

NATIONAL CANCER REGISTRY

ANNUAL REPORT & ACCOUNTS



FOR THE YEAR ENDING 31ST DECEMBER 2021



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FOREWORD



I am delighted to provide this foreword to the National Cancer Registry's Annual Report and Accounts for the year ending 31st December 2021.

2021 was a year of extraordinary challenges within the Health Care Sector in Ireland, not least being the ongoing Covid-19 pandemic and the Cyber-attacks on the HSE Systems. Despite this, cancer diagnostics and treatment services continued to grow in line with increasing needs due to population growth and ageing. I wish to acknowledge the importance of the Department of Health and the National Cancer Control Programme for their co-ordinated response to cancer services in this difficult context.

The vision of the National Cancer Strategy 2017-2026 is that 'together we will strive to prevent cancer and work to improve the treatment, health and wellbeing, experiences and outcomes of those living with and beyond cancer'. The Registry is committed to playing its part to deliver on this Strategy. I wish to express my thanks to the Irish hospitals, both public and private, and others who provide the Registry with the data and information necessary to enable us to fulfil our statutory remit.

I take this opportunity to formally welcome Professor Deirdre Murray, who took up the role as Director, on June 9th 2021. I thank Professor Murray and her staff for their hard work and commitment to continuous improvement, while continuing to work remotely during the most of 2021.

The Registry's agile response to the ransomware attack on the HSE in May of 2021 allowed our operations to continue to function during this event, emphasising the importance of robust, secure laboratory systems for data transfer. The NCRB is committed to operating at the highest standards, and we support investment at hospital level which facilitates the fully digital data transfer, already in place in other jurisdictions.

On behalf of the Board, I acknowledge the contributions of Dr. Anna Galvin and Dr. Fenton Howell who both retired from the Board in February 2021, after contributing their expertise over a five year period. Also, I welcome and wish well Ms. Mary Bourke and Prof. Mark Lawlor, our new Board members. On a final note, I thank my fellow Board members for their ongoing dedication to & support of the work of the Registry.



Dr. Jerome Coffey MD FRCPI FRCR FFRRCS
Board Chair, National Cancer Registry
20th June 2022

DIRECTOR'S STATEMENT



This annual report provides an overview of our work in 2021 to deliver on our statutory functions in relation to the collection, analysis and dissemination of information relating to the incidence and prevalence of cancer in Ireland.

Throughout 2021, Ireland as a country, and the entire Health Sector, faced a number of challenges. Despite these challenges, the National Cancer Registry remained resilient and our team displayed flexibility and innovation while adapting to the challenging circumstances of the global pandemic.

In the initial phase of remote working, cancer data collection in terms of case notifications improved as the NCRI benefitted from enhanced remote access to hospital IT systems, quickly facilitated by our hospitals partners in order to assist the NCRI and reduce their own footfall. However, not all data is available remotely and delays in the ability to retrieve manual notes in a number of hospitals has had a significant negative impact on our case closure rates. Unfortunately, the early gains were subsequently negated by the major ransomware cyberattack in May 2021 on the Irish public health system, the Health Service Executive (HSE). Although the NCRI IT systems were not directly impacted, all of the HSE IT systems were shut down and the NCRI had to yet again reconfigure its processes to manage this scenario. With great co-operation from our HSE partners, our team adapted to this new challenge, enabling the NCRI to work around the problem, but it took many months before we were back to where we were in April 2021.

Notwithstanding the challenges in the sector, 2021 saw this organisation embark on important initiatives which will develop organisation capabilities to position NCRI strongly in the national health services. We undertook a total review of our data architecture and the development of a Data Strategy. The priorities of this strategy are to increase the use of technology and electronic data capture while further enhancing data quality and access to it, to standardise routine data reporting, develop analytics capabilities and to establish an external ecosystem for data sharing.

As an organisation we recognise the importance of engaging in research and I am delighted that we are again partnering with The Irish Cancer Society and The Royal College of Surgeons in Ireland to carry out a research project entitled "Examining the impact of COVID19 on cancer in Ireland".

I look forward to working with my NCRI colleagues and the Board in implementing our Data Strategy and helping the NCRI to continue to make a meaningful contribution to cancer research, service planning and evaluation in Ireland.

A handwritten signature in dark ink that reads "Deirdre Murray".

Professor Deirdre Murray
Director, National Cancer Registry

20th June 2022

HISTORY & BACKGROUND

Establishment

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

The National Cancer Registry Board

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

The Board members at 31 December 2021 were:

- Dr Jerome Coffey (Chair)
- Ms Orla Dolan
- Dr Catherine Kelly
- Mr Eamonn Morris
- Dr Robert O’ Connor
- Ms Mary Bourke
- Prof. Mark Lawlor

Statutory functions

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

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

THE NCRI AT A GLANCE

Who are we, and what do we do?

The National Cancer Registry of Ireland (NCRI) works on behalf of the Department of Health and collects information from all hospitals in Ireland on the number of persons diagnosed with cancer and the types of cancer they have. NCRI also follows up the numbers dying from their cancer or from other causes. All the patient's personal and private details are removed before summaries of this information are made available to public and health professionals through our annual cancer report and other reports on our website.

How are the numbers reported?

Collecting and checking all of this information is performed by a combination of manual and electronic processes. Our staff collect cancer diagnosis information and then use an agreed system of coding (The International Classification of Diseases) to group the cancers into different types. After a process of collating diverse information from Irish hospitals and assigning it to the correct person, the annual cancer report is published following analysis of de-identified data.

How many people were diagnosed with cancer?

- On average, 43,638 cancers or related tumours were diagnosed each year during 2017-2019.
- Approximately 18% (almost 1 in 5) of these were non-invasive neoplasms (in situ carcinomas, tumours of uncertain behaviour and benign brain and CNS tumours).
- 27% (just over 1 in 4) were non-melanoma skin cancers.
- Invasive cancers (including NMSC) averaged 35,910 cases per year during 2017-2019.
- The figure most often quoted in international comparisons ('*all invasive cancer, excluding NMSC*') averaged 24,146 cases (12,849 males and 11,298 females) diagnosed annually during 2017-2019, or 55% (about 1 in 2) of all registered tumours.

How many people die of cancer?

- Of all deaths occurring in 2018 in Ireland, 31% (almost 1 in 3) were attributable to cancer. Another 29% and 13% were attributable to diseases of the circulatory and respiratory systems respectively.
- On average there were 9,190 deaths per year from invasive cancer (4,864 in males, 4,326 in females) during the period 2016-2018, or 9,423 deaths per year from any tumour type.

Excerpt from *National Cancer Registry Ireland (2021) Cancer in Ireland 1994-2019: Annual report of the National Cancer Registry*. NCRI, Cork, Ireland, available at www.ncri.ie

REPORT OF THE CHAIRPERSON

1. There were no commercially significant developments affecting the Registry during 2021.
2. The Registry is carrying out its activities daily in accordance with official policies and procedures for financial reporting, internal audit, travel, procurement and asset disposals.
3. System of internal financial control
 - a) The Board is responsible for the Registry's system of internal control.
 - b) Such a system can provide only reasonable, and not absolute, assurance against material error.
 - c) Key procedures which have been put in place by the Board to provide effective internal financial control include:
 - d) A clearly defined management structure.
 - e) A risk register which was updated throughout 2021.
 - f) Policies and procedures setting out instructions for all areas of financial activity were in place for 2021. 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 2021. There were regular reconciliations carried out between National Cancer Registry records and those maintained by University College Cork.
 - g) An Audit and Risk Committee which oversaw the work of the Internal Auditors during 2021.
 - h) A full three-year cycle of internal audits covering core financial, organizational and operational areas has been agreed by the Audit and Risk Committee and the Board. Formal internal audits were carried out in 2021 in the areas of the System of Internal Financial Controls, Risk Management and Cyber Security.
 - i) An overall annual budget for the Registry was agreed which incorporated a department level budget for IT. A report is prepared on a regular basis to compare actual with budget figures and overall annual expected figures are updated throughout the year.
 - j) Reviews by the Board at each of its meetings of periodic and annual financial reports.
 - k) 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 one service was contracted but not tendered for in 2020 and the invoice was paid in 2021 (€28,500 plus VAT). The National Cancer Registry has addressed this exception with the introduction of a Corporate Procurement Plan during 2021 and will continue to ensure compliance to the Corporate Procurement Policy, procedures and plan.
 - l) The Board carried out a review of the effectiveness of internal financial controls for 2021 at its meeting on the 20th June 2022.

