



National
Cancer
Registry
Ireland

2022 ANNUAL REPORT

The National Cancer Registry

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ABOUT THE NATIONAL CANCER REGISTRY

The National Cancer Registry was established by the Minister for Health in 1991. It has been collecting comprehensive cancer information for the population of the Republic of Ireland since 1994. This information is used in research into the causes of cancer, in education and information programmes, and in the planning and management of cancer services to deliver the best cancer care to the whole population.

Contents

Foreword From the Chairman.....	2
Message from the Director.....	3
About NCRI	3
Report Of the Chairperson.....	6
NCRI at a Glance.....	8
Strategic Objectives.....	9
Report On System of Internal Financial Control.....	14
Financial Statements	17
Appendix A: Publications & Peer Reviewed Papers	39
Appendix B: Overview of Energy Usage in 2022	41

Foreword From The Chairman



“Two particular highlights are the increased focus on stakeholder engagement and communications”.

Dr Jerome Coffey
Chairman

I am delighted to provide this foreword to the National Cancer Registry’s Annual Report and Accounts for the year ending 31st December 2022. The report outlines the Registry’s efforts to meet our Strategic goals, thereby at maximising our contribution to the cancer services in Ireland. The Registry continued to innovate during 2022, increasing the number of sources from which data is received electronically, investing in data security measures, and developing the workplace through various initiatives and new policies.

On behalf of the Board, I acknowledge the work of the Director, Prof. Deirdre Murray, and the staff throughout the country in keeping the Registry moving at pace during another year of significant external changes and internal development. Two particular highlights are the increased focus on stakeholder engagement and communications.

The Board continues to provide strategic oversight and guidance to the Registry. During the year the Board completed a comprehensive review, including skills mix analysis, restructuring of the Board agenda and adopting an annual work programme. In collaboration with the Department of Health, following the recommendations of Dr Scally’s Scoping Inquiry into the CervicalCheck Screening Programme, a team from the International Agency for Research on Cancer (IARC) in Lyon completed an external peer review of the Registry. We are planning to implement the recommendations contained in the IARC report and to scheduling further regular reviews. The Board looks forward to launching the Registry’s new ambitious strategic plan in 2023, building on the progress to date and expanding the essential work of the Registry.

Having completed their terms on the Board and made significant contributions to the organisation, we said goodbye to Ms Orla Dolan and Prof. Cathy Kelly. We welcomed Ms Ellen Farrell to the Board mid-year, with the remaining Board vacancy filled by Mr Niall Murphy in early 2023.

I thank my fellow Board members for their contributions to & support of the work of the Registry.

A handwritten signature in black ink that reads "J. Coffey". The signature is written in a cursive, slightly slanted style.

Message From The Director



"As the disruptive influences of the Covid-19 pandemic waned in 2022, NCRI accelerated its pace of continuous improvement and enhanced external oversight of our activities".

Prof Deirdre Murray
Director

The National Cancer Registry Ireland (NCRI) has been collecting comprehensive information on cancer and related tumours for the resident population of the Republic of Ireland since 1994. The information collected is used in research into the causes and consequences of a cancer diagnosis, in education and information programmes, and in the planning and evaluation of cancer services in Ireland. In 2022, we reported that by the end of 2020 the number of people living after an invasive cancer diagnosis was over 200,000. This approximates to 1 in 24 persons in Ireland which is more than a 50% increase in numbers of cancer survivors compared with one decade ago. This reflects both an increase in the number of people being diagnosed with cancer every year and ongoing improvements in cancer survival.

As the disruptive influences of the Covid-19 pandemic waned in 2022, NCRI accelerated its pace of continuous improvement and enhanced external oversight of our activities. We established an Advisory Council, whose purpose is to offer advice and to bring challenge to the NCRI in delivering on its Strategic Plan and the NCRI's implementation of National Cancer Strategy. The 13 members represent expertise from across the sector including representatives from patient advocates, cancer service providers, public health experts, research professionals and relevant medical and nursing specialities.

We continued to provide independent statistical advice on cancer with the publication of our annual statistical report, and our trend report on cancers with population-based screening in Ireland, as well as supporting cancer policy makers and service providers. In addition, we supported cancer research in Ireland both by providing bespoke datasets and statistical advice to cancer researchers. As part of our commitment to Europe's Beating Cancer Plan, we collaborate with organisations such as the International Agency for Research on Cancer (IARC) and the European Cancer Inequalities Registry, as well as continuing our international research collaborations with projects such as EUROCARE, BENCHISTA and the International Cancer Benchmarking Partnership. This work would not have been possible without our dedicated expert staff who have huge commitment to the NCRI and demonstrate our values of respect, enthusiasm, trust, collaboration, and quality every day. I want to thank them for their hard work and loyalty. We are privileged to be contributing to the effort to improve cancer outcomes and are always conscious of the need to keep the cancer patient front and centre of our activities.

During 2022, we embarked on a process of refining our values and behaviours, thereby strengthening our organisational culture. The efforts of our staff were recognised through NCRI being the recipient of several accolades. I am especially proud that our organisation was recognised as one of the Best Workplaces in Pharma & Healthcare, which is an indication of the engagement of the team with our mission to support the improvement of cancer outcomes in Ireland.

