

NATIONAL CANCER REGISTRY

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDING 31<sup>ST</sup> DECEMBER 2019

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National  
Cancer  
Registry  
Ireland

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I'm delighted to provide this foreword to the National Cancer Registry's Annual Report and Accounts for the year ending 31st December 2019. On behalf of the Board, I would like to express my sincere gratitude to Kerri and her staff for their commitment and hard work.

Key focus areas during the year were addressing the recommendations of "The Scoping Inquiry into the CervicalCheck Screening Programme" (the Scally report, 2018) specific to the Registry, continuing to work on the objectives of the National Cancer Strategy 2017-2026 and, for the Board, developing the Strategic Plan for the National Cancer Registry for the time period 2020 to 2022.

Key publications in 2019 were: "Cancer Incidence Projections for Ireland 2020-2045" and "Cancer care and survival in relation to centralisation of Irish cancer services: an analysis of National Cancer Registry data 1994-2015", describing the scale of the challenge facing the policy-makers and providers of cancer providers in the future and demonstrating the benefit of changes to services realised through investment and organisation since 2007 respectively

Yours Sincerely,

A handwritten signature in black ink, appearing to read "J. Coffey". The signature is stylized with a large, looped "C" and a distinct "F".

**Dr. Jerome Coffey MD FRCPI FRCR FFRRCSI**  
**Board Chairman**  
Sept 17<sup>th</sup>, 2020

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The past year, 2019, was busy and focused on work related to the report from Dr Gabriel Scally's Scoping Inquiry into the CervicalCheck Screening Programme. There were nine recommendations related specifically to NCRI, which required the setup of an organization-wide Scally Project. The project involved all departments and a significant proportion of staff. It also facilitated further NCRI connections to the wider healthcare system via participation in several system-wide working groups. A credit to management and staff, regular business was maintained while the Scally project progressed. Many of the recommendations were targeted at organizational improvements that are intended to have long-standing positive influences on NCRI and the service it provides to the greater national healthcare system.

NCRI's new strategic plan is essential to NCRI's supporting role in improving cancer services in Ireland. Once an implementation plan is agreed, NCRI will be positioned to move swiftly towards realising the strategic initiatives. The initiatives include the embedding of Scally projects for future facing business continuity. The strategy is also targeted at enhancing NCRI's capacity to be an efficient accurate timely source of cancer information for the nation. The new strategic plan charts a course for NCRI to manage within the challenges of fulfilling its role while driving improvements internally as well as more widely in the Irish public health sector.



Kerri Clough Gorr

Sept 14<sup>th</sup>, 2020

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## Establishment

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

## The National Cancer Registry Board

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

The current Board members at 31 December 2019 are:

- 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

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

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

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## Report of the Chairperson, National Cancer Registry Board for year ending 31/12/2019

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1. Commercially significant developments affecting the body

*No commercially significant developments occurred during 2019.*

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

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

3. System of internal financial control

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

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

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

*(i) A clearly defined management structure.*

*(ii) A risk register was compiled in 2010 and was updated throughout 2019.*

*(iii) Policies and procedures setting out instructions for all areas of financial activity were in place for 2019. 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 2019. There were regular reconciliations carried out between National Cancer Registry Board records and those maintained by University College Cork.*

*(iv) The Audit Committee was appointed by the Board in April 2013 and oversaw the work of the Internal Auditors during 2019.*

*(v) An ITT for Internal Audit Services was undertaken in July 2019 and a full three-year cycle of internal audits covering core financial, organisational and operational areas has been agreed by the Audit Committee and the Board. Formal internal audits were carried out in 2019 in the areas of the System of Internal Financial Controls, Grant Administration and Monitoring.*

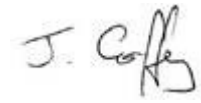
*(vi) An overall annual budget for the National Cancer Registry was agreed which incorporated a department level budget for IT. A report is prepared on a regular basis to compare actual with budget figures and overall annual expected figures are updated throughout the year.*

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

- d) *The National Cancer Registry is in compliance with current procurement rules and guidelines as set out by the Office of Government Procurement, with the exception that single suppliers were approached for some I.T work (€194,834) and legal related services (€35,066) 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.*
- e) *The Board carried out a review of the effectiveness of internal financial controls for 2019 at its meeting on 30th June 2020.*
4. Codes of conduct for the Board and Employees have been put in place and are being adhered to.
  5. Government policy on the pay of the Director and all State body employees is being complied with.
  6. Compliance with Government guidelines on the payment of Board members' fees is not relevant as there are no fees paid to the Board members of the National Cancer Registry.
  7. The Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the public sector are being complied with.
  8. Government travel policy requirements are being complied with in all respects.
  9. All appropriate requirements of the Department of Public Expenditure and Reform Public Spending Code are being complied with.
  10. Procedures are in place for the making of protected disclosures in accordance with section 21(1) of the Protected Disclosures Act 2014.
  11. The Code of Practice for the Governance of State Bodies (2016) has been adopted by the Board and is being complied with.
  12. The National Cancer Registry is not involved in any legal disputes involving other State bodies.
  13. There are no significant post balance sheet events. 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.
  14. 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.
  15. The National Cancer Registry Board complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There have been no communications concerning non-compliance with requirements of regulatory or tax authorities with respect to any matter. The National Cancer Registry Board is not aware of any actual or possible non-

compliance with laws or regulations that could impact on the financial statements.