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



Dr. Jerome Coffey MD FRCPI FRCR FFRRCSI
Board Chairman, National Cancer Registry
20th June 2022

OUR MISSION & VALUES

Mission

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

Vision

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

Values

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

OUR STRATEGIC PRIORITIES FOR 2020-2022

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

Data Capture

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

Communicate Information

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

Develop Organization

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

REPORT ON SYSTEM OF INTERNAL FINANCIAL CONTROL

Governance

Board

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

Briefing for new Board members

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

Disclosure of interests by Board members

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

Protected Disclosures

No protected disclosures under the Public Disclosures Act 2014 were made during 2021.

Audit and Risk Committee

The Audit and Risk Committee met on four occasions in 2021.

Internal Audit Function

An internal audit service is in place and is carrying out a systematic audit of all areas of Registry activity. In 2021, the following areas were audited:

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

Code of Business Conduct for Board Members and Staff

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

Procurement

All staff involved in procurement have been made aware of the Public Procurement Guidelines and directed to the www.etenders.gov.ie website for further guidance. This direction is contained within the Governance framework for the NCRI. Guidance for staff on procurement processes has been written and circulated to all staff involved in procurement. During 2021, the NCRI developed, agreed and implemented a corporate procurement plan.

Tax clearance

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

Disposal of assets

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

Disposal of assets to Board members/staff

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

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

Acquisitions/Subsidiaries

NCRI has not established nor acquired any subsidiaries.

Diversification of core business

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

Investment appraisal

There has been no significant capital investment.

Director's remuneration

The Director's remuneration accords to appropriate guidelines and is disclosed in the Annual Report for 2021, stating annual basic salary and superannuation benefits.

Board members' fees

No fees are paid to any Board members. Travel and subsistence payments, in line with approved public sector rates, for the meetings that they attend are published in the annual report.

Government pay policy

All employees are paid at rates commensurate with their grade.

Reporting arrangements

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

Strategic and Corporate Planning

The Board adopted its most recent formal statement of strategy, for the period 2020-2022, in September 2020. A Service Plan was provided to the Department of Health in April 2021 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

The Registry is fully tax compliant. In 2021 Payroll was processed by University College Cork which provides a payroll bureau service to the Board. VAT and PSWT are accounted for by the Registry.

Risk Management

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

There is a Business Continuity Plan and a Disaster Recovery Plan in place.

Finance

Control Environment

The Board met five times in 2021. The Senior Management Team meets fortnightly. Delegated authority levels for expenditure are in place and are well understood and monitored by the Finance staff.

Information and Communication

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

Control Activities

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

Monitoring and Corrective Action

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

Budgetary Control

The initial annual budget submission is made to the Department in the autumn and is based on the previous year's outturn figures in conjunction with the current year to date expenditure figures. A narrative explanation is given for any significant variances from the previous year's expenditure figures. The Department provides formal notification of the Non-Capital Expenditure allocation early in the year (typically February). The NCRI then produces a detailed monthly budget profile based on the formal allocation received from the Department along with a Service Plan for the year that details the services planned within the budget allocated. The NCRI is monitored against this plan throughout the year. A monthly accounts pack is produced that consists of the following:

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

Fixed Assets

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

- Software
- Hardware
- Fixtures and furnishings
- Office equipment

The register contains the following level of detail:

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

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



Dr. Jerome Coffey MD FRCPI FRCR FFRRCSI
Board Chairman, National Cancer Registry
20th June 2022