In 2022, the NCRI underwent two external reviews: - one by Dr Gabriel Scally, as part of his final progress review of the 2019 Scoping Inquiry into the CervicalCheck screening programme - he found that we had substantially addressed previous issues; and another by an international team from the IARC led by Dr Freddy Bray who endorsed NCRI as a high functioning registry. The recommendations in relation to additional staffing and further developments will inform our future direction.

Along with our plans to further develop our core capacities by increasing our staffing levels by 20%, our 2023 plans include a refresh of our Strategic Plan and I look forward to engaging with our stakeholders, partners, and staff in reviewing our progress and defining our direction for the future.

Finally, I want to thank our Chairman, Board members and Advisory Council who give generously of their time to support the work that we do.

Deirdre Murray

About NCRI

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.

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 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 2022 were:

- Dr Jerome Coffey (Chair)
- Mr Eamonn Morris (stepped down from the Board on 21/04/2023)
- Dr Robert O’Connor
- Ms Mary Bourke
- Prof Mark Lawler
- Ms Ellen Farrell

Mr. Niall Murphy was appointed to the Board on the 16/01/2023.

Report Of The Chairperson

1. There were no commercially significant developments affecting the Registry during 2022.
2. The Registry is carrying out its activities daily in accordance with official policies and procedures for financial reporting, internal audit, travel, procurement, and asset disposals.
3. System of internal financial control
 - a. The Board is responsible for the Registry's system of internal control.
 - b. Such a system can provide only reasonable, and not absolute, assurance against material error.
 - c. Key procedures which have been put in place by the Board to provide effective internal financial control include:
 - i. A clearly defined management structure.
 - ii. A risk register which was updated throughout 2022.
 - iii. Policies and procedures setting out instructions for all areas of financial activity were in place for 2022. 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 is outsourced.
 - iv. An Audit and Risk Committee which oversaw the work of the Internal Auditors during 2022.
 - v. A full three-year cycle of internal audits covering core financial, organisational and operational areas has been agreed by the Audit and Risk Committee and the Board. Formal internal audits were carried out in 2022 in the areas of the System of Internal Financial Controls, ICT Controls and Code of Practice Review.
 - vi. An overall annual budget for the Registry was agreed which incorporated a department level budget for IT. A report is prepared on a regular basis to compare actual with budget figures and overall annual expected figures are updated throughout the year.
 - vii. Reviews by the Board at each of its meetings of periodic and annual financial reports.
 - viii. The National Cancer Registry is in compliance with current procurement rules and guidelines as set out by the Office of Government Procurement.
 - ix. The Board carried out a review of the effectiveness of internal financial controls for 2022 at its meeting on the 27th March 2023.
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 compliant with Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the public sector.
8. The Registry is fully compliant with Government travel policy requirements.
9. The Registry is fully compliant 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

12th June 2023

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 patient personal and private information are removed before summary cancer statistics are prepared and made available to the 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 validation for accuracy, the annual cancer report is published following analysis of de-identified data.

How many people were diagnosed with cancer?

- On average, 43,470 cancers or related tumours were diagnosed each year during 2018-2020.
- The figure most often quoted in international comparisons ('all invasive cancer, excluding NMSC') averaged 24,327 cases (13,027 males and 11,299 females) diagnosed annually during 2018-2020, or 56% (about 1 in 2) of all registered tumours.
- Invasive cancers (including NMSC) averaged 35,825 cases per year during 2018-2020.
- 26% (just over 1 in 4) were non-melanoma skin cancers.
- 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).

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.

