional resources from this supplier in late 2019/2020 to support it in developing business-critical projects and those initiated by the Scally Report into the CervicalCheck Screening Programme. The supplier was engaged due to its specialist knowledge of the NCRI systems and processes and enabled these projects to be delivered in the most time efficient manner while minimising risk to the NCRI systems (€319,864). A single supplier was approached for some HR services (€50,755) and legal related services (€35,789) due to their unique expertise in the relevant area. In future where it is deemed that there is only a single supplier capable of supplying the service the rationale will be documented and will be approved by the Finance/Corporate Services Manager.

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 2020 at its meeting on 10th June 2021

Impact of Covid-19 pandemic to the Control Environment

The onset of the COVID 19 pandemic in early 2020, and the resulting public health advice and safety measures rapidly changed the working practices of the National Cancer Registry.

The National Cancer Registry has monitored the developments closely, looking to mitigate the risks that may affect the Registry's operations, staff and stakeholders. Actions taken by the National Cancer Registry include: -

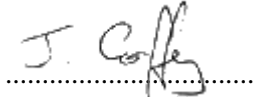
- Transition the staff and Board of the National Cancer Registry to a remote environment for the purpose of continuing operations and ensuring effective oversight.
- Make necessary adaptations to the National Cancer Registry's physical office environment in line with published guidance and expert assessment.
- Continual assessment of significant risks pertaining to the Covid-19 pandemic and the agility of National Cancer Registry to respond effectively.
- Maintaining segregation of duties and ensuring cover is in place should specific approving authorities be unavailable.
- Ensuring all existing data protection and records management policies and procedures continue to apply as normal.

National Cancer Registry Board

Internal Control Issues

Some weaknesses in internal control were identified in relation to 2020 relating to segregation of duties, procurement and new supplier set-ups. While these weaknesses have not impacted the accuracy or completeness of the financial statements, I confirm that actions have commenced to eliminate these issues during 2021.

Signed on behalf of the Board of the National Cancer Registry



Dr Jerome Coffey
Chairperson

Date: 24th June 2021

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 2020 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 2020 and of its income and expenditure for 2020 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 2020 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.

John Crean
For and on behalf of the
Comptroller and Auditor General

25 June 2021

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 readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

National Cancer Registry Board

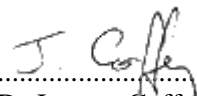
Statement of Income and Expenditure and Retained Revenue Reserves for the year ended 31st December 2020

	Notes	2020 €	2019 €
Income			
Department of Health	2	3,379,352	3,367,915
Retirement benefit contributions		74,720	73,117
Other Income	3	130,047	417,135
Total Income		3,584,119	3,858,167
Expenditure			
Staff costs	4	2,586,936	2,861,143
Administration expenses	5	854,670	1,003,679
Travel and subsistence		3,956	49,008
Total Expenditure		3,445,562	3,913,830
Surplus for the year before appropriations		138,557	(55,663)
Transfer (to)/from capital account	9	(5,730)	65,270
Surplus for the year after appropriations		132,827	9,607
Balance Brought Forward at 1 January		68,942	59,335
Balance Carried Forward at 31 December		<u>201,769</u>	<u>68,942</u>

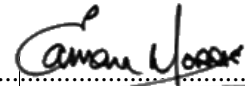
The Statement of Income and Expenditure Retained Revenue Reserves include all gains and losses recognised in the year.