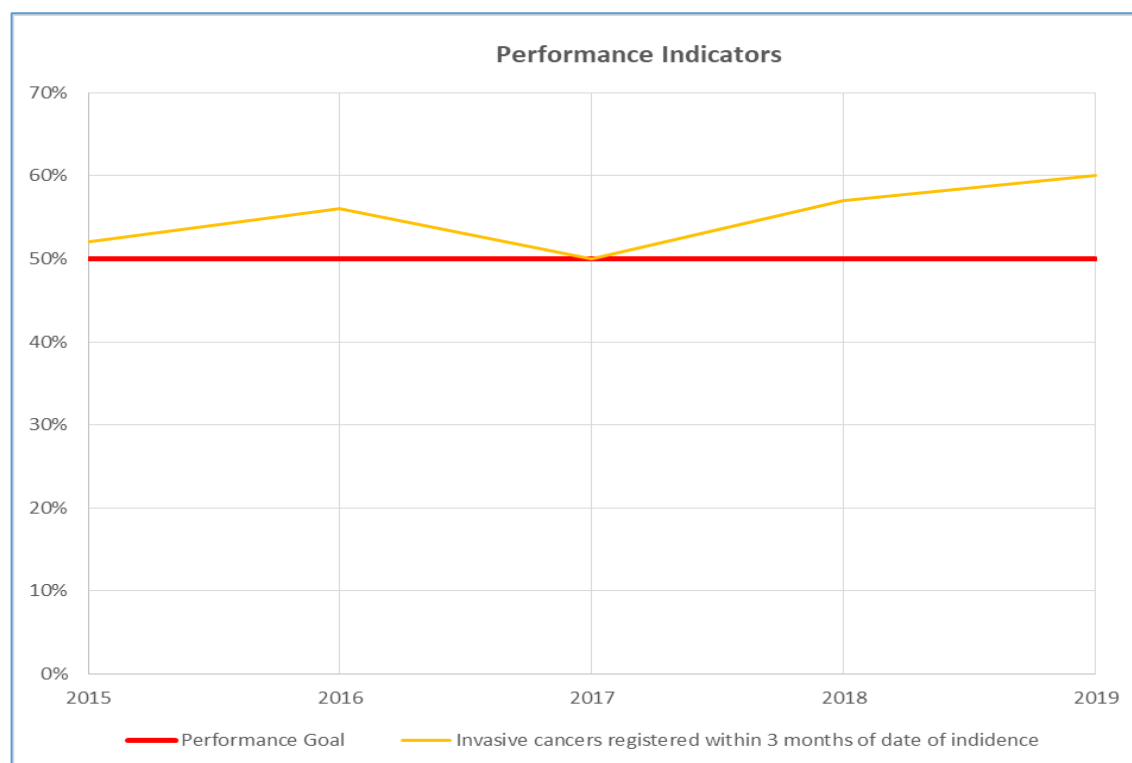
PERFORMANCE INDICATORS

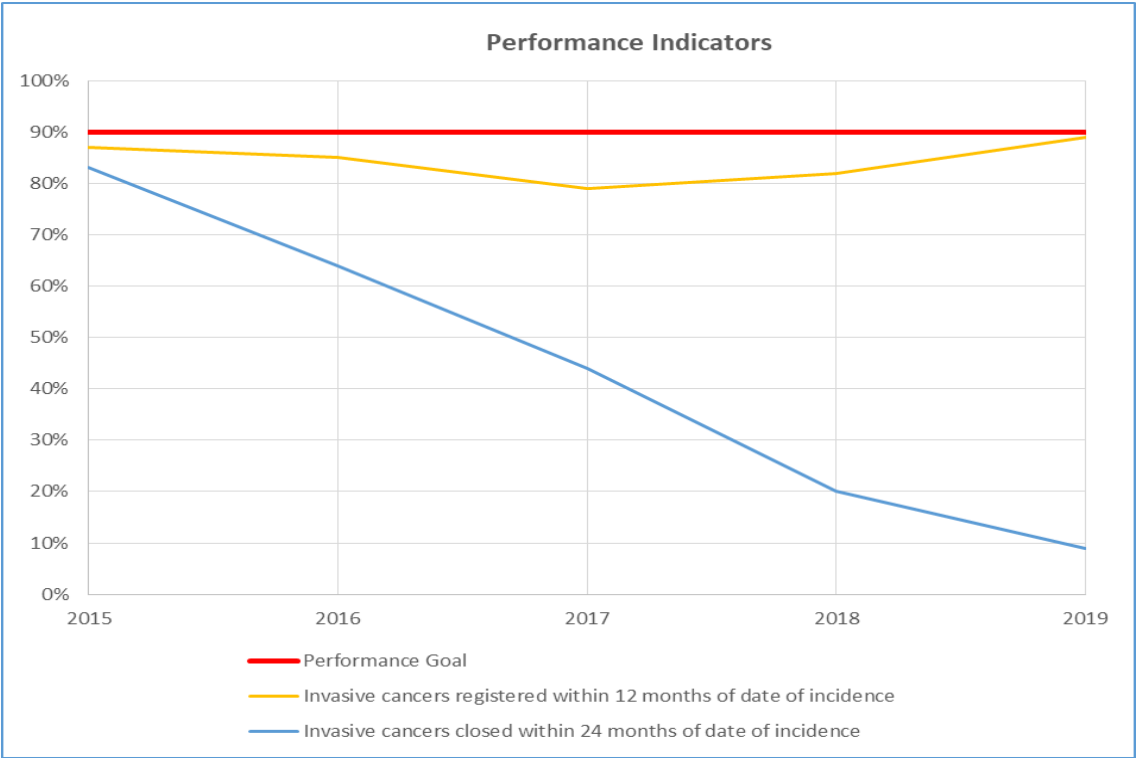
A set of performance indicators was agreed by the Board in 2010 to evaluate the success of the Registry in attaining its objectives. Stretch targets were chosen to be slightly better than the current performance. The performance metrics below require up to 24 months of data to produce a measurement. As a result, 2019 is the most recent year for which these statistics can be published, and performance on these indicators for the five years up to 2019 is shown below.

These indicators are presented for a period of significant internal and external changes and incidents. The Registry introduced a new Registration System in 2017. From 2018, the Registry has necessarily deployed significant resources from data collection, collation and case closing into addressing queries, assignments and projects arising from the Scoping Inquiry into the Cervical Check Screening Programme. In addition, the activities of the Registry have been negatively impacted by the Covid-19 pandemic, the HSE cyberattack and other cyber threats to our partners' networks and systems.

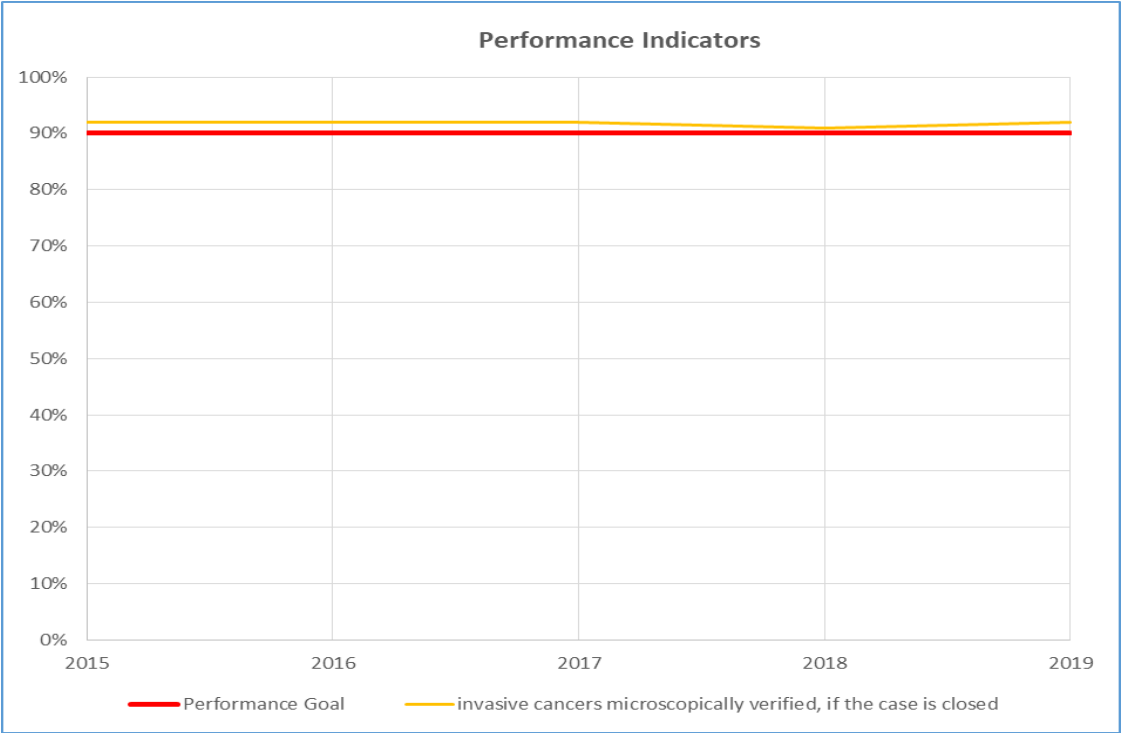
The Registry is reviewing its operations and resources in order to rebuild its capacity and increase performance. The Registry is exploring and considering the potential of new technology to further enhance its performance. Because the Registry tracks patient data over time through multiple provider encounters and/or multiple health partner systems, it will take several years for the initiatives to be reflected in improved performance metrics.

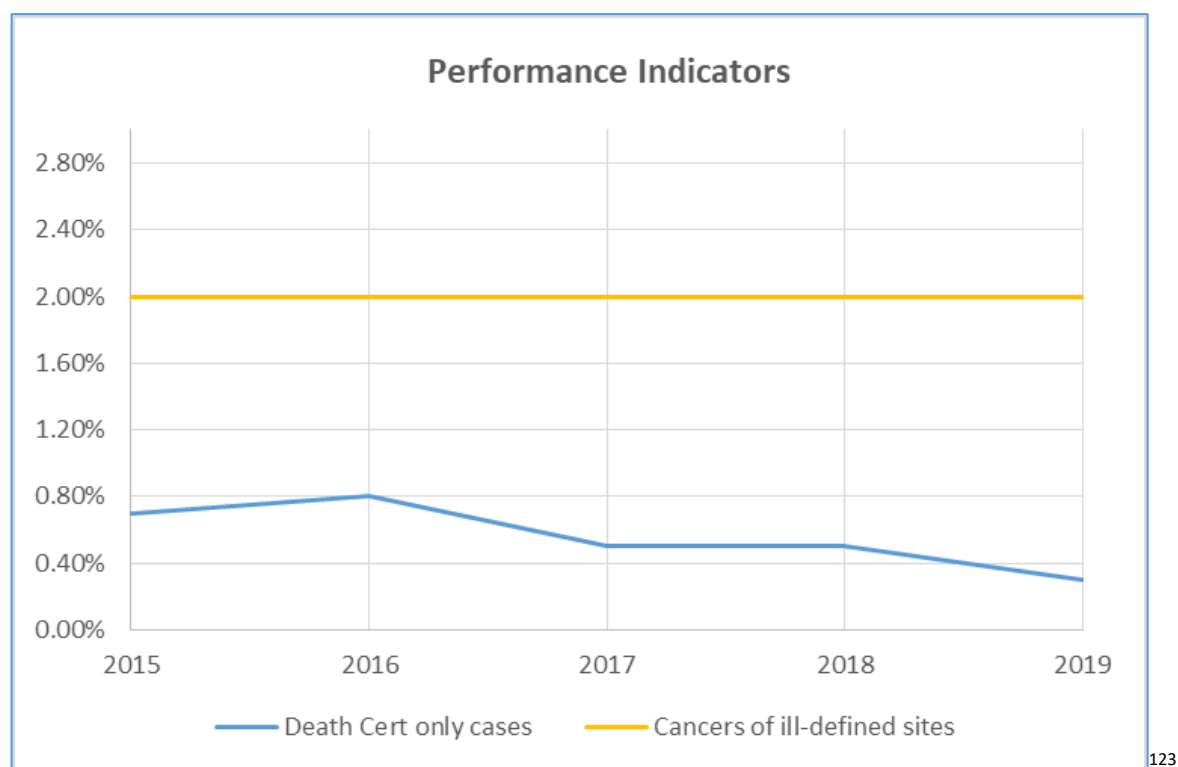
Timeliness





Accuracy





¹ Not all 2019 death certificates are processed

² Cancers of ill-defined sites should be less than 3% of all invasive cancers

³ Death certificate only cases should be <1% of the total of all invasive cancers

STAFF

The total staff complement as of the 31st December 2021 was made up of 45 employees or a FTE (Full time Equivalent) of 40.73. This was made up of a permanent staff equivalent of 42 employees (FTE 36.73) and an additional 3 staff (FTE 3) who are on specified/temporary contracts.