Strategic Objectives

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 VALUES



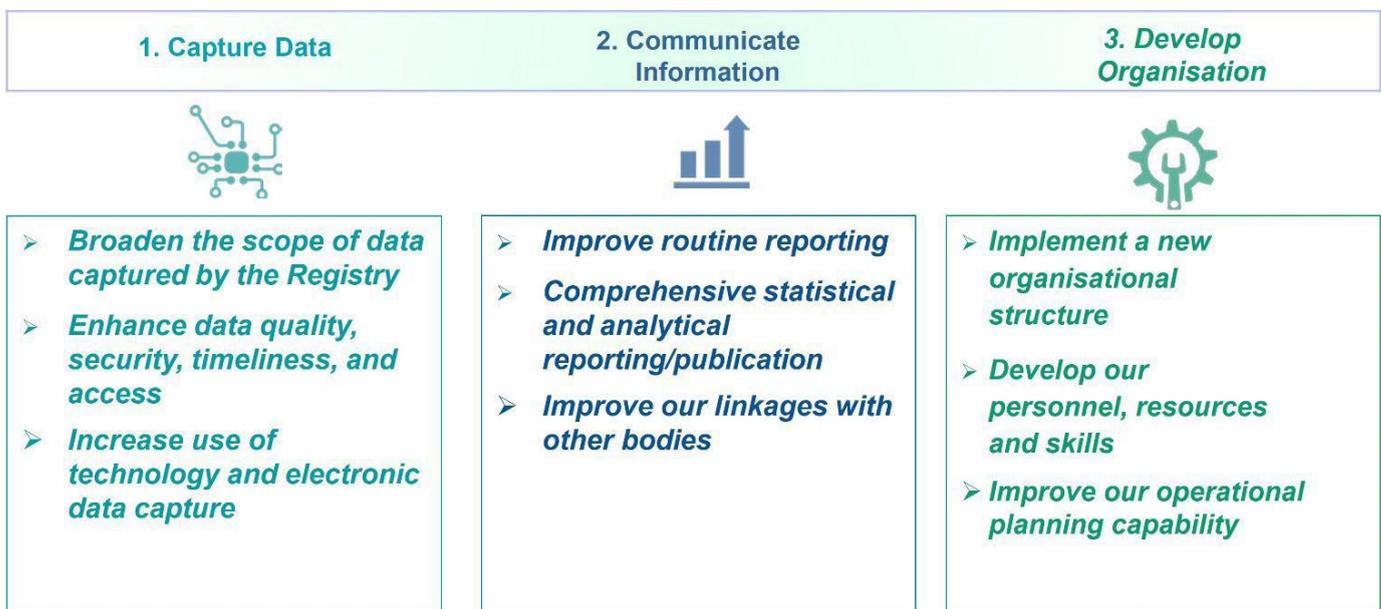
OUR CORE BEHAVIOURS



In January 2021 NCRI signed up to the Great Places to Work (GPTW) programme which facilitated the creation of a set of Core Values and Behaviours which would really define how we “live” together as an organisation. These values and behaviours define our internal relationships and how we interact externally.

OUR STRATEGIC PRIORITIES

Our Strategic Plan was extended to the end of 2023. NCRI will develop a new Strategic Plan for the 3 years to end of 2026. Our current Strategic Priorities 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.



2022 in numbers

55,000

Tumours created

28,000

Invasive tumours created

35 

Sources from which we receive data electronically

91%

% of tumours created electronically
(88% 2021, 85% 2020)

92%

% of invasive tumours created electronically
(90% 2021, 87% 2020)

107 

Locations from which we collect data



15 

Scientific papers published
(NCRI co-authors)

163 

Data requests processed

2

Statistical reports published

10 

Infographics published

14

Press releases and news articles published

18

Parliamentary questions answered

184,000

Page views on www.ncri.ie

12 

Staff newsletters sent



3 

Major awards received

6

New staff appointments

1 

Peer Review
by the International Agency for Research on Cancer (IARC).