The Statement of Cash Flows on page 11 and notes on pages 12-22 form part of these financial statements

On behalf of the Board:


.....
Dr Jerome Coffey
Chairperson

Date: 24th June 2021


.....
Mr Eamonn Morris
Board Member

Date: 24th June 2021

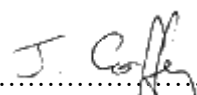
National Cancer Registry Board

Statement of Financial Position as at 31st December 2020

	Notes	€	2020 €	€	2019 €
Property, Plant and Equipment	6		105,002		99,272
Current Asset					
Receivables and Prepayments	7	141,453		176,288	
Cash and Cash Equivalents		349,206		344,559	
		<u>490,659</u>		<u>520,847</u>	
Current Liabilities					
Revenue & Payroll Deductions		70,874		89,101	
Other Payables		33,177		74,989	
Accruals		87,789		128,692	
Grants received in advance	8	97,050		159,123	
		<u>288,890</u>		<u>451,905</u>	
Net Current Assets			<u>201,769</u>		<u>68,942</u>
Total Net Assets			<u>306,771</u>		<u>168,214</u>
Representing:					
Capital Account	9		105,002		99,272
Retained Revenue Reserves			201,769		68,942
			<u>306,771</u>		<u>168,214</u>

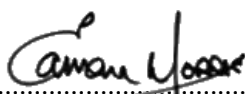
The Statement of Cash Flows on page 11 and notes on pages 12-22 form part of these financial statements

On behalf of the Board:



 Dr Jerome Coffey
 Chairperson

Date: 24th June 2021



 Mr Eamonn Morris
 Board Member

Date: 24th June 2021

National Cancer Registry Board

Statement of Cash Flows for the year ended 31st December 2020

	2020 €	2019 €
Net Cash Flows from Operating Activities		
Excess Income over Expenditure	132,827	9,607
Depreciation and Impairment of Fixed Assets	80,622	150,185
Transfer from/(to) Capital Account	5,730	(65,270)
(Increase)/Decrease in Receivables	34,835	(30,048)
Increase/(Decrease) in payables	<u>(163,015)</u>	<u>(78,885)</u>
Net Cash flow from Operating Activities	90,999	(14,411)
 Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	(86,352)	(84,915)
Net Cash Flows from Financing Activities	0	0
 Net Increase /(Decrease) in Cash and Cash Equivalents	 4,647	 (99,326)
Cash and cash equivalents at 1 January 2020	344,559	443,885
Cash and cash equivalents at 31 December 2020	349,206	344,559

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31st December 2020

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 2020 have been prepared in accordance with Financial Reporting Standard (FRS) 102 (the financial reporting standard applicable in the UK and Ireland) as promulgated by Chartered Accountants Ireland and 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 31st December 2020

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. Assets acquired receive a full 12 month's depreciation charge in the year of acquisition. 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 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 31st December 2020

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 service 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.

l) 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 31st December 2020

2. Department of Health

	2020	2019
	€	€
Revenue Grant (Vote 38, Subhead B.1)	3,293,000	3,283,000
Capital Grant (Note 9)	<u>86,352</u>	<u>84,915</u>
	3,379,352	3,367,915

3. Other Income

	2020	2019
	€	€
Research Grants		
CARG (HRB)	0	40
IPCOR (MMI)	18,385	188,046
Cancer Prevention (ICS)	61,979	54,953
Cerviva ICE 2 (HRB)	0	659
JARC (EU)	0	585
Blood Cancer Network (BCNI)	<u>49,458</u>	<u>170,072</u>
	129,822	414,355
Non Research Grant		
Miscellaneous	225	2,780
	<u>130,047</u>	<u>417,135</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 31st December 2020

4. Staff Costs

	2020 Number	2019 Number
The average numbers of employees during the year was:		
Director	1	1
Administration	28	36
Cancer Data Registrar	<u>19</u>	<u>19</u>
	<u>48</u>	<u>56</u>
Whole time equivalent numbers at 31 st December	39.00	48.10
Aggregate Employee Benefits	2020	2019
	€	€
Staff Short-term benefits	2,197,633	2,412,340
Termination benefits	192	11,064
Employers contribution to social welfare	225,177	250,715
Retirement Benefit costs	163,934	187,024
	<u>2,586,936</u>	<u>2,861,143</u>
Staff Short-term benefits		
Basic Pay	2,197,633	2,412,340
Overtime	0	0
Allowances	0	0
Total	<u>2,197,633</u>	<u>2,412,340</u>

The termination benefits relate to payments for two staff.

