

## ORDINARY MEETING OF THE BOARD

2:00 p.m. November 19th, 2015

Block D, 3rd Floor, Dublin Midlands Hospital Group Office, Parkgate Business Park, Parkgate Street, Dublin 8.

### **Minutes**

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#### **1. Register of attendance/apologies**

Present:	Dr Susan O'Reilly (Chair) Mr Michael Conroy Ms Orla Dolan Dr Anna Gavin Dr Fenton Howell
Apologies:	Dr Cathy Kelly Mr John McCormack
In attendance:	Dr Harry Comber Ms Rose O'Mahony

#### **2. Minutes of the previous meeting**

It was agreed to amend the minutes of the previous meeting, as follows:

The sentence "(In this context, the role of Mr Conroy in the development of a new Strategy was acknowledged)" is to be inserted at the end of the paragraph "The Board agreed that the expansion plan for the Registry should be included in the new Cancer Strategy, as the Registry has been limited in the service it provides by its staffing levels. The Board supported a motion that the scope and responsibilities of the Registry should be considered in the new Cancer Strategy and it recommended the expansion of the Registry, along the lines of the document presented, as part of the National Cancer Strategy for the next 10 years." With this amendment the minutes of the September 2015 Board meeting were approved by the Board and were signed by the Chair.

#### **3. Matters arising from the minutes not otherwise on the agenda**

##### *Item 4.1. Staff – Head of Research position.*

Discussions have been taking place with the School of Medicine in UCC regarding offering the incoming Head of Research an honorary lectureship title. UCC have difficulty in offering this to an unappointed individual. Some thought is required as to how this can be advertised. The Board decided to defer advertising the Head of Research position until the new Director is in place.

##### *Item 4.3. Meeting with the Head of ICT, HSE*

It was clarified that the Head of ICT with the HSE (Mr Richard Corbridge) will issue a policy statement to hospitals to the effect that Registry employees should be given access to the internet over hospital networks. Tumour Registration Officers currently access the internet using mobiles, dongles etc and coverage in some areas is very poor. The new registration system will be a real time system which will require reliable access to the internet.

### ***Interim Director's report***

#### ***4.1 Staff***

A table had been included in the agenda showing the breakdown of the permanent and contract staff by job title and grade and also the whole time equivalent and actual numbers sub-divided by department. This information related to 31/10/15.

Dr Comber informed the Board that the new Tumour Registration Officer in Beaumont has commenced and the position in Cork has been filled but the successful applicant has not commenced yet. The Registry was unable to fill the half time Statistician post. While there were a number of applications for this position, not all of them were qualified statisticians and the successful candidate declined the position. A business case has been submitted to the Department of Health for sanction to recruit a full-time Statistician. This also links into the strategy for the expansion of the Registry as there is a deficit of staff on the analysis side of the business.

#### ***4.1.8 Freedom of Information***

Dr Comber informed the Board that under Section 8 of the Freedom of Information Act 2014 it is recommended that agendas and minutes of Board meetings be published on each agency's website. This is not mandatory and it is for each Board to decide whether to do so. The Board decided that draft minutes will be circulated initially and these can be redacted to remove information of a personal nature. The final version will be published on the Registry's website.

## **4. 2 Data Collection and Analysis**

### ***Registrations***

A table had been included in the agenda to show the percentage of case finding and completeness for the years from 2009 to 2015. 98.05% of case findings have been completed for 2014. It is hoped that access to the National Imaging Management Information System (NIMIS) will result in the Registry closing cases on a more timely basis.

### ***Cancer Death Certificates***

The GP mailing for the last two quarters of 2014 took place in October. These are letters to GPs in cases where the patient has not died in a hospital. These can then be matched back to a hospital case. Use of Mirth to process death certificates has reduced the time involved from 10 working days to 2 working days.

### ***Electronic Pathology***

Electronic hospital pathology can be converted through Mirth into a readable lab report which is excellent on many levels. It also allows HL7 data to be imported.

### ***Histopathology Interface Project***

Dr Comber informed the Board that this project is entirely dependent on hospital co-operation.

### ***PCRS***

The Registry is currently unable to download any data from the PCRS site due to a technical problem. It was recommended that Dr Comber contact the new Director of the PCRS Ms AnneMarie Hoey to see if this can be resolved.

#### *UKIACR Performance Indicators*

The PIs for 2016 have been agreed. CRUK will do the data collection element and each Registry will provide commentary. It is hoped to complete the process by June 2016.

#### *IPCOR*

Dr Comber informed that Board that the project has resulted in pressure on the Registry's resources. The Registry is doing 90% of the work involved with 20% of the budget. The funding is totally inadequate for the work involved. The ICS and IPCOR are to be informed of the pressure the project is placing on the Registry's resources. The IPCOR posts in the Mater and Galway have been filled but the position in St Vincents has not. The commitment to the Irish Blood Cancer Network project will place further pressure on the Registry's resources.

#### *TRO positions*

Dr Comber highlighted the need for a quality assurance check on data abstraction. Best practice is to have a re-abstraction rate of 2%. The position in Beaumont has been filled after a two year absence. It was suggested that the Registry seek sanction for a quality control person who could also act as a floating TRO to fill in for cases of long term absence, retirements etc.

#### *Pathology/ Haematology meetings*

The Registry is holding monthly meetings with a CUH based pathologist and haematologist to discuss codings and classifications and receive advice on these. The second meeting will take place on 26<sup>th</sup> November. One issue that has been highlighted already is the issue of histopathology reports from coroner's cases where a death has occurred within 3 weeks of receiving chemotherapy treatment. These cases are currently not picked up by the Registry. Dr Comber is to contact the Cork City Coroner who is the Vice President of the Coroners Society of Ireland to discuss the process with her. It may be possible to receive a coroner's report once an inquest has concluded.