9 

New policies introduced

3

Advisory Council meetings held

48

Employees
Turnover rate 6.45%
V's 13.48% in 2021



2022 media & stakeholder engagement

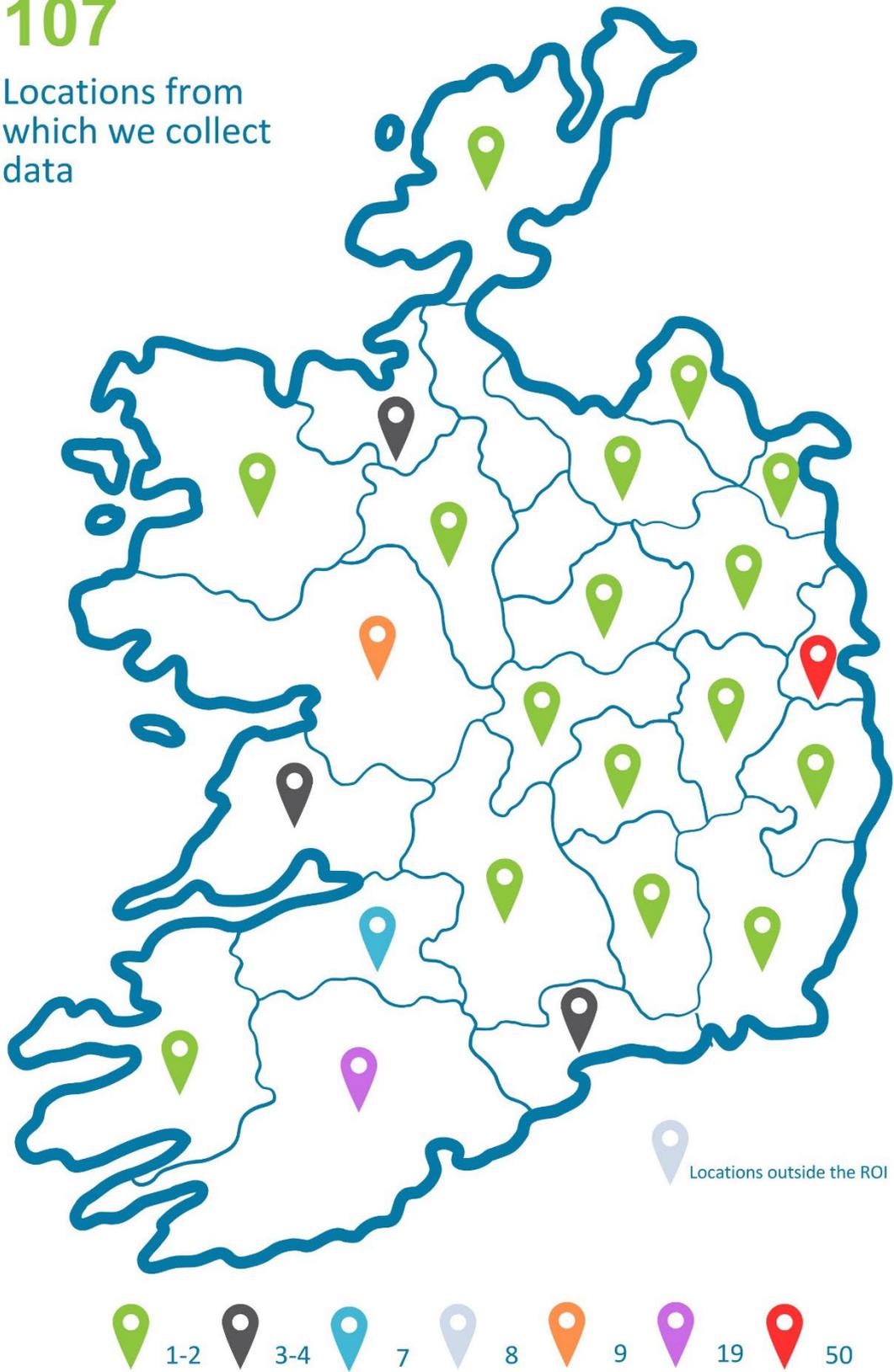


2022 awards



107

Locations from which we collect data



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 2022.

Audit and Risk Committee

The Audit and Risk Committee met on four occasions in 2022.

Internal Audit Function

An internal audit service is in place and is carrying out a systematic audit of all areas of Registry activity. In 2022, the following areas were audited:

1. System of Internal Financial Controls
2. ICT Controls
3. Code of Practice Review

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 2022, 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 2022, 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 is approved by the Board and included in the report to the Minister.

Strategic and Corporate Planning

The Board extended its most recent formal statement of strategy to cover the period to the end of 2023. A renewed strategy for the period 2024-2026 will be developed before the end of 2023. A Service Plan was provided to the Department of Health in April 2022 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 2022 Payroll was processed an outsourced payroll bureau service. 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 six times and the Audit and Risk Committee met four times in 2022. 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 monthly 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 the budget is monitored monthly by the Director and Finance staff.

Variations against budget are discussed and actions agreed. The monthly accounts are also forwarded 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

(a) Detailed income and expenditure account, (b) Balance sheet, (c) Budget profile for the year to date, (d) Variance analysis against budget, (e) Bank reconciliations, and (f) Summary trial balance.

Fixed Assets

The Fixed Asset Register is maintained on an Excel spreadsheet.

- It is divided into the categories of (a) Software, (b) Hardware, (c) Fixtures and furnishings, and (d) Office equipment.
- The register contains the following level of detail (a) Year of purchase, (b) Supplier, (c) Item description, (d) Cost, (e) Accumulated depreciation, (f) 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
12th June 2023



National
Cancer
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Ireland

National Cancer Registry Board

Financial Statements

For the Year Ended 31st December 2022

Contents

Information	2
Governance Statement and Board Members' Report	3
Statement on Internal Control for the year ended 31st December 2022.....	6
<i>Report of the Comptroller & Auditor General</i>	8
Statement of Income and Expenditure and Retained Revenue Reserves	9
Statement of Financial Position.....	10
Statement of Cash Flows	11
Notes to the Financial Statements	12

Information

Director	Prof. Deirdre Murray
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

1. 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 Director and the senior management team. The Director 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 Director acts as a direct liaison between the Board and management of the National Cancer Registry.

2. 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. Evaluation of the Registry's performance by reference to the annual plan and budget is carried out on an ongoing basis.

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 as at 31 December 2022.

3. 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 - the table below details the appointment dates for current members:

Name	Role	First Appointment	Reappointment	Resignation	Tenure Expires
Dr Jerome Coffey	Chairperson	13/06/2017	15/02/2021		14/02/2025
Ms Orla Dolan	Board Member	11/10/2013	15/02/2019		14/02/2022
Dr Catherine Kelly	Board Member	26/03/2014	14/02/2016 & 14/02/2021		14/02/2022
Mr Eamonn Morris	Board Member	12/04/2019	05/04/2022	21/04/2023	
Dr Robert O'Connor	Board Member	12/04/2019	05/04/2022		04/04/2026
Ms Mary Bourke	Board Member	15/07/2021			14/07/2025
Prof Mark Lawler	Board Member	15/07/2021			14/07/2025
Ms Ellen Farrell	Board Member	04/05/2022			03/05/2026
Mr Niall Murphy	Board member	16/01/2023			15/01/2027

3.1 Audit & Risk Committee

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. 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 2022 were: Mr. Eamonn Morris (Chairperson), Ms. Mary Bourke, Ms. Ellen Farrell (appointed 20/06/2022) and Mr. Cormac McSweeney (external member). There were four meetings of the ARC in 2022.

3.2 Schedule of Attendance, Fees, and Expenses

A schedule of attendance at the Board and Committee meetings for 2022 is set out below. No fees are paid to Board members for meetings.