Further information on key management personnel is included in note 12.

Employee Single Public Service Pension Scheme contributions paid over to the Department of Public Expenditure and Reform in 2020 were €27,173. (2019 €35,535)

No of Employee's Breakdown by salary band at end December	2020	2019
Less than €60K	38	48
Between €60K - €70K	3	3
Between €70K - €80K	0	2
Between €80K - €90K	1	0
Between €90K - €100K	1	1
Between €100K - €110K	0	0
Between €110K-€120K	0	0
Between €120K-€130K	1	1
Total	<u>44</u>	<u>55</u>

Note: For the purposes of this disclosure, short-term employee benefits in relation to services rendered during the reporting period include salary, overtime allowances and other payments made on behalf of the employee, but exclude employer's PRSI.

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31st December 2020

4. Staff Costs (continued)

Director's Remuneration (all short term excl. Employers PRSI)	<u>€123,226</u>	<u>€120,090</u>
Directors Expenses	<u>€302</u>	<u>€2,607</u>

The Director is a member of the Single Public Service Pension Scheme and did not receive any Performance Related Reward in 2020. The value of retirement benefits earned in the period is not included in the above.

Board Members Remuneration and Expenses

Board members do not receive fees. Travel and Subsistence Costs of €0 were incurred by Board members for attendance at Board meetings in 2020. Costs of €1,726 were incurred in 2019.

A fee of €4,050 was paid to a Board Member in 2020 relating to Consultancy for Recruitment Work. No costs were incurred in 2019.

5. Administration Expenses

	2020 €	2019 €
Office Consumables	5,783	13,964
Courier and delivery charges	1,336	1,032
Books and periodicals	219	450
C&AG Audit fee	13,000	13,000
Other Audit fees	6,950	10,675
Recruitment	17,394	30,042
Training & Conference fees	21,112	41,019
Rent & service charges	180,719	171,264
Insurance	11,453	9,827
Building repairs & maintenance	0	1,732
Light and heat	14,642	16,630
Licences, Subscriptions & Support	334,540	318,366
Printing, postage and stationery	1,485	3,556
Telephone, fax and Internet	44,388	54,544
Legal and professional fees	105,204	154,349
Bank Charges	437	566
Research Collaborations	0	0
Sundry expenses	2,272	5,616
Cancer Benchmarking Project	8,307	0
Information Technology Consumables	4,808	6,862
Depreciation on computer equipment	79,096	148,261
Depreciation on fixtures and fittings	0	399
Depreciation on office equipment	1,525	1,525
	<hr/>	<hr/>
Total Administration Expenses	<u>854,670</u>	<u>1,003,679</u>

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31st December 2020

6. Property, Plant and Equipment

	Computer Equipment	Fixtures & Fittings	Office Equipment	Total
	€	€	€	€
Cost				
At 1 st January 2020	1,250,165	304,663	27,545	1,582,373
Additions	86,352	0	0	86,352
Disposals	0	0	0	0
At 31st December 2020	1,336,517	304,663	27,545	1,668,725
Depreciation				
At 1 st January 2020	1,153,477	304,663	24,961	1,483,101
On disposals	0	0	0	0
Charge for the year	79,097	0	1,525	80,622
At 31st December 2020	1,232,574	304,663	26,486	1,563,723
Net book Values				
At 31st December 2020	103,943	0	1,059	105,002
At 31 st December 2019	<u>96,688</u>	<u>0</u>	<u>2,584</u>	<u>99,272</u>

Computer Equipment includes Computer Software with a net book value of €69,087 at 31st Dec 2020 and €40,935 at 31st Dec 2019.