Grade	DoH Funded Permanent FTE	DoH Funded Temporary FTE	Externally Funded Temporary FTE	Total No of Staff
Director	1.00			1
Grade III	1.00			1
Grade IV	4.89			5
Grade V	6.31	1		8
Grade VI	4.76		2	7
Grade VII	4.76			6
Grade VIII	1.00			1
Grade - Senior Lecturer	0.95			1
Grade - Senior Staff Nurse (SSN)	6.90			8
Grade - Senior Staff Nurse Dual Qualified (SSN DQ)	2.25			3
Grade - Staff Nurse (SN)	3.91			4
Total	37.73	1	2	45

OVERVIEW OF ENERGY USAGE IN 2021

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 2021, the National Cancer Registry consumed 71.05 MWh of energy, all electrical.

ACTIVITIES

Data Acquisition

Electronic Data

The Registry continues to engage with hospitals to obtain electronic extracts from pathology and radiotherapy departments, with the Central Statistics Office to obtain electronic death certificates and with the Healthcare Pricing Office to obtain data from Hospital In Patient Enquiry (HIPE) system. The majority of tumours are created electronically in a raw format with a minority of fields populated. All fields populated during electronic processing have to be manually verified with coding updated in line with international guidelines. In addition, information on staging and treatment, and any other outstanding fields must be entered manually. During 2021, work continued to integrate other electronic data with the Cancer Registration System (CRS).

National Medical Laboratory Information System (MedLIS)

Data Integration continued to work with the MedLIS project team in developing and testing an electronic extract for the NCRI. This project was paused in May 2021 following the HSE Cyber Attack and a resumption date has not yet been set.

Remote access

Restoration of remote access (read only) to relevant hospital IT systems by Cancer Data Registrars (CDRs) is in place for all statutory hospitals. Work is ongoing to complete this access for voluntary and private hospitals.

Impact of Covid 19

During 2021 NCRI staff continued to work from home. During this time CDRs carried out essential hospital visits to collect data where this data was unavailable through remote systems access.

Impact of Cyber Attack

The HSE cyber-attack in May 2021 affected the NCRI as follows:

Remote access to all statutory, voluntary and private hospitals ceased. Remote access to private hospital systems restarted within two weeks with access to most voluntary hospitals regained within one month. Remote access to statutory hospitals ceased for five months with first statutory hospital re-established mid-October. Following second cyber-attack in December 2021 remote access to hospital systems ceased until January 2022. This led to a significant reduction in rate of tumour closure due to the inability to obtain timely data for a section of the registration. Usually this related to collection of oncology data and clinical TNM data.

IT Developments

Data Architecture

Data is at the heart of the NCRI. As such, the NCRI is always cognisant of advances and good practice advancements in data related technology and processes. In 2021 the NCRI undertook an end to end review of its technologies and processes in relation to data collection, processing, storage and use. The output from this exercise is a data strategy, which the NCRI will implement on a phased approach over the coming years.

Enabling a self-service reporting and analytics culture across the organisation was identified as the first priority to help achieve the NCRI's key strategic objectives and become a modern, dynamic and high performing state resource.

A comparative evaluation of reporting tools and technologies and their suitability for use by NCRI was conducted. This resulted in a recommendation of Tableau as the tool best suited to the needs of the NCRI. This will be implemented during 2022.

Hardware maintenance and upgrades

As part of its ongoing maintenance program, NCRI's server room required an upgrade in 2021. A procurement exercise was conducted in conjunction with the Office of Government Procurement.

The NCRI upgrades its laptops on a rolling basis, ensuring that all users have a fit-for-purpose device which is under warranty. This process continued during 2021.

BreastCheck Interval Cancer Dataset

During 2021, and following from a recommendation from the Scally Report, the Registry engaged with the National Screening Service to integrate BreastCheck electronic data with the NCRI patient database. This project required significant IT development resources to progress. The plan is that this project will complete in Q2, 2022.

Cancer Registration System

During 2021, user requested changes & bug fixes were implemented in the Advanced Cancer Enquiry System (ACES). All changes follow a formal change control process. The planned release schedule for 2021 was developed and published, with six planned major functional releases during the year.

There were several major functional improvements, driven by user requests, efficiency improvements, Scally project recommendations and data protection considerations. Some notable projects for 2021 were:

- The inclusion of functionality to generate a Data Dictionary that reflects an up to date description of the cancer patient database
- The integration of Geocode electronic data with functionality to match to patient addresses and report on various aspects of Geocode matching
- Working with the National Screening Service to integrate BreastCheck electronic data with functionality to match BreastCheck records to patient records.
- Mechanism to track the effect of the COVID-19 pandemic on the Registry's ability to maintain case

closure rates by tracking those cases that required a user to physically attend a hospital in order to collect all necessary information.

HSE Cyber Attack

In May, 2021, the HSE were the target of a major cyber-attack. The Registry took a conservative approach and immediately severed all connections to external agencies. The process of restoring external connections was undertaken following additional monitoring and security improvements on our network and in consultation with the NCRI Board and external agencies.

The NCRI IT Department added extra security to its network, in line with HSE requirements and recommendations, in order to enable network connections to the HSE to be re-established.

Network Security

In early 2021, the NCRI tendered for and implemented a network security monitoring solution. The chosen solution proactively identifies network vulnerabilities that could be potentially exploited. Included in this solution is an annual penetration test. All identified vulnerabilities and weaknesses are actioned immediately they are identified.

Research and Dissemination

A core aim of the National Cancer Registry is to promote and facilitate the use of our data in research and in the planning and management of cancer services in Ireland. A committee has been established within NCRI to manage the facilitation of research and transfer of data to researchers. The process was piloted and embedded in 2018.

Clinical Registries

Blood Cancer Network Ireland

Funding from the Irish Cancer Society and Science Foundation Ireland has provided a database developer and Clinical Data Registrars in Cork and Dublin to collaborate with a haematologist, Professor Mary Cahill in CUH, to develop blood cancer databases. By December 2018 an acute myeloid leukaemia (AML) database had been developed at NCRI and work on a multiple myeloma (MM) database had begun. Data collection protocols, data dictionaries and audit and quality assurance processes have also been established. AML data collection continued at NCRI up to September 2020, and in 2021 the remaining NCRI focus was on data transfer to other BCNI partners.

Grants Awarded

The Irish Cancer Society has awarded a research grant to Royal College of Surgeons in Ireland (RCSI) to carry out a research project entitled "Examining the impact of COVID19 on cancer in Ireland". RCSI & NCRI have an Agreement in place to collaborate on a research work programme over a 2 year period. The budget for the research work programme is €126,368.00.

*Dissemination***Reports published in 2021**

1. Cancer in Ireland 1994-2018 with estimates for 2018-2020: Annual report of the National Cancer Registry. NCRI, Cork, **December 2021** (McDevitt J, Walsh PM).