Name	Board	ARC
No of Meetings	6	4
Dr Jerome Coffey	6	
Ms Orla Dolan	2	1
Dr Catherine Kelly	1	
Mr Eamonn Morris	4	4
Dr Robert O'Connor	6	
Ms Mary Bourke	6	4
Prof Mark Lawler	6	
Ms Ellen Farrell	2	1

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 2016. The following disclosures are required by the Code:

4.1 Employee Short-Term Benefits Breakdown

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

4.2 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.

4.3 Legal Costs and Settlements

There was €23,528 (€0 in 2021) in 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.

4.4 Hospitality Expenditure

No expenditure was incurred on Board, Staff, or client hospitality by the National Cancer Registry in 2022.

4.5 Travel and Subsistence Expenditure

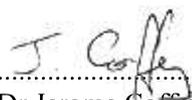
The Income & Expenditure and Retained Revenue Reserves Statement includes the following Travel and subsistence expenditure:

	Domestic	International	Total
Employees	€7,893	€3,818	€11,711
Board	€0	€0	€0
	€7,893	€3,818	€11,711

5. 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 2022.

On behalf of the Board


.....
Dr Jerome Coffey
Chairperson

Date: 12th June 2023


.....
Ellen Farrell
Board Member

Date: 12th June 2023

Statement on Internal Control for the year ended 31st December 2022

1. Scope of Responsibility

On behalf of the National Cancer Registry Ireland (NCRI), 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).

2. 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, National Development Plan Delivery and Reform has been in place in the NCRI for the year ended 31 December 2022 and up to the date of approval of the financial statements.

3. Capacity to Handle Risk

The NCRI has an Audit and Risk Committee (ARC) comprising three Board members and one external member, with financial and audit expertise. The Committee met four times in 2022.

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.

A risk management policy and procedure has been approved by the Board, which sets out NCRI's risk appetite, the risk management processes in place, and 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 NCRI's 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.

4. Risk and Control Framework

NCRI 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 NCRI and these have been identified, evaluated, and graded according to their significance. The risks are regularly reviewed, as appropriate, by various levels within the organisation including management, the ARC, and the Board. These assessments are 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.

Throughout 2022, in line with government policy, most of NCRI's staff operated to a blended working model of working from both home and office. NCRI has established systems and controls that facilitate dispersed and remote working. Potential security and control threats were monitored and addressed on an ongoing basis. NCRI has been able to continue its operations without disruption and with minimal changes to its risk and control processes.

5. 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, to management and to 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.

6. Procurement

I confirm that NCRI has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2022 the NCRI complied with those procedures.

7. Review of effectiveness

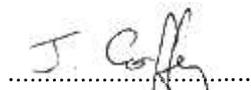
I confirm that NCRI has procedures to monitor the effectiveness of its risk management and control procedures. NCRI's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the ARC which oversees their work and senior management within NCRI who are 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 2022.

8. Internal control issues

No weaknesses in internal control were identified in relation to 2022 that require disclosure in the financial statements.

Signed on behalf of the Board of the National Cancer Registry



Dr Jerome Coffey
Chairperson

Date: 12th June 2023



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 2022 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 2022 and of its income and expenditure for 2022 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 2022 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

15 June 2023

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.

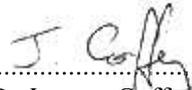
**Statement of Income and Expenditure and Retained Revenue Reserves
For the year ended 31st December 2022**

	Notes	2022 €	2021 €
Income			
Department of Health	2	3,606,890	3,493,788
Retirement benefit contributions		85,846	71,501
Other Income	3	87,180	74,904
Total Income		<u>3,779,916</u>	<u>3,640,193</u>
Expenditure			
Staff cost	4	2,954,322	2,725,039
Administration expenses	5	829,052	802,910
Travel and subsistence		11,711	7,126
Total Expenditure		<u>3,795,085</u>	<u>3,535,075</u>
Surplus for the year before appropriations		<u>(15,169)</u>	<u>105,118</u>
Transfer (to)/from capital account	9	59,548	(141,806)
(Deficit) / Surplus for the year after appropriations		44,379	(36,688)
Balance Brought Forward at 1 January		165,081	201,769
Balance Carried Forward at 31 December		<u>209,460</u>	<u>165,081</u>

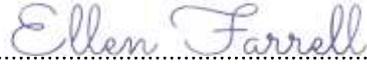
The Statement of Income and Expenditure Retained Revenue Reserves include all gains and losses recognised in the year.

The Statement of Cash Flows on page 11 and notes on pages 12-21 form part of these financial statements

On behalf of the Board:


.....
Dr Jerome Coffey
Chairperson

Date: 12th June 2023


.....
Ellen Farrell
Board Member

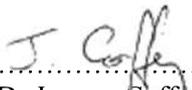
Date: 12th June 2023

**Statement of Financial Position
As at 31st December 2022**

	Notes	2022		2021	
		€	€	€	€
Property, Plant and Equipment	6		187,260		246,808
Current Asset					
Receivables and Prepayments	7	219,621		189,494	
Cash and Cash Equivalents		217,741		280,470	
		<u>437,362</u>		<u>469,964</u>	
Current Liabilities					
Revenue & Payroll Deductions		89,046		78,491	
Other Payables		33,247		32,482	
Accruals		51,033		109,235	
Grants received in advance	8	54,576		84,675	
		<u>227,902</u>		<u>304,883</u>	
Net Current Assets			<u>209,460</u>		<u>165,081</u>
Total Net Assets			<u>396,720</u>		<u>411,889</u>
Representing:					
Capital Account	9		187,260		246,808
Retained Revenue Reserves			209,460		165,081
			<u>396,720</u>		<u>411,889</u>

The Statement of Cash Flows on page 11 and notes on pages 12-21 form part of these financial statements

On behalf of the Board:


.....
Dr Jerome Coffey
Chairperson

Date: 12th June 2023


.....
Ellen Farrell
Board Member

Date: 12th June 2023

Statement of Cash Flows
For the year ended 31st December 2022

	2022	2021
	€	€
Net Cash Flows from Operating Activities		
Excess Expenditure Over Income	44,379	(36,688)
Depreciation and Impairment of Fixed Assets	171,438	167,982
Transfer from / (to) Capital Account	(59,549)	141,806
(Increase) / Decrease in Receivables	(30,127)	(48,041)
Increase / (Decrease) in payables	<u>(76,981)</u>	<u>15,993</u>
Net Cash flow from Operating Activities	49,160	241,052
 Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	(111,889)	(309,788)
Net Cash Flows from Financing Activities	0	0
 Net Increase / (Decrease) in Cash and Cash Equivalents	<u><u>(62,729)</u></u>	<u><u>(68,736)</u></u>
Cash and cash equivalents at 1 January 2022	<u>280,470</u>	<u>349,206</u>
Cash and cash equivalents at 31 December 2022	<u><u>217,741</u></u>	<u><u>280,470</u></u>

Notes to the Financial Statements For the year ended 31st December 2022

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 2022 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 31st December 2022

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
For the year ended 31st December 2022**

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, National Development Plan Delivery 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
For the year ended 31st December 2022

2. Department of Health

	2022	2021
	€	€
Revenue Grant (Vote 38, Subhead B.1)	3,495,000	3,184,000
Capital Grant (Note 9)	<u>111,890</u>	<u>309,788</u>
	<u>3,606,890</u>	<u>3,493,788</u>

3. Other Income

	2022	2021
	€	€
Research Grants		
Covid Effects	54,035	0
Cancer Prevention (ICS)	5,787	59,552
Cerviva ICE	1,325	0
Blood Cancer Network (BCNI)	<u>0</u>	<u>15,352</u>
	61,147	74,904
Non-Research Grant		
Miscellaneous	<u>26,033</u>	<u>0</u>
	<u>87,180</u>	<u>74,904</u>

Grant Donors are:

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

4. Staff Costs

	2022	2021
	Number	Number
The average numbers of employees during the year were:		
Director	1	1
Administration	24	25
Cancer Data Registrar	<u>19</u>	<u>19</u>
	<u>44</u>	<u>45</u>
Whole time equivalent numbers at 31 st December	42.72	39.67

Notes to the Financial Statements
For the year ended 31st December 2022

4. Staff Costs (cont/d)

Aggregate Employee Benefits

	2022	2021
	€	€
Staff Short-term benefits	2,399,396	2,056,068
Termination benefits	0	0
Employer's contribution to social welfare	243,421	215,246
Retirement Benefit costs	235,091	217,405
Contracted Services	<u>76,414</u>	<u>236,320</u>
	<u>2,954,322</u>	<u>2,725,039</u>
Staff Short-term benefits		
Basic Pay	2,954,322	2,725,039
Overtime	0	0
Allowances	<u>0</u>	<u>0</u>
Total	<u>2,954,322</u>	<u>2,725,039</u>

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, National Development Plan Delivery and Reform in 2022 were €28,934. (2021 €21,185)

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.

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

	2022	2021
	€	€
Previous Post Holder (finished on 28/3/2021)	0	34,001
Current Post Holder (started on 9/6/2021)	<u>133,372</u>	<u>72,219</u>
	<u>133,372</u>	<u>106,220</u>
Directors Expenses		
Current Post Holder	<u>5,945</u>	<u>0</u>
	<u>5,945</u>	<u>0</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. NCRI reimburse the HSE for the Director's Gross Pay and Employer's PRSI costs. The current post holder did not receive any Performance Related Reward in 2022

Notes to the Financial Statements
For the year ended 31st December 2022

4. Staff Costs (continued)

No. of Employee's Breakdown by salary band at end December	2022	2021
Less than €60K	35	38
Between €60K - €70K	6	4
Between €70K - €80K	3	0
Between €80K - €90K	1	1
Between €90K - €100K	0	0
Between €100K - €110K	1	1
Between €110K-€120K	0	0
Between €120K-€130K	0	1
Between €130K-€140K	<u>1</u>	<u>0</u>
Total	<u>47</u>	<u>45</u>

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 2022. Costs of €0 were incurred in 2021.

5. Administration Expenses

	2022	2021
	€	€
Office Consumables	5,017	8,957
Courier and delivery charges	1,382	641
Books and periodicals	190	756
C&AG Audit fee	14,300	14,300
Other Audit fees	22,290	33,675
Recruitment	16,533	35,203
Training & Conference fees	21,908	16,303
Rent & service charges	175,293	179,767
Insurance	15,954	13,516
Building repairs & maintenance	0	141
Light and heat	28,316	16,561
Licences, Subscriptions & Support	188,632	157,155
Printing, postage and stationery	813	1,280
Telephone, fax and Internet	40,597	48,332
Legal and professional fees	85,648	73,924
Bank Charges	711	530
Sundry expenses	7,147	2,053
Cancer Benchmarking Project	18,431	23,320
Information Technology Consumables	14,452	8,514
Depreciation on computer equipment	171,438	166,923
Depreciation on office equipment	<u>0</u>	<u>1,059</u>
Total Administration Expenses	<u>829,052</u>	<u>802,910</u>

Notes to the Financial Statements
For the year ended 31st December 2022

6. Property, Plant and Equipment

	Computer Equipment	Fixtures & Fittings	Office Equipment	Total
	€	€	€	€
Cost				
At 1 st January 2022	1,646,305	304,663	27,545	1,978,513
Additions	111,890	0	0	111,890
Disposals	(31,058)	0	0	(31,058)
At 31st December 2022	1,727,137	304,663	27,545	2,059,345
Depreciation				
At 1 st January 2022	1,399,497	304,663	27,545	1,731,705
Charge for the year	171,438	0	0	171,438
On disposals/rounding	(31,058)	0	0	(31,058)
At 31st December 2022	1,539,877	304,663	27,545	1,872,085
Net book Values				
At 31st December 2022	<u>187,260</u>	<u>0</u>	<u>0</u>	<u>187,260</u>
At 31 st December 2021	<u>246,808</u>	<u>0</u>	<u>0</u>	<u>246,808</u>

Computer Equipment includes Computer Software with a net book value of €148,119 as at 31st Dec 2022 and €214,740 at 31st Dec 2021.

7. Receivables and Prepayments

	2022	2021
	€	€
Receivables – Research Grants (Note 8)	0	2,634
Receivables – Other	26,032	416
Prepayments	193,589	186,444
	<u>219,621</u>	<u>189,494</u>

Notes to the Financial Statements
For the year ended 31st December 2022

8. Grants Received in Advance/Arrears

Project (Donor)	Opening at 1st January	Income Received	T/F to I&E A/C	Closing at 31st December
	€	€	€	€
Grants Currently in Advance				
CARG (HRB)	48,791	0	0	48,791
Cerviva ICE (HRB)	4,936	(3,611)	(1,325)	0
Covid Effects (RCSI)	(2,635)	62,455	(54,035)	5,785
Cancer Prevention (ICS)	30,948	(25,161)	(5,787)	0
	<hr/>	<hr/>	<hr/>	<hr/>
Total	<u>82,040</u>	<u>33,683</u>	<u>(61,147)</u>	<u>54,576</u>

Research Grant Donors are:

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

Irish Cancer Society (ICS)
Irish Hospice Foundation (IHF)
Royal College of Surgeons in Ireland (RCSI)

9. Capital Account

	2022	2021
	€	€
Balance at 1 January 2022	246,808	105,002
Transfer to / (from) Income and Expenditure account		
Capital Grants Received from Department of Health (Vote 38 subhead L1)	111,890	309,788
Amount of amortisation in line with asset depreciation	<u>(171,438)</u> (59,548)	<u>(167,982)</u> 141,806
	<hr/>	<hr/>
Balance at 31 December 2021	<u>187,260</u>	<u>246,808</u>

Notes to the Financial Statements
For the year ended 31st December 2022

10. Operating Lease Rentals

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

	2022	2021
	€	€
Lease Rentals Charged Income & Expenditure	137,059	135,547

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

Within one year	147,600	135,732
Within two to five years	578,100	544,403
After five years	0	125,313

11. Additional Superannuation Contribution/Pension Related Deduction

In accordance with the Financial Emergency Measures in the Public Interest Act 2009, a pension related deduction for public servants became effective from 1 March 2009. This was replaced on 1st January 2019 by the Additional Superannuation Contribution (ASC). The deduction when collected is remitted monthly 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 2022 was €63,307. The comparative amount for 2021 was €45,441.

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 2022 were € 658,235 (incl. Employers PRSI). The comparative figure for 2021 was € 520,755 (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, National Development Plan Delivery 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. No related party transactions were incurred in 2022.

Notes to the Financial Statements
For the year ended 31st December 2022

13. External Consultants & advisors fees

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

	2022	2021
	€	€
Contract and legal commitments	7,187	2,810
Data Protection Advice	0	29,410
HR Support/Employment Advice	0	13,880
Strategy	6,027	11,495
Consultancy Support	33,768	12,054
Workshops/Reports	<u>0</u>	<u>4,275</u>
	<u>46,982</u>	<u>73,924</u>

14. Capital Commitments.

There are no capital commitments

15. Events after the Reporting Date

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 12th June 2023.