7. Receivables and Prepayments

	2020	2019
	€	€
Receivables – Research Grants (Note 8)	0	38,146
Receivables – Other	406	1,721
Prepayments	141,047	136,421
	<u>141,453</u>	<u>176,288</u>

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31st December 2020

8. Grants Received in Advance/Arrears

Project (Donor)	Opening at 1 st January	Income Received	T/F to I&E A/C	Closing at 31 st December
	€	€	€	€
Grants Currently in Advance				
CARG (HRB)	48,791	0	0	48,791
Cerviva ICE (HRB)	4,937	0	0	4,937
Blood Cancer Network	71,604	0	49,458	22,146
Cerviva ICE 2 (HRB)	17,550	0	0	17,550
End of Life Care (IHF)	16,241	(16,241)	0	0
Cancer Prevention (ICS)	(999)	66,604	61,979	3,626
				97,050
Grants Currently in Arrears				
IPCOR (MMI)	(37,147)	55,532	18,385	0
				0
Total	<u>120,977</u>	<u>105,895</u>	<u>129,822</u>	<u>97,050</u>

Research Grant Donors are:

Health Research Board (HRB)
Molecular Medicine Ireland (MMI)
European Union (EU)

Irish Cancer Society (ICS)
Irish Hospice Foundation (IHF)

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31st December 2020

9. Capital Account	2020 Total €	2019 Total €
Balance at 1 January 2019	99,272	164,542
Transfer to/(from) Income and Expenditure account		
Capital Grants Received from Department of Health (Vote 38 subhead L1)	86,352	84,915
Amount of amortisation in line with asset depreciation	<u>(80,622)</u> 5,730	<u>(150,185)</u> (65,270)
Balance at 31 December 2020	<u>105,002</u>	<u>99,272</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 5th March 2018 which commenced on 1st December 2017 for a period of 10 years.

	2020 €	2019 €
Lease Rentals Charged to the Statement of Income & Expenditure and Retained Revenue Reserves	135,547	136,100
The Board has the following commitments under operating leases which expire:		
Within one year	135,732	136,100
Within two to five years	544,403	544,403
After five years	260,860	396,690

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31st December 2020

11. Additional Superannuation Contribution/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. This was replaced on 1st January 2019 by the Additional Superannuation Contribution (ASC). 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 for ASC from January to December 2020 was €46,535. The comparative PRD amount for 2019 was €57,994

12. Related Party Transactions

Key Management Personnel Compensation

Key Management Personnel comprise the Board, Director and the Senior Management Team. The total short term remuneration benefits for 2020 were € 507,319 (incl. Employers PRSI). The comparative figure for 2019 was € 605,239 (incl. Employers PRSI). No remuneration is payable to the Board.

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.

A fee of €4,050 was paid to a Board Member in 2020 relating to Consultancy for Recruitment Work. No related party transactions were incurred in 2019.

13. External Consultants & advisors fees

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

	2020	2019
	€	€
Contract and legal commitments	13,823	22,938
Data Protection Advice	20,404	21,168
Research	7,419	0
HR Support/Employment Advice	6,624	11,931
Strategy	4,785	21,648
Training Plan	0	5,100
Change Management	52,149	52,034
Stakeholder Survey	0	6,150
Consultancy Support	0	7,178

National Cancer Registry Board

Workshops/Reports

0

5,314

Notes to the Financial Statements for the year ended 31st December 2020

14. Capital Commitments.

There are no capital commitments

15. Events after the Reporting Date

The National Cancer Registry Board recognises that the Covid-19 pandemic is a significant event which has occurred since the reporting date. The National Cancer Registry Board is taking the situation seriously and is monitoring the situation, in conjunction with management, on an ongoing basis. Staff are currently working remotely and services continue to be provided. While the National Cancer Registry Board is unable to reliably predict the impact of Covid-19 on its cash flows, regular cash flow forecasts are provided to our parent department the Department of Health.

Going concern - The National Cancer Registry Board considers that, as the entity provides a public service that is funded by moneys provided by the Exchequer, via its parent department the Department of Health, it is appropriate to prepare these financial statements on a going concern basis.

16. Approval of Financial Statements

The Board approved the financial statements on 24 June 2021.