Signed

A handwritten signature in black ink, appearing to read "J. Coffey". The signature is written in a cursive style with a large, stylized "C" at the end.

Dr Jerome Coffey



## REPORT ON SYSTEM OF INTERNAL FINANCIAL CONTROL

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### Governance

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#### Board

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

#### Briefing for new Board members

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

#### Disclosure of interests by Board members

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

#### Protected Disclosures

No protected disclosures under the Public Disclosures Act 2014 were made during 2019.

#### Audit and Risk Committee

The Audit and Risk Committee was appointed by the incoming Board in April 2013. A new appointment to the Committee was made in November 2019 to replace a member who had resigned. The Committee met four times in 2019.

#### Internal audit function

An internal audit service is in place and is carrying out a systematic audit of all areas of Registry activity. In 2019, the following areas were audited:

- System of Internal Financial Controls
- Grant Administration and Monitoring

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

Codes of conduct for the Board and Employees have been put in place and are being adhered to

#### Procurement

All staff involved in procurement have been made aware of the Public Procurement Guidelines and directed to the [www.etenders.gov.ie](http://www.etenders.gov.ie) website for further guidance. This direction is contained within the Governance framework for the 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 2019 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 30th June 2020 and an implementation date of Q3 2021 was agreed.

#### Tax clearance Tax

Tax clearance procedures have been updated.

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 or 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 2018, stating annual basic salary and superannuation benefits.

#### Board members' fees

No fees are paid to any Board members.

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

#### Government pay policy

All employees are paid at rates commensurate with their grade.

#### Reporting arrangements

The Chairperson 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 2013-2017, in September 2015.

This plan was extended to cover 2019. A Service Plan was provided to the Department of Health in May 2019 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 2019 was processed by University College Cork which provides a payroll bureau service to the Board.

#### Risk Management

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

A formal disaster recovery/business continuity plan has been developed.

#### Finance

#### Control Environment

The Board met four times in 2019. The Senior Management Team has been formed and 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 regular management accounts. Expenditure against budget is monitored on a monthly basis by the Director and Finance staff. Variances against budget are discussed and actions agreed. The monthly accounts are also forwarded on to the ARC 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
- A balance sheet
- Budget profile for the year to date
- Variance analysis against budget
- Bank reconciliations (including bank statements)
- Summary trial balance.

#### Fixed Assets

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

- Software
- Hardware
- Fixtures and furnishings
- Office equipment

b) The register contains the following level of detail:

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

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



Dr Jerome Coffey, Chair, National Cancer Registry Board

## STAFF

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The permanent staff complement on 31/12/19 was 45 persons, 39.46 FTE (Table 1). In addition, 11 staff (10.5 FTE) were on specified purpose/temporary contracts

*National Cancer Registry Total Headcount = 56 employees (31/12/2019)*

**Table 1. Registry staffing on 31/12/2019**

<b>Grade - (Permanent DoH Funded Staff)</b>	<b>FTE</b>	<b>No</b>
Grade III	1	1
Grade IV	4.89	5
Grade V	7.55	9
Grade VI	4.7	5
Grade VII	4.26	6
Grade VIII	1	1
Grade - Senior Lecturer	1.95	2
Grade – Senior Staff Nurse (SSN)	7.90	9
Grade – Senior Staff Nurse Dual Qualified (SSN DQ)	2.25	3
Grade – Staff Nurse (SN)	3.96	4
<b>Total Permanent DoH</b>	<b>39.46</b>	<b>45</b>
<b>Grade – (Temporary DoH Funded Staff)</b>		
Grade IV	1	1
State Chemist	1	1
<b>Total Temporary DoH</b>	<b>2</b>	<b>2</b>
<b>Grade – (Temporary Agency DoH Funded Staff)</b>		
Grade VI	<b>1</b>	<b>1</b>
<b>Grade – (Temporary Externally Funded Staff)</b>		
Grade III	0.5	1
Grade IV	6	6
Grade VI	1	1
<b>Total Temporary External</b>	<b>7.5</b>	<b>8</b>

## ACTIVITIES

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### Data Acquisition

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#### **Sally Projects**

Members of Data Integration and Registration participated in projects resulting from the Scoping Inquiry into the CervicalCheck Screening Programme conducted by Dr. Gabriel Sally. This was in addition to routine work. Existing procedure for remote access to relevant IT hospitals systems for Cancer Data Registrars further expanded upon through the Scoping Inquiry.