### **4.3 I.T. Activity**

#### *CRS*

A high level committee comprising Dr Comber, the IT Manager and the CEO of Aspiracon has been formed to progress the CRS project. It is clear at this stage that a number of things which will be required of the completed system will not be incorporated in this phase and a second phase will be required at a later date which will involve another request for tender.

### **4.4 Research**

#### *Cancer and Obesity*

The Registry submitted a proposal to the Irish Cancer Society (ICS) for a grant to develop some models and extrapolation of the impact of obesity on current and projected cancer incidence in Ireland. This was favorably received, but there is at present no funding available within the ICS to support it. There may be an option for funding this project through the Irish Research Council on a joint application with the ICS.

#### *Joint action on rare cancers*

The Registry and NCCP have been proposed by the Department of Health to participate in an EU Joint Action of rare cancers. There is a list of possible projects which may be undertaken. This action will be led by the Italian National Cancer Institute in Milan and will require some compromise between the requirements of the Italian Registry and those of the other participants. Rare cancers are currently defined as fewer than 6 per 100,000 cases which is not a sufficiently specific definition.

The findings of the action should be presented and largely disseminated in a European Conference on Rare Cancers at the end of the action. Dr Paul Walsh attended an information session on this action in Luxembourg on behalf of the Registry.

#### *International Cancer Benchmarking Partnership*

The Registry is now formally joined the partnership. The group is in the process of deciding a research programme for phase 2.

#### *Blood Cancer Network*

This will be formally launched on November 24<sup>th</sup> in Galway. Dr Comber is working with Dr Mary Cahill, CUH on a database for myeloma and myeloid leukemia. When this has been agreed two researchers will be recruited, one in Cork and one in Galway, to pilot the data collection.

#### *National Office for Clinical Audit (NOCA)*

Dr Comber met with representatives from NOCA on 21st October to discuss collaboration on one specific audit, but also to see how the Registry could contribute more actively to cancer clinical audit. The meeting was very useful and productive and both parties are to continue to seek areas of collaboration.

## **5. Report of the Audit Committee**

The minutes of the Audit Committee meeting held on 11<sup>th</sup> September 2015 had been included in the agenda and any items raised were discussed at the Board meeting on that date. Dr Howell reported that the Audit Committee had also met prior to this Board meeting. The management accounts to 31<sup>st</sup> October had been reviewed at the meeting and a forecast to the 31<sup>st</sup> December was also reviewed. The forecast for 2015 is currently showing a full year drawdown of €2,410,000. This is over €220,000 less than the allocation for the year and is primarily due to lags in recruitment and extended unpaid sick leave. Dr Howell informed the Board that the committee were happy with how the Registry was progressing.

The Committee reviewed the Report on the audit of Research Income. The audit opinion was one of Reasonable Assurance which is the highest level given by Mazars, with one medium priority finding and two low priority findings. The Board acknowledged the excellent work done by the finance staff in the Registry. The Committee agreed that it is unnecessary for Mazars to carry out a full Internal Controls audit in January as there have been no material changes. A shorter SIFC audit will suffice for the 2015 accounts.

The Committee reviewed the conditions attaching to Purchase Orders issued by the Registry and approved some changes to be implemented.

The Committee also approved the updated risk register.

## **6. Finance, Tender and Contract matters**

### **6.1 Management Accounts to 31<sup>st</sup> October 2015**

The accounts to 31/10/15 were presented to the Board. The forecast to 31/12/2015 indicated that the Registry is expected to draw down €223,000 less than its Department of Health allocation for the year primarily on salary related expenditure. The accounts for the full year may show a small deficit as the Department of Health now allows the Registry to only draw down the minimum cash required for the year and the accounts are prepared on an Income and Expenditure basis, which takes account of accruals and prepayments.

## **7. Research and Publications**

The annual statistical report for 2015 (covering 1994-2013 incidence) is scheduled for publication in mid-December. It is hoped a meeting (involving the Irish Cancer Society, the Department of Health, the National Cancer Control Programme and the Board) to preview the report and brief stakeholders will take place on the afternoon of 1<sup>st</sup> December in the Irish Cancer Society.

## **8. Recruitment of Registry Director**

The Director's position was advertised with a closing date of 26<sup>th</sup> November. As the incoming Director will be 20% employed by UCC, the issue of intellectual property rights was discussed by the Board. The routine business of the Registry will be wholly owned by the Registry and any research will be jointly owned by the Registry and UCC, with UCC being mentioned in any peer reviewed publications. Dr Comber has requested that the Department of Health forward a copy of a shared HSE/University contract to him in order to compare it with the contract template issued to the Board. The Public Appointments Service (PAS) will complete the shortlisting process. A selection panel will review the remaining candidates to identify candidates for interview. The interview panel will probably consist two Board representatives, a UCC representative and a suitably qualified external candidate selected by the PAS. It is hoped to have a candidate appointed by February. Dr Comber's contract expires at the end of March, which should allow for a brief handover period. Dr Comber informed the Board that he would be available for a handover in any case.

## **9. Correspondence**

Department of Health: Financial procedures to be followed where staff of one public service body incurs expenses arising from work undertaken on behalf of another public service body

Dr Comber informed the Board that expenses being claimed by any Irish public sector employees for attendance at Board meetings are to be claimed from their own employing body. This was noted by the Board and confirmed as policy.

All other correspondence was provided for information and was noted.

## **10 .Other business**

The Board were reminded that the term of the current Board expires on 14<sup>th</sup> February 2016.

## **11. Date of next meeting**

The proposed date of the next Board meeting was agreed as Monday 25<sup>th</sup> January, 2.00 p.m. in Dublin (Audit Committee Meeting at 12:15pm).