Appendix A: Publications & Peer Reviewed Papers

Reports published in 2022

1. Cancer trends No. 38. Breast, cervical and colorectal cancer 1994-2019: National trends for cancers with population-based screening programmes in Ireland. NCRI, Cork, September 2022 (Brennan A, McDevitt J, Walsh PM).
2. Cancer in Ireland 1994-2020: Annual statistical report of the National Cancer Registry. NCRI, Cork, November 2022 (McDevitt J, Tierney P, Walsh PM).

Peer-reviewed papers 2022

1. Anderson S, Breen KJ, Davis NF, Deady S, Sweeney P. Penile cancer in Ireland - A national review. *Surgeon.* **2022** Jun;20(3):187-193. doi: 10.1016/j.surge.2021.04.004. **Epub 2021** May 24.
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. 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 Group; ICBP SurvMark-2 academic reference group; ICBP Clinical Committee – Lung; ICBP 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.
4. 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.* **2022** Aug;71(8):1532-1543. doi: 10.1136/gutjnl-2021-325266. **Epub 2021** Nov 25.
5. Cabasag CJ, Arnold M, Rutherford M, Ferlay J, Bardot A, Morgan E, Butler J, O'Connell DL, Nelson G, Høgdall C, Schnack T, Gavin A, Elwood M, Hanna L, Gourley C, De P, Saint-Jacques N, Mørch LS, Woods RR, Altman AD, Sykes P, Cohen PA, McNally O, Møller B, Walsh P, Morrison DS, Bray F, Soerjomataram I. Shifting incidence and survival of epithelial ovarian cancer (1995-2014): A SurvMark-2 study. *Int J Cancer.* **2022** Dec 19. doi: 10.1002/ijc.34403. Online ahead of print.
6. Cardoso R, Guo F, Heisser T, De Schutter H, Van Damme N, Nilbert MC, Tybjerg AJ, Bouvier AM, Bouvier V, Launoy G, Woronoff AS, Cariou M, Robaszkiewicz M, Delafosse P, Poncet F, Walsh PM, Senore C, Rosso S, Lemmens VEPP, Elferink MAG, Tomšič S, Žagar T, Lopez de Munain Marques A, Marcos-Gragera R, Puigdemont M, Galceran J, Carulla M, Sánchez-Gil A, Chirlaque MD, Hoffmeister M, Brenner H. Proportion and stage distribution of screen-detected and non-screen-detected colorectal cancer in nine European countries: an international, population-based study. *Lancet Gastroenterol Hepatol.* **2022** Aug;7(8):711-723. doi: 10.1016/S2468-1253(22)00084-X. **Epub 2022** May 11.
7. Cardoso R, Guo F, Heisser T, De Schutter H, Van Damme N, Nilbert MC, Christensen J, Bouvier AM, Bouvier V, Launoy G, Woronoff AS, Cariou M, Robaszkiewicz M, Delafosse P, Poncet F, Walsh PM, Senore C, Rosso S, Lemmens VEPP, Elferink MAG, Tomšič S, Žagar T, Marques ALM, Marcos-Gragera R, Puigdemont M, Galceran J, Carulla M, Sánchez-Gil A, Chirlaque MD, Hoffmeister M, Brenner H. Overall and stage-specific survival of patients with screen-detected colorectal cancer in European countries: A population-based study in 9 countries. *Lancet Reg Health Eur.* **2022** Jul 6;21:100458. doi: 10.1016/j.lanep.2022.100458. eCollection 2022 Oct.

8. 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.
9. Kelly M, O'Brien KM, Hannigan A. Specialist palliative cancer care in acute hospitals and place of death: a population study. *BMJ Support Palliat Care.* **2022** May;12(e1):e94-e102. doi: 10.1136/bmjspcare-2020-002232. **Epub 2020** Sep 11.
10. 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.* **2022** Jun;86(6):1377-1379. doi: 10.1016/j.jaad.2021.05.032. **Epub 2021** Jun 8.
11. 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.
12. 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.
13. Imogen Sharkey Ochoa , Esther O'Regan, Mary Toner , Elaine Kay , Peter Faul , Connor O'Keane, Roisin O'Connor, Dorinda Mullen, Mataz Nur, Eamon O'Murchu, Jacqui Barry-O'Crowley, Niamh Kernan , Prerna Tewari, Helen Keegan, Sharon O'Toole, Robbie Woods, Susan Kennedy, Kenneth Feeley, Linda Sharp, Tarik Gheit, Massimo Tommasino, John J O'Leary, Cara M Martin. The role of HPV in determining treatment, survival, and prognosis of head and neck squamous cell carcinoma. *Cancers (Basel).* **2022** Sep 3;14(17):4321. doi: 10.3390/cancers14174321.
14. Sexton GP, Walsh P, Moriarty F, O'Neill JP. Age alone is not a barrier to concurrent chemoradiotherapy for advanced head and neck cancer. *Ann Otol Rhinol Laryngol.* **2022** Apr 21:34894221086087, doi: 10.1177/00034894221086087. Online ahead of print.
15. 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.

Appendix B: Overview of Energy Usage in 2022

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 2022, the National Cancer Registry consumed 55.84 MWh of energy, all electrical.



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