#### **Data protection**

To increase awareness of data protection and improve compliance with legislation, Data Integration commenced internal data protection audits in 2019, to be held twice a year.

As a result of these audits a thorough and forensic review of all electronic data sources managed by Data Integration has taken place. This will be an ongoing process so that changes in legislation, data access and growing awareness of data protection requirements will always be under consideration.

Periodic data protection training and awareness for the Cancer Data Registrars took place throughout the year. Further controls put in place for hardcopy data handling. Access to Data/Registration network folders is monitored and controlled.

#### **Data minimisation**

One of the outputs of the Sally Project Screening Data Definitions was an agreed Core Dataset for registration. As a result of the implementation of the Core Dataset, all tables and fields were reviewed. All superfluous fields were removed, with particular emphasis on personal data. This took place over quarters 3 and 4 2019 and into quarter 1 2020.

In addition to data minimisation at a field level, from April 2019 onwards inactive registrations and tumours have been deleted from the cancer registry database on an ongoing basis. These relate to registrations and tumours that do not meet the threshold for registration. These fall under three categories: nonresident, diagnosed prior to 1994 and not cancer/not relevant benign tumours.

#### **Registration Recruitment**

In Q4 Cancer Data Registrar Supervisors were introduced into the Registration structure to enable more regionally placed focus on cancer registration activity.

### **Cancer Registration System (ACES)**

During 2019, user requested changes & bug fixes were implemented in the Cancer Registration System. All changes follow a formal change control process. A planned release schedule is developed and published annually, with approximately 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 main projects for 2019 were the increase of processing of data received electronically.

### **Scally Project Recommendations**

The project to implement the recommendations from the Scally Report continued throughout 2019. Projects included minimizing the cancer dataset and introducing a suite of reports to inform on multiple quality metrics for cancer data.

### **Security**

External security experts were engaged to assess the security levels of IT systems including firewall configuration, server security, user level security and anti-virus. All recommendations of assessments have been implemented.

### **Audit Actions**

All audit actions for IT have been addressed.

### **Outputs for 2019**

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

#### **Patient Reported Outcomes**

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

#### **Health economic reporting**

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

## Clinical registries

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

The IPCOR study involves detailed clinical registration and patient surveys of prostate cancer patients. Four research officers and a Data administrator were employed on the study until late 2019 / early 2020. A survey of patients in 2019 resulted in over 1000 surveys being returned, constituting a 58% response rate. 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.

### **Blood Cancer Network Ireland**

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



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

## Grants awarded

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- Irish Cancer Society: Developing an evidence base to inform the National Cancer Strategy at the National Cancer Registry. €93,828. September 2018 – December 2020.
- HRB Investigator Led Awards – CERVIVA-Vax: to monitor the impact of HPV vaccination on HPV prevalence rates, cytological abnormalities and colposcopy/histological findings in girls invited to attend for cervical screening in Ireland (NCRI in collaboration with CERVIVA/Trinity College Dublin).
- HRB APA co-project looking at what influences cervical screening uptake in younger and older women (NCRI in collaboration with CERVIVA and CervicalCheck).
- Irish Hospice Foundation: Cancer end-of-life care – a National Cancer Registry investigation. €48,724. January 2020 – June 2021.

## Dissemination

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### *Summary of dissemination activities, 2019*

1. Data provision for CI5, EUROCIM, EUROCARE and similar projects on time and as requested:
  - No relevant projects in 2019 but liaison with relevant organisations continued re data quality, registration methodology and data interpretation for datasets submitted in 2017 (ENCR/JRC, CONCORD-3 and International Cancer Benchmarking Partnership SurvMark-2).
2. Papers published on which National Cancer Registry staff member was first or last/senior author: **2**.
3. Total papers first published in 2019 on which NCR staff member was a named author: **13**.
4. Queries:  
**Over 250** dealt with in 2019.
5. Reports
  - Number of full reports published in 2019: **4** (annual statistical report and 3 others).
  - Number of short reports published in 2019: **3**.
6. Press release and/or website news item:
  - Total number of news items in 2019: **12**.

- Number of press releases in 2019: **3**.
7. Registry website:
- Maps of cancer incidence by county updated to include 2016 data.

### *Reports published in 2019*

1. Cancer care and survival in relation to centralisation of Irish cancer services: an analysis of National Cancer Registry data 1994-2015. NCRI, Cork, January 2019 (Walsh PM).
2. Measuring cancer cure in Ireland. NCRI, Cork, February 2019 (McDevitt J).
3. Cancer incidence projections for Ireland 2020-2045. NCRI, Cork, April 2019 (O'Leary E, McDevitt J).
4. Cancer Trends 36 - Cancer of unknown primary. NCRI, Cork, July 2019 (Deady S).
5. National cancer survivorship needs assessment: The unmet needs of cancer survivors in Ireland: A scoping review 2019. NCRI, Cork, & Irish Cancer Society, Dublin, August 2019 (O'Connor M, Drummond F, O'Donovan B, Donnelly C).
6. Cancer in Ireland 1994-2017 with estimates for 2017-2019: Annual report of the National Cancer Registry. NCRI, Cork, October 2019 (McDevitt J, Walsh PM).
7. Cancer Trends 37 - Breast cancer 1994-2016. NCRI, Cork, November 2019 (O'Brien K).