Peer-reviewed papers 2021

1. Andersson TM, Myklebust TÅ, Rutherford MJ, Møller B, Soerjomataram I, Arnold M, Bray F, Parkin DM, Sasieni P, Bucher O, De P, Engholm G, Gavin A, Little A, Porter G, Ramanakumar AV, Saint-Jacques N, Walsh PM, Woods RR, Lambert PC. The impact of excluding or including Death Certificate Initiated (DCI) cases on estimated cancer survival: A simulation study. *Cancer Epidemiol.* **2021** Apr;71(Pt A):101881. doi: 10.1016/j.canep.2020.101881. **Epub 2021** Jan 10.
2. Andersson TM, Rutherford MJ, Myklebust TÅ, Møller B, Arnold M, Soerjomataram I, Bray F, Elkader HA, Engholm G, Huws D, Little A, Shack L, Walsh PM, Woods RR, Parkin DM, Lambert PC. A way to explore the existence of "immortals" in cancer registry data - An illustration using data from ICBP SURVMARK-2. *Cancer Epidemiol.* **2022** Feb;76:102085. doi: 10.1016/j.canep.2021.102085. **Epub 2021** Dec 24.
3. Andersson TM, Rutherford MJ, Myklebust TÅ, Møller B, Soerjomataram I, Arnold M, Bray F, Parkin DM, Sasieni P, Bucher O, De P, Engholm G, Gavin A, Little A, Porter G, Ramanakumar AV, Saint-Jacques N, Walsh PM, Woods RR, Lambert PC. Exploring the impact of cancer registry completeness on international cancer survival differences: a simulation study. *Br J Cancer.* **2021** Mar;124(5):1026-1032. doi: 10.1038/s41416-020-01196-7. **Epub 2020** Dec 9.
4. Araghi M, Arnold M, Rutherford MJ, Guren MG, Cabasag CJ, Bardot A, Ferlay J, Tervonen H, ShackL, Woods RR, Saint-Jacques N, De P, McClure C, Engholm G, Gavin AT, Morgan E, Walsh PM, JacksonC, Porter G, Møller B, Bucher O, Eden M, O'Connell DL, Bray F, Soerjomataram I. Colon and rectal cancer survival in seven high-income countries 2010-2014: variation by age and stage at diagnosis(the ICBP SURVMARK-2 project). *Gut.* **2021** Jan;70(1):114-126. doi: 10.1136/gutjnl-2020-320625. **Epub 2020** Jun 1.
5. Araghi M, Fidler-Benaoudia M, Arnold M, Rutherford M, Bardot A, Ferlay J, Bucher O, De P, Engholm G, Gavin A, Kozie S, Little A, Møller B, St Jacques N, Tervonen H, Walsh P, Woods R, O'Connell DL, Baldwin D, Elwood M, Siesling S, Bray F, Soerjomataram I; ICBP SURVMARK-2 Local Leads; ICBP SURVMARK-2 Academic Reference Group; ICBP Clinical Committee–Lung; ICBP SurvMark-2 Academic Reference GroupICBP SurvMark-2 academic reference group; ICBP Clinical Committee – LungICBP clinical Committee – lung. International differences in lung cancer survival by sex, histological type and stage at diagnosis: an ICBP SURVMARK-2 Study. *Thorax.* **2022** Apr;77(4):378-390. doi: 10.1136/thoraxjnl-2020-216555. **Epub 2021** Jul 19.
6. Arnold M, Morgan E, Bardot A, Rutherford MJ, Ferlay J, Little A, Møller B, Bucher O, De P, Woods RR, Saint-Jacques N, Gavin AT, Engholm G, Achiam MP, Porter G, Walsh PM, Vernon S, Kozie S, Ramanakumar AV, Lynch C, Harrison S, Merrett N, O'Connell DL, Mala T, Elwood M, Zalcborg J, Huws DW, Ransom D, Bray F, Soerjomataram I. International variation in oesophageal and gastric cancer survival 2012-2014: differences by histological subtype and stage at diagnosis (an ICBP SURVMARK-2 population-based study). *Gut.* **2021** Nov 25;gutjnl-2021-325266. doi: 10.1136/gutjnl-2021-325266. Online ahead of print.

7. Cardoso R, Guo F, Heisser T, Hackl M, Ihle P, De Schutter H, Van Damme N, Valerianova Z, Atanasov T, Májek O, Mužík J, Nilbert MC, Tybjerg AJ, Innos K, Mägi M, Malila N, Bouvier AM, Bouvier V, Launoy G, Woronoff AS, Cariou M, Robaszkiewicz M, Delafosse P, Poncet F, Katalinic A, Walsh PM, Senore C, Rosso S, Vincerževskienė I, Lemmens VEPP, Elferink MAG, Johannesen TB, Kørner H, Pfeiffer F, Bento MJ, Rodrigues J, Alves da Costa F, Miranda A, Zadnik V, Žagar T, Lopez de Munain Marques A, Marcos-Gragera R, Puigdemont M, Galceran J, Carulla M, Chirlaque MD, Ballesta M, Sundquist K, Sundquist J, Weber M, Jordan A, Herrmann C, Mousavi M, Ryzhov A, Hoffmeister M, Brenner H. Colorectal cancer incidence, mortality, and stage distribution in European countries in the colorectal cancer screening era: an international population-based study. *Lancet Oncol.* **2021** Jul;22(7):1002-1013. doi: 10.1016/S1470-2045(21)00199-6. Epub **2021** May 25.
8. Clarke N, Dunne S, Coffey L, Sharp L, Desmond D, O'Conner J, O'Sullivan E, Timon C, Cullen C, Gallagher P.J. Health literacy impacts self-management, quality of life and fear of recurrence in head and neck cancer survivors. *Cancer Surviv.* **2021** Dec;15(6):855-865. doi: 10.1007/s11764-020-00978-5. **Epub 2021** Jan 9.
9. Keeling E, O'Leary E, Deady S, O'Neill JP, Conlon PJ, Moloney FJ. Gender and immunosuppression impact on Merkel cell carcinoma diagnosis and prognosis. A population based cohort study. *Skin Health Dis.* **2021** Dec 8;2(1):e80. doi: 10.1002/ski2.80. eCollection **2022** Mar
10. Kelly M, O'Brien KM, Hannigan A. Using administrative health data for palliative and end of life care research in Ireland: potential and challenges. *HRB Open Res.* **2021** May 26;4:17. doi: 10.12688/hrbopenres.13215.2. eCollection 2021.
11. Menzies S, O'Leary E, Callaghan G, Mansoor N, Deady S, Murad A, Lenane P, O'Neill J, Lally A, Houlihan DD, Murray S, Sexton DJ, McCormick PA, Egan JJ, O'Neill JP, Conlon PJ, Moloney FJ. A population-based comparison of organ transplant recipients in whom cutaneous squamous cell develops versus those in whom basal cell carcinoma develops. *J Am Acad Dermatol.* **2021** Jun 8:S0190-9622(21)01022-7. doi: 10.1016/j.jaad.2021.05.032. Online ahead of print.
12. Molcho M, Thomas AA, Walsh PM, Skinner R, Sharp L. Social inequalities in treatment receipt for childhood cancers in Ireland: A population-based analysis. *Int J Cancer.* **2022** Mar 15;150(6):941-951. doi: 10.1002/ijc.33856. **Epub 2021** Nov 13.
13. Molina-Montes E, Coscia C, Gómez-Rubio P, Fernández A, Boenink R, Rava M, Márquez M, MoleroX, Löhr M, Sharp L, Michalski CW, Farré A, Perea J, O'Rorke M, Greenhalf W, Iglesias M, Tardón A, Gress TM, Barberá VM, Crnogorac-Jurcevic T, Muñoz-Bellví L, Dominguez-Muñoz JE, Renz H, Balcells J, Costello E, Ilzarbe L, Kleeff J, Kong B, Mora J, O'Driscoll D, Poves I, Scarpa A, Yu J, Hidalgo M, Lawlor RT, Ye W, Carrato A, Real FX, Malats N; PanGenEU Study Investigators. Deciphering the complex interplay between pancreatic cancer, diabetes mellitus subtypes and obesity/BMI through causal inference and mediation analyses. *Gut.* **2021** Feb;70(2):319-329. doi: 10.1136/gutjnl-2019-319990. **Epub 2020** May 14.
14. Morgan E, Arnold M, Rutherford MJ, Bardot A, Ferlay J, De P, Engholm G, Jackson C, Little A, Saint-Jacques N, Walsh P, Woods RR, O'Connell DL, Bray F, Parkin DM, Soerjomataram I. The impact of reclassifying cancers of unspecified histology on international differences in survival for small cell and non-small cell

