National Cancer Registry Ireland

MINUTES OF A MEETING OF THE
NATIONAL CANCER REGISTRY BOARD (NCRI)
HELD ON
28 JANUARY 2025 AT 1PM
AT
BUILDING 6800, CORK AIRPORT BUSINESS PARK, KINSALE ROAD, CORK /
MICROSOFT TEAMS

1. Register of Attendance

Present

Name	Details	Initials
Dr Robert O'Connor	Chairperson	ROC
Ms Mary Bourke	Board Member	MB
Ms Ellen Farrell	Board Member	EF
Mr Niall Murphy	Board Member	NM
Ms Cathy Enright	Board Member	CE

In Attendance

Name	Details	Initials
Prof Deirdre Murray	NCRI Director	DM
Ms Rose O' Connor	NCRI Corporate Operations Manager	COM
Ms Catherine McGovern	NCRI Business & Planning Manager	CMcG
In Attendance for Items 7 & 8		
Ms Grace Gregan	Head of Registration	GG
Ms Fiona Dwane	Data Integration Manager	DIM

Apologies

Name	Details	Initials
Prof Mark Lawler	Board Member	ML

Quorum
  IT WAS NOTED THAT there was a quorum of Board members present at the meeting.

2. Declaration of Conflicts of Interest

The Board members confirmed that they had no conflict of interest in the matters to be discussed at the meeting.

3. Director's Report

3.1. DM reported to the Board on the NCRI's 2024 strategic and operational goals, during which the following points were noted and discussed:

    3.1.1   Lookback to 2024 & reporting against Yr1 of the Strategic Plan (2024 – 2026)

    3.1.2   Key Metrics in infographic form

    3.1.3   Backlog: it was noted that despite year on year increased cancer registration numbers the rate of growth has decreased.

    3.1.4   Cybersecurity & readiness: NM proposed that this would be considered under the wider context of "Business Continuity", to take into account elements such as the potential impact of weather events. It was AGREED that future reports would be under the "Business Continuity" heading.

    3.1.5   Research & Analysis: The increased level of activity as team grows was noted. A discussion was had in relation to possible areas of focus to be included under future Annual Statistical Reports.

    3.1.6   Electronic Data Capture: It was noted that significant progress made in 2024. However, the MedLIS project, which continues to be delayed, would add significantly to NCRI's Electronic Data Capture. Also, the IHI being integrated into pathology systems would speed up the matching process.

    3.1.7   Stakeholder Engagement: DM reported on engagements with NCCP, NSS and NICR as well as EU and UK engagements.

    3.1.8   CancerWatch EU Joint Action Project: DM reported that this EU wide project received funding approval before Christmas. This initiative will identify opportunities to enhance registry operations and their use of digital methods to capture cancer data from healthcare systems. It will promote harmonised quality measurement and facilitate data access, ultimately providing indicators on the burden of cancer via ECIS. NCRI are named as co-leading one work package (WP6). The project is expected to start in June 2025 and run for 36 months. The Board congratulated the Executive on securing this opportunity

    3.1.9   HR Awards & Activity: The Board noted the level of successful recruitment in 2024.

4. Finance Report

4.1. COM reported to the Board on the NCRI's 2024 draft financial statements, during which the following points were noted and discussed:

    4.1.1. Income & Expenditure, each at €4.7M

    4.1.2. Rental savings to transfer to Reserves

    4.1.3. The utilisation of the Department of Health 2024 allocation of €4.658M

    4.1.4. Pay & pension costs making up 82% of the expenditure with non-pay cost making up the remaining 18%.

    4.1.5. Cash drawdowns are on a monthly basis requiring timely submission to the Department to ensure adequate funding is available to meet the NCRI's obligations.

4.2. The Internal Audit is currently underway with the C&AG audit to commence in March.

5. Risk Report

5.1. COM reported to the Board on the NCRI's Risk Management, during which the following points were noted and discussed:

    5.1.1. Backlog risk due to delays in hospitals providing access to data – With DSAs and SOPs in place, along with increased electronic transfers, this is an improving situation, but elements remain outside NCRI's control, e.g. IHI & MedLIS rollout.

    5.1.2. Backlog risk due to inexperienced staff – induction and ongoing training and support has mitigated this risk.

    5.1.3. Single Point of Dependency risk – additional resources and plans are in place to mitigate this risk.

    5.1.4. NCRI's Risk Management Team will review the Risk Register vis-à-vis the risk ratings and make it recommendations to the ARC

6. Service Plan Dashboard

6.1. CMcG presented the service plan dashboard to the meeting and the status at year end of each of the 2024 goals was noted by the Board, with the following points discussed:

    6.1.1. MedLIS – there appears to be renewed focus on including histopathology in the Beaumont implementation.

    6.1.2. Customer Charter to be reviewed

    6.1.3. Website Update is on track

    6.1.4. Research Strategy – NCCP likely to oversee a review of cancer research in Ireland - NCRI to prepare a short document on NCRI Principles to inform NCRI position in advance of the 2026 NCCP Strategy.