### *Peer-reviewed papers 2019*

1. Araghi M, Soerjomataram I, Bardot A, Ferlay J, Cabasag CJ, Morrison DS, De P, Tervonen H, Walsh PM, Bucher O, Engholm G, Jackson C, McClure C, Woods RR, Saint-Jacques N, Morgan E, Ransom D, Thursfield V, Møller B, Leonfellner S, Guren MG, Bray F, Arnold M. Changes in colorectal cancer incidence in seven high-income countries: a population-based study. *Lancet Gastroenterol Hepatol*. 2019 Jul;4(7):511-518. doi: 10.1016/S2468-1253(19)30147-5. Epub 2019 May 16. Erratum in: *Lancet Gastroenterol Hepatol*. 2019 Aug;4(8):e8.
2. Arnold M, Rutherford MJ, Bardot A, Ferlay J, Andersson TM, Myklebust TÅ, Tervonen H, Thursfield V, Ransom D, Shack L, Woods RR, Turner D, Leonfellner S, Ryan S, Saint-Jacques N, De P, McClure C, Ramanakumar AV, Stuart-Panko H, Engholm G, Walsh PM, Jackson C, Vernon S, Morgan E, Gavin A, Morrison DS, Huws DW, Porter G, Butler J, Bryant H, Currow DC, Hiom S, Parkin DM, Sasieni P, Lambert PC, Møller B, Soerjomataram I, Bray F. Progress in cancer survival, mortality, and incidence in seven high-income countries 1995-2014 (ICBP SURVMARK-2): a population-based study. *Lancet Oncol*. 2019 Nov;20(11):1493-1505. doi: 10.1016/S1470-2045(19)30456-5. Epub 2019 Sep 11.
3. Donnelly C, Hart N, McCrorie AD, Donnelly M, Anderson L, Ranaghan L, Gavin A. Predictors of an early death in patients diagnosed with colon cancer: a retrospective case-control study in the UK. *BMJ Open*. 2019 Jun 19;9(6):e026057. doi: 10.1136/bmjopen-2018-026057.
4. Dunne S, Coffey L, Sharp L, Desmond D, Cullen C, O'Connor J, O'Sullivan E, Timon C, Gallagher P. Investigating the impact of self-management behaviours on quality of life and fear of recurrence in head and neck cancer survivors: A population-based survey. *Psychooncology*. 2019 Apr;28(4):742-749. doi: 10.1002/pon.5010. Epub 2019 Feb 12.
5. Dunne S, Coffey L, Sharp L, Desmond D, Gooberman-Hill R, O'Sullivan E, Timmons A, Keogh I, Timon C, Gallagher P. Integrating self-management into daily life following primary treatment: head and neck cancer survivors' perspectives. *J Cancer Surviv*. 2019 Feb;13(1):43-55. doi: 10.1007/s11764-018-0726-4. Epub 2018

Dec 8.

6. Gatta G, Botta L, Comber H, Dimitrova N, Leinonen MK, Pritchard-Jones K, Siesling S, Trama A, Van Eycken L, van der Zwan JM, Visser O, Zagar T, Capocaccia R. The European study on centralisation of childhood cancer treatment. *Eur J Cancer*. 2019 Jul;115:120-127. doi: 10.1016/j.ejca.2019.04.024. Epub 2019 May 24.
7. Gomez-Rubio P, Piñero J, Molina-Montes E, Gutiérrez-Sacristán A, Marquez M, Rava M, Michalski CW, Farré A, Molero X, Löhr M, Perea J, Greenhalf W, O'Rorke M, Tardón A, Gress T, Barberá VM, Crnogorac-Jurcevic T, Muñoz-Bellvís L, Domínguez-Muñoz E, Balsells J, Costello E, Yu J, Iglesias M, Ilzarbe L, Kleeff J, Kong B, Mora J, Murray L, O'Driscoll D, Poves I, Lawlor RT, Ye W, Hidalgo M, Scarpa A, Sharp L, Carrato A, Real FX, Furlong LI, Malats N; PanGenEU Study Investigators. Pancreatic cancer and autoimmune diseases: An association sustained by computational and epidemiological case-control approaches. *Int J Cancer*. 2019 Apr 1;144(7):1540-1549. doi: 10.1002/ijc.31866. Epub 2018 Oct 26.
8. Martin P, O'Leary E, Deady S, Horgan A. The uptake and efficacy of neoadjuvant therapy in older adults with locally advanced esophagogastric cancer. *J Gastrointest Cancer*. 2019 Nov 7. doi: 10.1007/s12029-019-00320-y. [Epub ahead of print]
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## OUR MISSION, VISION AND VALUES

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### **Mission**

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

### **Vision**

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

### **Value**

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

## OUR STRATEGIC PRIORITIES FOR 2020-2022

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

### **Capture Data**

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

### **Communicate Information**

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

### **Develop Organisation**

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

## PERFORMANCE INDICATORS

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

### Aims

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

### Registration

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#### Performance indicators

	2016	2017
<b>a. Timeliness</b>		
1. 50% of invasive cancers, excluding non-melanoma skin, should be registered with 3 months of the date of incidence	56%	50%
2. 90% of invasive cancers, excluding non-melanoma skin, should be registered within 12 months of the date of incidence	85%	79%
3. 90% of invasive cancers, excluding non-melanoma skin, should be closed with 24 months of the date of incidence	64%	44%
<b>b. Accuracy</b>		
1. Death certificate only cases should be <1% of the total of all invasive cancers, excluding non-melanoma skin	0.8%	0.5*%
2. 90% of all invasive cancers, excluding non-melanoma skin, 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, excluding non-melanoma skin	2%	2%

\* Please note that this figure is likely to increase as death certificate clearance is not yet complete for 2017.

## OVERVIEW OF ENERGY USAGE IN 2019

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

In 2019, the National Cancer Registry consumed 78.01 MWh of energy, all electrical.



National  
Cancer  
Registry  
Ireland

**National Cancer Registry Board**  
**Financial Statements for**  
**the year ended 31<sup>st</sup> December 2019**

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## **Information**

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



## **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 6<sup>th</sup> June 2019

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. Except for the non-compliance with the requirements of FRS102 in relation to retirement benefit entitlements, the Board considers that the financial statements of the National Cancer Registry give a true and fair view of the financial performance and the financial position of the National Cancer Registry at 31 December 2019.

### 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
Dr Jerome Coffey (Chairperson from)	31 May 2017
Dr Anna Gavin	15 February 2016
Dr Fenton Howell	15 February 2016
Ms Orla Dolan	15 February 2019
Dr Cathy Kelly	15 February 2016
Mr Eamon Morris	12 November 2019
Dr Robert O'Connor	12 April 2019

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

The members of the Audit and Risk Committee are: Dr Fenton Howell (Chairperson), Ms Orla Dolan and Mr Simon Murtagh (external member). There were 4 meetings of the ARC in 2019.

No external evaluation of the Board's performance has taken place in the last 3 years. It was agreed at the June Board meeting that the Board would look into tendering for this service.

### Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Board and Committee meetings for 2019 is set out below. No fees are paid to Board members.

Board Member	Board	ARC
<b>No of meetings</b>	<b>4</b>	<b>4</b>
Dr Jerome Coffey	4	
Ms Orla Dolan	3	3
Dr Anna Gavin	3	
Dr Fenton Howell	4	4
Dr Cathy Kelly	3	
Mr Eamon Morris	3	
Dr Robert O'Connor	3	

### 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:

### 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

Expenditure of €237 was incurred on staff hospitality by the National Cancer Registry in 2019. No expenditure was incurred on client hospitality.

### Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows:

2019	Domestic	International	Total
	€	€	€
Employees	43,389	3,893	47,282
Board	<u>1,726</u>	<u>0</u>	<u>1,726</u>
	45,115	3,893	49,008

### 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 full compliance with the Code of Practice for the Governance of State Bodies for 2019.

On behalf of the Board



.....  
Dr Jerome Coffey  
Chairperson

Date: ..02.10.2020.....



.....  
Dr Fenton Howell  
Board Member

Date: ..02.10.2020.....

## **Statement on Internal Control for the year ended 31st December 2019**

### **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 2019 and up to the date of approval of the financial statements.

### **Capacity to Handle Risk**

The National Cancer Registry has an Audit and Risk Committee (ARC) comprising two Board members and one external member, with financial and audit expertise, one of whom is the Chair of the Committee. The ARC met four times in 2019.

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.

### **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 2019 the National Cancer Registry complied with those procedures. A single supplier was approached for some I.T work (€194,834) and legal related services (€35,066) 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 2019 at its meeting on 30<sup>th</sup> June 2020

### **Internal Control Issues**

No weaknesses in internal control were identified in relation to 2019 that require disclosure in the financial statements.

Signed on behalf of the Board of the National Cancer Registry

.....  
Dr Jerome Coffey  
Chairperson

Date: .....02.10.2020.....



## **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 2019 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 2019 and of its income and expenditure for 2019 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 2019 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.

**Orla Duane**  
**For and on behalf of the**  
**Comptroller and Auditor General**

### 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.

**Statement of Income and Expenditure and Retained Revenue Reserves  
for the year ended 31<sup>st</sup> December 2019**

	Notes	2019 €	2018 €
<b>Income</b>			
Department of Health	2	3,367,915	3,186,072
Retirement benefit contributions		73,117	81,354
Other Income	3	417,135	461,604
<b>Total Income</b>		<b>3,858,167</b>	<b>3,729,030</b>
<b>Expenditure</b>			
Staff costs	4	2,861,143	2,816,834
Administration expenses	5	1,003,679	948,285
Travel and subsistence		49,008	41,818
<b>Total Expenditure</b>		<b>3,913,830</b>	<b>3,806,937</b>
<b>Deficit for the year before appropriations</b>		<b>(55,663)</b>	<b>(77,907)</b>
Transfer (to)/from capital account	9	65,270	106,843
<b>Surplus for the year after appropriations</b>		<b>9,607</b>	<b>28,936</b>
Balance Brought Forward at 1 January		59,335	30,399
Balance Carried Forward at 31 December		<u><b>68,942</b></u>	<u><b>59,335</b></u>

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

The Statement of Cash Flows on page 10 and notes on pages 11-21 form part of these financial statements

On behalf of the Board:

..  
.....  
Dr Jerome Coffey  
Chairperson

Date: 02.10.2020.....

..  
.....  
Dr Fenton Howell  
Board Member

Date: 02.10.2020.....



**Statement of Financial Position  
as at 31<sup>st</sup> December 2019**

	Notes	€	2019 €	€	2018 €
<b>Property, Plant and Equipment</b>	<b>6</b>		<b>99,272</b>		164,542
<b>Current Asset</b>					
Receivables and Prepayments	<b>7</b>	<b>176,288</b>		146,240	
Cash and Cash Equivalents		<b>344,559</b>		443,885	
		<u><b>520,847</b></u>		<u>590,125</u>	
<b>Current Liabilities</b>					
Revenue & Payroll Deductions		<b>89,101</b>		78,184	
Other Payables		<b>74,989</b>		5,461	
Accruals		<b>128,692</b>		125,257	
Grants received in advance	<b>8</b>	<b>159,123</b>		321,888	
		<u><b>451,905</b></u>		<u>530,790</u>	
<b>Net Current Assets</b>			<u><b>68,942</b></u>		<u>59,335</u>
<b>Total Net Assets</b>			<u><b>168,214</b></u>		<u>223,877</u>
<b>Representing:</b>					
Capital Account	<b>9</b>		<b>99,272</b>		164,542
Retained Revenue Reserves			<b>68,942</b>		59,335
			<u><b>168,214</b></u>		<u>223,877</u>

The Statement of Cash Flows on page 10 and notes on pages 11-21 form part of these financial statements

On behalf of the Board:

.....  
Dr Jerome Coffey  
Chairperson

Date: 02.10.2020 .....

.....  
Dr Fenton Howell  
Board Member

Date: 02.10.2020 .....

# Statement of Cash Flows for the year ended 31<sup>st</sup> December 2019

	2019 €	2018 €
<b>Net Cash Flows from Operating Activities</b>		
Excess Income over Expenditure	<b>9,607</b>	28,936
Depreciation and Impairment of Fixed Assets	<b>150,185</b>	169,915
Transfer from/(to) Capital Account	<b>(65,270)</b>	(106,843)
(Increase)/Decrease in Receivables	<b>(30,048)</b>	70,849
Increase/(Decrease) in payables	<b><u>(78,885)</u></b>	<u>24,502</u>
<b>Net Cash flow from Operating Activities</b>	<b>(14,411)</b>	187,359
 <b>Cash Flows from Investing Activities</b>		
Payments to acquire Property, Plant & Equipment	(84,915)	(63,072)
<b>Net Cash Flows from Financing Activities</b>	<b>0</b>	0
 <b>Net Increase /(Decrease) in Cash and Cash Equivalents</b>	<b><u>(99,326)</u></b>	<u>124,287</u>
<b>Cash and cash equivalents at 1 January 2019</b>	<b>443,885</b>	319,598
<b>Cash and cash equivalents at 31 December 2019</b>	<b>344,559</b>	443,885

## **Notes to the Financial Statements for the year ended 31<sup>st</sup> December 2019**

### **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 2019 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.

**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

**d) Revenue**

Oireachtas Grants

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

**e) Research Grants**

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

**f) Property, Plant & Equipment**

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

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

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

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

**g) Operating Leases**

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

**h) Employee Benefits**

Short-term Benefits

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

**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

**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.

**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.

**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

**2. Department of Health**

	<b>2019</b>	2018
	€	€
Revenue Grant (Vote 38, Subhead B.1)	<b>3,283,000</b>	3,123,000
Capital Grant (Note 9)	<b><u>84,915</u></b>	<u>63,072</u>
	<b>3,367,915</b>	3,186,072

**3. Other Income**

	<b>2019</b>	2018
	€	€
<b>Research Grants</b>		
CARG (HRB)	<b>40</b>	2,208
IPCOR (MMI)	<b>188,046</b>	212,705
Survivorship Interdisciplinary Capacity Enhancement (HRB)	<b>0</b>	27,165
Cancer Stage Project (ICS)	<b>0</b>	1,285
Research Grant Overheads	<b>0</b>	38,000
Cancer Prevention (ICS)	<b>54,953</b>	16,416
Cerviva ICE 2 (HRB)	<b>659</b>	53,491
JARC (EU)	<b>585</b>	1,762
Blood Cancer Network (BCNI)	<b><u>170,072</u></b>	<u>107,348</u>
	<b>414,355</b>	460,380
<b>Non Research Grant</b>		
Miscellaneous	<b>2,780</b>	1,224
	<b><u>417,135</u></b>	<u>461,604</u>

**Grant Donors are:**

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

**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

**4. Staff Costs**

	<b>2019 Number</b>	2018 Number
The average numbers of employees during the year was:		
Director	<b>1</b>	1
Administration	<b>36</b>	35
Cancer Data Registrar	<u><b>19</b></u>	<u>21</u>
	<u><b>56</b></u>	<u>57</u>
Whole time equivalent numbers at 31 <sup>st</sup> December	<b>48.10</b>	46.68
<b>Aggregate Employee Benefits</b>	<b>2019</b>	2018
	€	€
Staff Short-term benefits	<b>2,412,340</b>	2,357,508
Termination benefits	<b>11,064</b>	5,100
Employers contribution to social welfare	<b>250,715</b>	246,085
Retirement Benefit costs	<b>187,024</b>	208,141
	<u><b>2,861,143</b></u>	<u>2,816,834</u>
<b>Staff Short-term benefits</b>		
Basic Pay	2,412,340	2,357,508
Overtime	0	0
Allowances	0	0
Total	<u><b>2,412,340</b></u>	<u>2,357,508</u>

The termination benefits relate to a charge for the provision at year end 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 2019 were €35,535. (2018 €27,399)

<b>No of Ee's Breakdown by salary band at end December</b>	<b>2019</b>	2018
Less than €60K	<b>48</b>	48
Between €60K - €70K	<b>3</b>	3
Between €70K - €80K	<b>2</b>	2
Between €80K - €90K	<b>0</b>	0
Between €90K - €100K	<b>1</b>	1
Between €100K - €110K	<b>0</b>	0
Between €110K-€120K	<b>0</b>	1
Between €120K-€130K	<b>1</b>	0
Total	<u><b>55</b></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.

**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

**4. Staff Costs (continued)**

<b>Director's Remuneration (all short term excl ERS PRSI)</b>	<b><u>120,090</u></b>	<b><u>116,183</u></b>
<b>Directors Expenses</b>	<b><u>2,607</u></b>	<b><u>3,174</u></b>

The Director is a member of the Single Public Service Pension Scheme and did not receive any Performance Related Reward in 2019. 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 €1,726 were incurred by Board members for attendance at Board meetings in 2019. Costs of €308 were incurred in 2018.

**5. Administration Expenses**

	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Office Consumables	<b>13,964</b>	16,148
Courier and delivery charges	<b>1,032</b>	330
Books and periodicals	<b>450</b>	235
C&AG Audit fee	<b>13,000</b>	12,000
Other Audit fees	<b>10,675</b>	12,359
Recruitment	<b>30,042</b>	8,954
Training & Conference fees	<b>41,019</b>	43,355
Rent & service charges	<b>171,264</b>	176,461
Insurance	<b>9,827</b>	9,044
Building repairs & maintenance	<b>1,732</b>	1,120
Light and heat	<b>16,630</b>	13,253
Licences, Subscriptions & Support	<b>318,366</b>	204,616
Printing, postage and stationery	<b>3,556</b>	4,473
Telephone, fax and Internet	<b>54,544</b>	49,120
Legal and professional fees	<b>154,349</b>	144,525
Bank Charges	<b>566</b>	545
Research Collaborations	<b>0</b>	27,038
Sundry expenses	<b>5,616</b>	7,827
Cancer Benchmarking Project	<b>0</b>	43,264
Information Technology Consumables	<b>6,862</b>	3,703
Depreciation on computer equipment	<b>148,261</b>	167,303
Depreciation on fixtures and fittings	<b>399</b>	1,087
Depreciation on office equipment	<b>1,525</b>	1,525
	<hr/>	<hr/>
<b>Total Administration Expenses</b>	<b><u>1,003,679</u></b>	<b><u>948,285</u></b>



**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

**6. Property, Plant and Equipment**

	<b>Computer Equipment</b>	<b>Fixtures &amp; Fittings</b>	<b>Office Equipment</b>	<b>Total</b>
	€	€	€	€
<b>Cost</b>				
At 1 <sup>st</sup> January 2019	1,172,568	311,711	27,545	1,511,824
Additions	84,915	0	0	84,915
Disposals	(7,318)	(7,048)	0	(14,366)
<b>At 31<sup>st</sup> December 2019</b>	<b>1,250,165</b>	<b>304,663</b>	<b>27,545</b>	<b>1,582,373</b>
<b>Depreciation</b>				
At 1 <sup>st</sup> January 2019	1,012,534	311,312	23,436	1,347,282
On disposals	(7,318)	(7,048)	0	(14,366)
Charge for the year	148,261	399	1,525	150,185
<b>At 31<sup>st</sup> December 2019</b>	<b>1,153,477</b>	<b>304,663</b>	<b>24,961</b>	<b>1,483,101</b>
<b>Net book Values</b>				
<b>At 31<sup>st</sup> December 2019</b>	<b>96,688</b>	<b>0</b>	<b>2,584</b>	<b>99,272</b>
At 31 <sup>st</sup> December 2018	<u>160,034</u>	<u>399</u>	<u>4,109</u>	<u>164,542</u>

Computer Equipment includes Computer Software with a net book value of €40,935 at 31<sup>st</sup> Dec 2019. and €101,213 at 31<sup>st</sup> Dec 2018.

**7. Receivables and Prepayments**

	<b>2019</b>	<b>2018</b>
	€	€
Receivables – Research Grants (Note 8)	<b>38,146</b>	1,341
Receivables – Other	<b>1,721</b>	4,327
Prepayments	<b>136,421</b>	140,572
	<b><u>176,288</u></b>	<u>146,240</u>

**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

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

<b>Project (Donor)</b>	<b>Opening at 1<sup>st</sup> January</b>	<b>Income Received</b>	<b>T/F to I&amp;E A/C</b>	<b>Closing at 31<sup>st</sup> December</b>
	<b>€</b>	<b>€</b>	<b>€</b>	<b>€</b>
<b>Grants Currently in Advance</b>				
CARG (HRB)	48,831	0	40	48,791
Cerviva ICE (HRB)	4,937	0	0	4,937
Blood Cancer Network	241,676	0	170,072	71,604
Cerviva ICE 2 (HRB)	11,448	6,761	659	17,550
Eond of Life Care (IHF)	0	16,241	0	16,241
				<b>159,123</b>
<b>Grants Currently in Arrears</b>				
JARC (EU)	(1,341)	1,926	585	0
IPCOR (MMI)	7,955	142,944	188,046	(37,147)
Cancer Prevention (ICS)	7,041	46,913	54,953	(999)
				<b>(38,146)</b>
	<hr/>	<hr/>	<hr/>	<hr/>
<b>Total</b>	<b><u>320,547</u></b>	<b><u>214,785</u></b>	<b><u>414,355</u></b>	<b><u>120,977</u></b>

**Research Grant Donors are:**

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

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

**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

<b>9. Capital Account</b>	<b>2019 Total €</b>	<b>2018 Total €</b>
Balance at 1 January 2019	<b>164,542</b>	271,385
<b>Transfer to/(from) Income and Expenditure account</b>		
Capital Grants Received from Department of Health (Vote 38 subhead L1)	<b>84,915</b>	63,072
Amount of amortisation in line with asset depreciation	<u><b>(150,185)</b></u> <b>(65,270)</b>	<u><b>(169,915)</b></u> <b>(106,843)</b>
Balance at 31 December 2019	<u><b>99,272</b></u>	<u><b>164,542</b></u>

**10. Operating Lease Rentals**

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

	<b>2019 €</b>	<b>2018 €</b>
Lease Rentals Charged to the Statement of Income & Expenditure and Retained Revenue Reserves	<b>136,100</b>	136,100
The Board has the following commitments under operating leases which expire:		
Within one year	<b>136,100</b>	136,101
Within two to five years	<b>544,403</b>	544,403
After five years	<b>396,690</b>	533,061

**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

**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 1<sup>st</sup> 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 2019 was €57,994. The comparative PRD amount for 2018 was €79,908.

**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 2019 were € 605,239 (Incl Employers PRSI). The comparative figure for 2018 was € 582,915 (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.

During the year 2019 no transactions/contracts were entered into in which a board member had an interest.

**13. External Consultants & advisors fees**

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

	<b>2019</b>	2018
	€	€
Contract and legal commitments	<b>22,938</b>	5,691
Data Protection Advice	<b>21,168</b>	60,843
Operational Review	<b>0</b>	40,474
HR Support	<b>11,931</b>	11,992
Strategy	<b>21,648</b>	25,184
Training Plan	<b>5,100</b>	0
Change Management	<b>52,034</b>	0
Stakeholder Survey	<b>6,150</b>	0
Consultancy Support	<b>7,178</b>	0
Workshops/Reports	<b>5,314</b>	0

**Notes to the Financial Statements  
for the year ended 31<sup>st</sup> December 2019**

**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 30<sup>th</sup> June 2020