- lung cancer (ICBP SurvMark-2 project). *Int J Cancer*. **2021** Sep 1;149(5):1013-1020. doi: 10.1002/ijc.33620. **Epub 2021** May 20.
15. Morgan E, Soerjomataram I, Gavin AT, Rutherford MJ, Gatenby P, Bardot A, Ferlay J, Bucher O, DeP, Engholm G, Jackson C, Kozie S, Little A, Møller B, Shack L, Tervonen H, Thursfield V, Vernon S, Walsh PM, Woods RR, Finley C, Merrett N, O'Connell DL, Reynolds JV, Bray F, Arnold M. International trends in oesophageal cancer survival by histological subtype between 1995 and 2014. *Gut*. **2021** Feb;70(2):234-242. doi: 10.1136/gutjnl-2020-321089. **Epub 2020** Jun 17.
 16. O'Connell E, McDevitt J, Hill ADK, McNamara DA, Burke JP. Centralisation of rectal cancer care has improved patient survival in the republic of Ireland. *Eur J Surg Oncol*. **2022** Apr;48(4):890-895. doi: 10.1016/j.ejso.2021.10.031. **Epub 2021** Nov 2.
 17. O'Connor M, Céilleachair AÓ, O'Brien K, O'Leary J, Martin C, D'Arcy T, Flannelly G, McRae J, Prendiville W, Ruttle C, White C, Pilkington L, Sharp L. Health-related quality of life in women after colposcopy: results from a longitudinal patient survey. *Qual Life Res*. **2021** Sep;30(9):2509-2520. doi: 10.1007/s11136-021-02831-3. **Epub 2021** Apr 1.
 18. O'Connor M, McSherry LA, Dombrowski SU, Francis JJ, Martin CM, O'Leary JJ, Sharp L. Identifying ways to maximise cervical screening uptake: a qualitative study of GPs' and practice nurses' cervical cancer screening-related behaviours. *HRB Open Res*. **2021** May 5;4:44. doi: 10.12688/hrbopenres.13246.1. eCollection 2021.
 19. Pilleron S, Charvat H, Araghi M, Arnold M, Fidler-Benaoudia MM, Bardot A, Grønlie Guren M, Tervonen H, Little A, O'Connell DL, Gavin A, De P, Aagard Thomsen L, Møller B, Jackson C, Bucher O, Walsh PM, Vernon S, Bray F, Soerjomataram I. Age disparities in stage-specific colon cancer survival across seven countries: An International Cancer Benchmarking Partnership SURVMARK-2 population-based study. *Int J Cancer*. **2021** Apr 1;148(7):1575-1585. doi: 10.1002/ijc.33326. **Epub 2020** Oct 14.
 20. Prior L, O'Dwyer R, Farooq AR, Greally M, Ward C, O'Leary C, Aslam R, Darwish W, Ahmed N, Othman EC, Watson G, Kelly D, Gleeson J, Kiely L, Hassan A, Walsh EM, O'Reilly D, Jones A, Featherstone H, Lim M, Murray H, Hennessy BT, Smyth LM, Leonard G, Grogan L, Breathnach O, Calvert P, Horgan AM, Coate L, Jordan EJ, O'Mahony D, Gupta R, Keane MM, Westrup J, Duffy K, O'Connor M, Morris PG, Kennedy MJ, O'Reilly S, McCaffrey J, Kelly CM, Carney D, Gullo G, Crown J, Higgins MJ, Walsh PM, Walshe JM. Pregnancy-associated breast cancer: evaluating maternal and foetal outcomes. A national study. *Breast Cancer Res Treat*. **2021** Aug;189(1):269-283. doi: 10.1007/s10549-021-06263-y. **Epub 2021** Jun 14.
 21. Sacchetto L, Rosso S, Comber H, Bouchardy C, Broganelli P, Galceran J, Hackl M, Katalinic A, Louwman M, Robsahm TE, Tryggvadottir L, Tumino R, Van Eycken E, Walsh PM, Zadnik V, Zanetti R. Skin melanoma deaths within 1 or 3 years from diagnosis in Europe. *Int J Cancer*. **2021** Jun 15;148(12):2898-2905. doi: 10.1002/ijc.33479. **Epub 2021** Feb 1.
 22. Sexton GP, Walsh P, Moriarty F, O'Neill JP. The changing face of Irish head and neck cancer epidemiology: 20 years of data. *Eur Arch Otorhinolaryngol*. **2022** Jun;279(6):3079-3088. doi: 10.1007/s00405-021-07118-4. **Epub 2021** Oct 13.



NATIONAL CANCER REGISTRY BOARD

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31ST DECEMBER 2021

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Information

Director Prof. Deirdre Murray - appointed 9 June 2021

Business Address Building 6800, Cork Airport Business Park,
Kinsale Road,
Cork
T12 CDF7

Auditor Comptroller and Auditor General,
3A Mayor Street Upper,
Dublin

Bankers Allied Irish Banks plc,
66 South Mall,
Cork

Governance Statement and Board Members' Report

Governance

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

Board Responsibilities

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

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

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

In preparing these financial statements, the Board of the National Cancer Registry is required to:

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

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

The Board is responsible for approving the annual plan and budget. An evaluation of the performance of the National Cancer Registry by reference to the annual plan and budget was carried out on 10th June 2021.

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. Except for the non-compliance with the requirements of FRS102 in relation to retirement benefit entitlements, the Board considers that the financial statements of the National Cancer Registry give a true and fair view of the financial performance and the financial position of the National Cancer Registry at 31 December 2021.

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 5 times a year. The table below details the appointment dates for current members:

Name	Date Re-Appointed	Date Resigned
Dr Jerome Coffey (Chairperson)	15 February 2021	
Dr Anna Gavin	15 February 2016	14 th February 2021
Dr Fenton Howell	15 February 2016	14 th February 2021
Ms Orla Dolan	15 February 2019	
Dr Cathy Kelly	14 February 2021	
Mr Eamonn Morris	12 April 2019 (initial appointment)	
Dr Robert O'Connor	12 April 2019 (initial appointment)	
Ms. Mary Bourke	15 July 2021 (initial appointment)	
Prof. Mark Lawler	15 July 2021 (initial appointment)	

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

The members of the Audit and Risk Committee during 2021 were: Dr Fenton Howell (Chairperson) resigned, due to term of office expiring, on the 14th February 2021, Ms Orla Dolan, Mr Eamonn Morris (appointed as interim ARC Chairperson at the June Board meeting and permanent ARC Chairperson at the December Board meeting), Mr Simon Murtagh (external member) resigned, due to term of office expiring, on the 18th June, Ms. Mary Bourke appointed 7th October, and Mr. Cormac Mc Sweeney (external member) appointed 7th October. There were four meetings of the ARC in 2021.

An external evaluation of the Board's performance commenced in quarter 4 of 2021.

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Board and Committee meetings for 2021 is set out below. No fees are paid to Board members for meetings.

	Board	ACR
Board Member	5	4
Dr Jerome Coffey	5	
Ms Orla Dolan	5	4
Dr Anna Gavin	1	
Dr Fenton Howell		1
Dr Cathy Kelly	3	
Mr Eamonn Morris	5	4
Dr Robert O'Connor	5	
Ms. Mary Bourke	2	2
Prof. Mark Lawler	1	
Mr. Cormac Mc Sweeney		2
Mr Simon Murtagh		2
No. of meetings during year	5	4

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 5 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 excludes outsourced 'business-as-usual' functions.

Legal Costs and Settlements

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

Hospitality Expenditure

No expenditure was incurred on staff hospitality by the National Cancer Registry in 2021. No expenditure was incurred on client hospitality either.

Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows:

	Domestic	International	Total
Employees	€7,126	€0	€7,126
Board	€0	€0	€0
	€7,126	€0	€7,126

Statement of Compliance

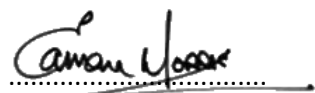
The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. The National Cancer Registry Board was in compliance with the Code of Practice for the Governance of State Bodies for 2021.

On behalf of the Board



Date: 20th June 2022

Dr Jerome Coffey
Chairperson



Date: 20th June 2022

Mr Eamonn Morris
Board Member

Statement on Internal Control

For the year ended 31st December 2021

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 2021 and up to the date of approval of the financial statements.

Capacity to Handle Risk

The National Cancer Registry has an Audit and Risk Committee (ARC) comprising three Board members and one external member, with financial and audit expertise, one of whom is the Chair of the Committee. The ARC met four times in 2021.

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 as set out by the Office of Government Procurement. In 2021 there were thirteen instances of single source procurement for reasons of specialist expertise, continuation of prior work and being sole supplier of goods and services. The services sourced related to:-

- Legal & Administration Services (4 Suppliers - €16,639)
- IT Supports & Systems Development (5 Suppliers - €155,956)
- Telecommunications & Internet (4 Suppliers - €53,955)

Matters arising regarding controls over procurement are highlighted under internal control issues below.

Internal Control Issues

Some weaknesses in internal control were identified through the *Review of System of Internal Control (SIFC) 2021* relating to:-

- Non-compliance with procurement rules in 2020 where the invoice was paid in 2021.

This relates to a contract signed in 2020 to procure organisational support from a single supplier to the value of €28,785. Whilst the improvement in procurement controls in the year under review, including through the implementation of prior year recommendations, is acknowledged, NCRI should have procured this service in 2020 via a formal tender process.

- The format of submission of financial information to the Department of Health, and
- The updating of financial policies and procedures.

While these weaknesses have not impacted the accuracy or completeness of the financial statements, I confirm that the improvement in procurement controls took place in 2021, including the approval and implementation of our Corporate Procurement Plan. Further actions have commenced in 2022 to eliminate the identified weaknesses.

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 2021 at its meeting on 20th June 2022.

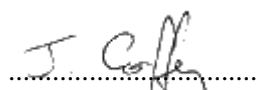
Impact of Covid-19 Pandemic to the Control Environment

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

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

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

Signed on behalf of the Board of the National Cancer Registry



Dr Jerome Coffey
Chairperson

Date: 20th June 2022

Report of the Comptroller & Auditor General



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

Report for presentation to the Houses of the Oireachtas

National Cancer Registry Board

Qualified opinion on the financial statements

I have audited the financial statements of the National Cancer Registry Board for the year ended 31 December 2021 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 2021 and of its income and expenditure for 2021 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 2021 has not been quantified.

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

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

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

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

I have nothing to report in that regard.

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

24 June 2022

Appendix to the report

Responsibilities of Board members

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

- the preparation of annual 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.

I 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.

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.

Statement of Income and Expenditure and Retained Revenue Reserves

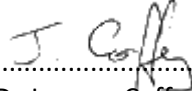
For the year ended 31st December 2021

	Notes	2021 €	2020 €
Income			
Department of Health	2	3,493,788	3,379,352
Retirement benefit contributions	3	71,501	74,720
Other Income	4	74,904	130,047
Total Income		3,640,193	3,584,119
Expenditure			
Staff costs	5	2,725,039	2,586,936
Administration expenses	6	802,910	854,670
Travel and subsistence		7,126	3,956
Total Expenditure		3,535,075	3,445,562
Surplus for the year before appropriations		105,118	138,557
Transfer (to)/from capital account	10	(141,806)	(5,730)
(Deficit) / Surplus for the year after appropriations		(36,688)	132,827
Balance Brought Forward at 1 January		201,769	68,942
Balance Carried Forward at 31 December		<u>165,081</u>	<u>201,769</u>

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

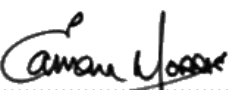
The Statement of Cash Flows on page 13 and notes on pages 14-24 form part of these financial statements.

On behalf of the Board:



 Dr Jerome Coffey
 Chairperson

Date: 20th June 2022



 Mr Eamon Morris
 Board Member

Date: 20th June 2022


Statement of Financial Position

As at 31st December 2021

	Notes	2021		2020	
		€	€	€	€
Property, Plant and Equipment	7		246,807		105,002
Current Asset					
Receivables and Prepayments	8	189,494		141,453	
Cash and Cash Equivalents		280,470		349,206	
		<u>469,964</u>		<u>490,659</u>	
Current Liabilities					
Revenue & Payroll Deductions		78,491		70,874	
Other Payables		32,482		33,177	
Accruals		109,235		87,789	
Grants received in advance	9	84,675		97,050	
		<u>304,883</u>		<u>288,890</u>	
Net Current Assets			<u>165,081</u>		<u>201,769</u>
Total Net Assets			<u>411,888</u>		<u>306,771</u>
Representing:					
Capital Account	10		246,808		105,002
Retained Revenue Reserves			165,080		201,769
			<u>411,888</u>		<u>306,771</u>

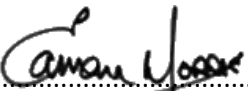
The Statement of Cash Flows on page 13 and notes on pages 14-24 form part of these financial statements

On behalf of the Board:



 Dr Jerome Coffey
 Chairperson

Date: 20th June 2022



 Mr Eamon Morris
 Board Member

Date: 20th June 2022

Statement of Cash Flows

For the year ended 31st December 2021

	2021 €	2020 €
Net Cash Flows from Operating Activities		
Excess Expenditure Over Income	(36,688)	132,827
Depreciation and Impairment of Fixed Assets	167,982	80,622
Transfer from / (to) Capital Account	141,806	5,730
(Increase) / Decrease in Receivables	(48,041)	34,835
Increase / (Decrease) in payables	<u>15,993</u>	<u>(163,015)</u>
Net Cash flow from Operating Activities	241,052	90,999
 Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	(309,788)	(86,352)
Net Cash Flows from Financing Activities	0	0
	-----	-----
Net Increase / (Decrease) in Cash and Cash Equivalents	(68,736)	4,647
Cash and cash equivalents at 1 January 2021	349,206	344,559
Cash and cash equivalents at 31 December 2021	280,470	349,206

Notes to the Financial Statements

For the year ended 31st December 2021

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 2021 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 (continued)

1. Accounting Policies (cont.)**d) Revenue**Oireachtas Grants

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

e) Research Grants

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

f) Property, Plant & Equipment

Property, plant and equipment is stated at cost less accumulated depreciation, adjusted for any provision for impairment. Assets acquired receive a full 12 month's depreciation charge in the year of acquisition. Depreciation is provided on all property, plant and equipment, other than freehold land and artwork, at rates estimated to write off the cost less the estimated residual value of each asset on a straight line basis over their estimated useful lives, as follows:

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

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

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

g) Operating Leases

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

Notes to the Financial Statements (continued)**1. Accounting Policies (cont.)****h) Employee Benefits**

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

i) Retirement Benefits

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

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

j) Critical Accounting Judgements and Estimates

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

k) Capital Accounting

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

l) Depreciation and Residual Values

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

Notes to the Financial Statements (continued)

2. Department of Health

	2021	2020
	€	€
Revenue Grant (Vote 38, Subhead B.1)	3,184,000	3,293,000
Capital Grant (Note 9)	<u>309,788</u>	<u>86,352</u>
	<u>3,493,788</u>	<u>3,379,352</u>

3. Retirement Benefit Contributions

Contributions of €71,501 (2020 - €74,720) deducted from salaries of members of the Nominated Health Agencies Superannuation scheme are retained by the Board and credited as Income.

Contributions of €21,185 (2020 - €27,173) deducted from salaries of members of the Single Public Sector Scheme were remitted to the Department of Public Expenditure and Reform.

Additional superannuation contributions (as per DPER Circular 21/2018) of €45,441 (2020 - €46,535) deducted from salaries of all staff were remitted to the Department of Health.

4. Other Income

	2021	2020
	€	€
Research Grants		
IPCOR (MMI)	0	18,385
Cancer Prevention (ICS)	59,552	61,979
Blood Cancer Network (BCNI)	<u>15,352</u>	<u>49,458</u>
	74,904	129,822
Non Research Grant		
Miscellaneous	<u>0</u>	<u>225</u>
	<u>74,904</u>	<u>130,047</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 (continued)

5. Staff Costs

(a) Average No. of Employees

	2021 Number	2020 Number
The average numbers of employees during the year was:		
Director	1	1
Administration	25	28
Cancer Data Registrar	<u>19</u>	<u>19</u>
	<u>45</u>	<u>48</u>
Whole time equivalent numbers at 31 st December	<u>40.73</u>	<u>39.00</u>

(b) Aggregate Employee Benefits

	2021 €	2020 €
Staff Short-term benefits	2,056,068	2,099,026
Termination benefits	0	192
Employers contribution to social welfare	215,246	225,177
Retirement Benefit costs	217,405	163,934
Business as Usual Contractors	<u>236,320</u>	<u>98,607</u>
	<u>2,725,039</u>	<u>2,586,936</u>
Staff Short-term benefits		
Basic Pay	2,056,068	2,099,026
Overtime	0	0
Allowances	<u>0</u>	<u>0</u>
Total	<u>2,056,068</u>	<u>2,099,026</u>

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

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 (continued)

5. Staff Costs (continued)

(c) Director's Remuneration (all short term excl. Employers PRSI)

	2021	2020
	€	€
Previous Post Holder (finished on 28/3/2021)	34,001	123,226
Current Post Holder (started on 9/6/2021)	<u>72,219</u>	<u>0</u>
	<u>106,220</u>	<u>123,226</u>
Directors Expenses		
Previous Post Holder	0	302
Current Post Holder	<u>0</u>	<u>0</u>
	<u>0</u>	<u>302</u>

The previous post holder was a member of the Single Public Service Pension Scheme and did not receive any Performance Related Reward in 2021. The value of retirement benefits earned in the period is not included in the above.

Following an open recruitment process, the current Director assumed responsibility for the role in June 2021, under a secondment arrangement with HSE for a period of five years. NCRB reimburse the HSE for the Director's Gross Pay and Employer's PRSI costs only; there is no superannuation or other benefits included in the amounts paid to the HSE. The current post holder did not receive any Performance Related Reward in 2021.

(d) No. of Employee's Breakdown by salary band at end December

	2021	2020
Less than €60K	38	38
Between €60K - €70K	4	3
Between €70K - €80K	0	0
Between €80K - €90K	1	1
Between €90K - €100K	0	1
Between €100K - €110K	1	0
Between €110K-€120K	0	0
Between €120K-€130K	<u>1</u>	<u>1</u>
Total	<u>45</u>	<u>44</u>

(e) Board Members Remuneration and Expenses

Board members do not receive fees. Travel and Subsistence Costs of €0 were incurred by Board members for attendance at Board meetings in 2021. Costs of €0 were incurred in 2020.

A fee of €4,050 was paid to a Board Member in 2020 relating to Consultancy for Recruitment Work. No costs were incurred in 2021.

Notes to the Financial Statements (continued)

6. Administration Expenses

	2021	2020
	€	€
Office Consumables	8,957	5,783
Courier and delivery charges	641	1,336
Books and periodicals	756	219
C&AG Audit fee	14,300	13,000
Other Audit fees	33,675	6,950
Recruitment	35,203	17,394
Training & Conference fees	16,303	21,112
Rent & service charges	179,767	180,719
Insurance	13,516	11,453
Building repairs & maintenance	141	0
Light and heat	16,561	14,642
Licences, Subscriptions & Support	157,155	334,540
Printing, postage and stationery	1,280	1,485
Telephone, fax and Internet	48,332	44,388
Legal and professional fees	73,924	105,204
Bank Charges	530	437
Sundry expenses	2,053	2,272
Cancer Benchmarking Project	23,320	8,307
Information Technology Consumables	8,514	4,808
Depreciation on computer equipment	166,923	79,096
Depreciation on office equipment	<u>1,059</u>	<u>1,525</u>
Total Administration Expenses	<u>802,910</u>	<u>854,670</u>

Notes to the Financial Statements (continued)

7. Property, Plant and Equipment

	Computer Equipment	Fixtures & Fittings	Office Equipment	Total
	€	€	€	€
Cost				
At 1 st January 2021	1,336,517	304,663	27,545	1,668,725
Additions	309,788	0	0	309,788
Disposals	0	0	0	0
At 31st December 2021	1,646,305	304,663	27,545	1,978,513
Depreciation				
At 1 st January 2021	1,232,574	304,663	26,486	1,563,723
On disposals	0	0	0	0
Charge for the year	166,924	0	1,059	167,983
At 31st December 2020	1,399,498	304,663	27,545	1,731,706
Net book Values				
At 31st December 2021	<u>246,807</u>	<u>0</u>	<u>0</u>	<u>246,807</u>
At 31 st December 2020	<u>103,943</u>	<u>0</u>	<u>1,059</u>	<u>105,002</u>

Computer Equipment includes Computer Software with a net book value of €214,740 at 31st Dec 2021 and €69,087 at 31st Dec 2020.

8. Receivables and Prepayments

	2021 €	2020 €
Receivables – Research Grants (Note 9)	2,634	0
Receivables – Other	416	406
Prepayments	186,444	141,047
	<u>189,494</u>	<u>141,453</u>

Notes to the Financial Statements (continued)

9. Grants

Project (Donor)	Opening at 1 st January	Income Received	Grants Returned	T/F to I&E A/C	Closing at 31 st December
	€	€	€	€	€
Grants Currently in Advance					
CARG (HRB)	48,791	0	0	0	48,791
Cerviva ICE (HRB)	4,937	0	(1)	0	4,936
Blood Cancer Network	22,146	0	(6,794)	(15,352)	0
Cerviva ICE 2 (HRB)	17,550	0	(17,550)	0	0
End of Life Care (IHF)	0	0	0	0	0
Cancer Prevention (ICS)	3,626	86,874	0	(59,552)	30,948
Total	<u>97,050</u>	<u>86,874</u>	<u>(24,345)</u>	<u>(74,904)</u>	<u>84,675</u>

Research Grant Donors are:

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

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

10. Capital Account

	2021 €	2020 €
Balance at 1 January 2021	105,002	99,272
Transfer to / (from) Income and Expenditure account		
Capital Grants Received from Department of Health (Vote 38 subhead L1)	309,788	86,352
Amount of amortisation in line with asset depreciation	<u>(167,982)</u> 141,806	<u>(80,622)</u> 5,730
Balance at 31 December 2021	<u>246,808</u>	<u>105,002</u>

Notes to the Financial Statements (continued)

11. Operating Lease Rentals

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

	2021	2020
	€	€
Lease Rentals Charged Income & Expenditure	135,547	135,547

The Board has the following commitments under operating leases which expire:

Within one year	135,732	135,732
Within two to five years	544,403	544,403
After five years	125,313	260,860

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 2021 were € 520,755 (incl. Employers PRSI). The comparative figure for 2020 was € 507,319 (incl. Employers PRSI). No remuneration is payable to the Board.

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

A fee of €4,050 was paid to a Board Member in 2020 relating to Consultancy for Recruitment Work. No related party transactions were incurred in 2021.

Notes to the Financial Statements (continued)

13. External Consultants & advisors fees

Included in Legal and Professional fees (note 6), the following expenditure was incurred on external consultants.

	2021	2020
	€	€
Contract and legal commitments	2,810	13,823
Data Protection Advice	29,410	20,404
Research	0	7,419
HR Support/Employment Advice	13,880	6,624
Strategy	11,495	4,785
Change Management	0	52,149
Consultancy Support	12,054	0
Workshops/Reports	<u>4,275</u>	<u>0</u>
	<u>73,924</u>	<u>105,204</u>

14. Capital Commitments.

There are no capital commitments

15. Events after the Reporting Date

The COVID-19 pandemic changed working practices, with NCRB staff continuing to work remotely during 2021. In line with public health advice, NCRB began transitioning back to physical attendance in the workplace on a phased basis from February 2022. The NCRB will operate a blended working arrangement with staff in keeping with the Blended Working Policy Framework for Civil Service Organisations which was issued in April 2022.

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 20th June 2022