7. Registration Updates and Strategic Initiatives

7.1 GG presented an overview of the Registration Department and data collection processes. A Registration Processing Trial is currently underway to explore if it proves timelier to process pathology at a later stage and aim to complete tumours earlier and at one intervention. The ultimate goal is to provide our Research & Analysis Department with higher quality data at an earlier stage.

    7.1.1 The Trial is at a preliminary stage

    7.1.2 Measurements will be carried out at 6, 9, 12 & 15 months

    7.1.3 ROC thanked GG for her presentation & the Board complimented the work

7.2 There followed a discussion in relation to:

    7.2.1 opportunities for hospitals to complement the data capture such as providing extra information around the more targeted treatments that might be available.

7.2.2   the possibilities of dissemination of the results of the Trial when they become available to promote the exchange the learnings and innovations in the health system.

8. Implementation of the Individual Health Identifier (IHI) within NCRI

8.3 FD presentation on the implementation & integration of the IHI into NCRI systems.

8.3.1   The initial seeding of 875,000 NCRI records started in February 2024. IHI matching requires 4 mandatory variables and any of an additional 5. NCRI used Address Line 1 as the additional variable as this is populated in the majority of NCRI records.

8.3.2   A trial to use IHI as part of matching is in progress with a sample of labs, radiotherapy units and other electronic sources.

8.3.3   The next steps to implement IHI as part of the NCRI matching processes were outlined.

8.3 ROC thanked FD & the Board complimented her for the presentation & there followed a discussion in relation to challenges in matching noting that the implementation of the IHI within NCRI processes will greatly enhance matching.

9. Peer Review of NCRI

9.1. DM updated the Board that there was an understanding that NCRI would have a Peer Review every number of years. This is to be agreed between the NCRI Chairperson & the Dept. of Health, with the last review being carried out by IARC in 2022/23.

9.2. It was noted that any recommendations included in a final report would support strategic planning so it would be optimal if the final report could be available prior to mid-2026.

9.3. ROC to engage with the Department of Health to advance the above.

10. Letter of Allocation & 2025 Budget Profile

10.1 COM presented the 2025 Budget Profile to the Board based on the indicated allocation of €5.4M from the Department of Health. It was noted that:

    10.1.1 the Letter of Allocation is still outstanding, and the Budget Profile may have to be adjusted once confirmation of the final figure is received.

    10.1.2 the Budget Profile was based on core income from the Department of Health and did not include any non-core funding.

10.2. The Board expressed its appreciation to the finance team for their work in preparing the comprehensive budget profile.

10.3. The Board approved the Budget Profile, subject to any changes that may be required following receipt of the Letter of Allocation.

11. Annual Statement of Interest

CMcG reminded the Board Members to complete same & return to her for filing.

12. Board Evaluations

12.1. Internal Evaluation: CMcG reported that she is currently reviewing the Internal Board Evaluation & will report back to next Board Meeting.

12.2. External Evaluation: CMcG reported that she is currently developing a Request for Tender with a view to having final report for last Board Meeting of 2025.

13. Board & Management Relationship Building

The Board discussed the report in relation to Board & Management Relationship Building and agreed it was a positive report with the importance of openness & transparency and the return to regular onsite meetings being noted.

14.   Next Meeting

ROC reminded the Board members that the Board meeting scheduled for the 15/04/2025 is an in person meeting in NCRI HQ.

15. Maximising the in person / onsite meeting

ROC asked the members to consider if there were any particular areas that they wished to be highlighted.

16. Minutes of the Previous Meetings

16.1. The draft minutes of the previous Board meeting held on 2 December 2024 (the "**Previous Minutes**") were produced to the meeting and reviewed by the Board.

16.2. Following a discussion in relation to the foregoing, **IT WAS RESOLVED THAT**:

16.3. the Previous Minutes be approved in the form produced to the meeting; and

16.4. the Chairperson be authorised to sign the Previous Minutes in his capacity as Chairperson of the current meeting.

17. Matters Arising / Actions from Prior Meetings

17.1. ROC noted that he will adapt standard template in relation to Director's Performance Evaluation.

17.2. ARC New members to be formally invited & induction to be carried out.

17.3. Board Skills Assessment will to be carried out once new member is on Board.

17.4. Board Training action to remain open

18. AOB

There were no items under AOB

19. Executive Session

This session did not happen due to time constraints.

20. Close

There being no further business, the Chairperson declared the meeting closed.

[signature page follows]

Chairperson

Date: