



Women's Charter

Screening commitment

- All staff will respect the woman's privacy, dignity, religion, race and cultural beliefs
- Services and facilities will be arranged so that everyone, including people with special needs, can use the services
- Your screening records will be treated in the strictest confidence and you will be assured of privacy during your appointment
- Information will be available for relatives and friends relevant to the woman's care in accordance with the patient's wishes
- You will always have the opportunity to make your views known and to have them taken into account
- You will receive your first appointment within two years of becoming known to the programme
- Once you become known to the programme you will be invited for screening every two years while you are aged 50 to 64 years
- You will be screened using high quality modern equipment which complies with National Breast Screening Guidelines

We aim

- To give you at least seven days notice of your appointment
- To send you information about screening before your appointment
- To see you as promptly as possible to your appointment time
- To keep you informed about any unavoidable delays which occasionally occur
- To provide pleasant, comfortable surroundings during screening
- To ensure that we send results of your mammogram to you within three weeks

If recall is required we aim

- To ensure that women will be offered an appointment for an Assessment Clinic within two weeks of being notified of an abnormal result
- To ensure that you will be seen by a Consultant doctor who specialises in breast care
- To provide support from a Breast Care Nurse
- To ensure you get your results from the Assessment Clinic within one week
- To keep you informed of any delays regarding your results

If breast cancer is diagnosed we aim

- To tell you sensitively and with honesty
- To fully explain the treatment available to you
- To encourage you to share in decision-making about your treatment
- To include your partner, friend or relative in any discussions if you wish
- To give you the right to refuse treatment, obtain a second opinion or choose alternative treatment, without prejudice to your beliefs or chosen treatment
- To arrange for you to be admitted for treatment by specialised trained staff within three weeks of diagnosis
- To provide support from a Breast Care Nurse before and during treatment
- To provide you with information about local and national cancer support groups and self-help groups

Tell us what you think

- Your views are important to us in monitoring the effectiveness of our services and in identifying areas where we can improve
- You have a right to make your opinion known about the care you received
- If you feel we have not met the standards of the Women's Charter, let us know by telling the people providing your care or in writing to the programme
- We would also like to hear from you if you feel you have received a good service. It helps us to know that we are providing the right kind of service - one that satisfies you
- Finally, if you have any suggestions on how our service can be improved, we would be pleased to see whether we can adopt them to further improve the way we care for you

You can help by

- Keeping your appointment time
- Giving at least three days notice if you wish to change your appointment
- Reading any information we send you
- Being considerate to others using the service and the staff
- Please try to be well informed about your health

Let us know


- If you change your address
- If you already have an appointment
- Tell us what you think - Your views are important.

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National
Cancer
Screening
Service


BreastCheck
The National Breast Screening Programme

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Chairperson's Statement

Chairperson's Statement

Welcome to the 2006/2007 Annual Report of BreastCheck – the National Breast Screening Programme. This Report outlines Programme performance data for BreastCheck in 2006 and other significant developments up to the time of publication in November 2007.

Following the publication of a Strategy for Cancer Control in Ireland 2006, the National Cancer Screening Service (NCSS) was established by the Minister for Health and Children in January 2007. The National Cancer Screening Service currently encompasses BreastCheck – the National Breast Screening Programme and the Irish Cervical Screening Programme. I am delighted to have been invited to chair the NCSS Board.

The NCSS is preparing for the establishment and roll out of a National Cervical Screening Programme in 2008 and has established an Expert Group to examine the potential effectiveness of a colorectal screening programme.

The progress made by BreastCheck in the last 12 months has been immense. Since the publication of our last Annual Report, two new static screening units have been built in Galway and Cork. In addition, seven state of the art digital mobile screening units have been commissioned in preparation for the national expansion of BreastCheck into the West and South. Indeed screening has already commenced in the West with the location of a mobile unit in Roscommon.

I wish to thank all members of the National Cancer Screening Service Board for their invaluable contribution and dedication to BreastCheck's aim of reducing the number of deaths from breast cancer in Ireland through early detection and treatment. The Programme Statistics demonstrate the role BreastCheck has played in women's lives and as we expand nationwide we can fulfil our commitments by offering the benefits of BreastCheck to women in the South and West of the country.



Dr. Sheelah Ryan *Chairperson*

I would like to thank the Minister for Health and Children, Mary Harney T.D. and her officials, for their ongoing support and assistance in bringing BreastCheck nationwide.

I am immensely proud of the staff of BreastCheck who made the expansion a reality and wish to particularly thank our CEO Tony O'Brien for his commitment to the Programme.

There are many more supporters of BreastCheck who play a pivotal role in raising awareness of the service, encouraging women to participate and increasing uptake, namely primary healthcare workers, the media and community organisations. Finally, I wish to thank the 63,000 women who accepted their invitations and availed of BreastCheck in 2006. Their response has enabled us to improve the outcomes for women whose screening has identified breast cancer.

A handwritten signature in black ink, appearing to read 'Dr. Sheelah Ryan'.

Dr. Sheelah Ryan
Chairperson
National Cancer Screening Board



Chief Executive Officer's Report

Chief Executive Officer's Report

Numbers Screened

In 2006 BreastCheck – the National Breast Screening Programme provided free breast screening to 63,271 women – the highest number of women screened by the Programme to date. The rate of overall acceptance of invitation to screening was 78.1% of eligible women, an increase on the number of invitations accepted in 2005 and in excess of the programme target of 70%.

Of the 63,271 women screened in 2006, 1,903 were recalled for assessment. Three hundred and thirty seven of those women recalled were diagnosed with cancer, representing 5.3 cancers per 1,000 women screened, compared to 5.3 in 2005 and 6.1 in 2004. In 2006 19,527 of all women screened were new to the programme and 43,744 women had attended at least one previous BreastCheck appointment.

The majority of women attending for first screening are in the 50-54 age group with the acceptance rate highest in this age group. 2006 saw a fall in acceptance with increasing age at first invitation. This age-related acceptance pattern is replicated in previous non-attenders. However in all age groups attending for subsequent screening the acceptance rate is almost uniformly high.

Most Women's Charter parameter targets were met or exceeded. The proportion of women screened for a subsequent time within 27 months of a previous screen is at the highest level since subsequent screening began.

A full and detailed analysis of the Programme statistics is available on pages 11–19 of this report.



Tony O'Brien *Chief Executive Officer*

Overall, in 2006:

- BreastCheck screened 63,271 women – the highest number of women screened by the Programme to date
- BreastCheck performed consistently high against the commitments identified in the Women's Charter
- The service was extended further into the North East, East, Midlands and parts of the South East
- Significant advancement was made on progressing national expansion of the service into the West and the South with screening scheduled to commence by year-end 2007.

Change in Governance

Following the establishment of the National Cancer Screening Service (NCSS) by the Minister for Health and Children in January 2007, governance of BreastCheck – the National Breast Screening Programme is now managed by the National Cancer Screening Service Board. The establishment of the NCSS followed the publication of a Strategy for Cancer Control in Ireland 2006, which advocates a comprehensive cancer control policy programme in Ireland with cancer screening managed by one organisation.

National Expansion

Since the Minister for Health and Children, Mary Harney T.D., gave her approval for the €25m capital expansion programme, significant progress has been made. The construction of two new BreastCheck static screening units based at the South Infirmary Victoria University Hospital in Cork and University College Hospital in Galway is nearing completion.

The BreastCheck service is a quality assured, population based screening programme that operates using multi-disciplinary teams with specialist expertise in the areas of breast screening, cancer detection and treatment. With screening in the West and the South due to commence by the end of 2007 a major recruitment drive has been undertaken and the appointment of appropriate staff is nearing completion.

Approximately 50 staff will be employed in the West with an additional 50 employed to provide the BreastCheck service in the South. Clinical Directors for both the Southern and Western areas joined BreastCheck last November and have undergone extensive training in advance of the opening of each unit.

Consultant Radiologists, Consultant Surgeons, Consultant Histopathologists and Consultant Anaesthetists, all with a special interest in breast disease, have also been appointed. In addition, Unit Managers, Radiography Service Managers and a number of administration posts have been successfully filled.



BreastCheck Southern Unit



BreastCheck Western Unit



L-R: Dr. Ann O'Doherty, Clinical Director, BreastCheck Merrion Unit; Dr. Aideen Larke, Clinical Director, BreastCheck Western Unit; Dr. Fidelma Flanagan, Clinical Director, BreastCheck Eccles Unit and Dr. Alissa Connors, Clinical Director, BreastCheck Southern Unit.



BreastCheck mobile digital screening unit



The first class of students to graduate from BreastImaging - The National Radiography Training Centre

Recruitment of other staff, including the necessary 38 radiographers is ongoing. BreastCheck hosted Recruitment Open Evenings in Galway and Cork in July and received over 1,000 expressions of interest as a result.

A fleet of seven additional mobile digital screening units have been commissioned to provide screening in broader counties. Four units will be attached to the Southern Unit serving women in Cork, Kerry, Limerick,

Waterford and Tipperary S.R. and three will be attached to the Western Unit, providing screening to women in Galway, Sligo, Roscommon, Donegal, Mayo, Leitrim, Clare and Tipperary N.R.

BreastCheck is committed to achieving the radiography standards required for high quality mammographic breast screening and provides continuous training and development for its staff.



BreastCheck Quality Assurance Multidisciplinary Consultants Group

BreastImaging - The National Radiography Training Centre

In support of this commitment BreastCheck developed a National Radiography Training Centre to support mammography in both screening and symptomatic services. BreastImaging – the National Radiography Training Centre officially opened and welcomed its first post graduate students this year. The centre will prove vital to BreastCheck's efforts to recruit and train the large number of radiographers and mammographers required to serve national expansion. All BreastImaging students will be trained using state of the art digital mammography equipment, similar to the equipment used at BreastCheck mobile and static screening units.

PACS & Digital Mammography Project

Following a comprehensive review of the evidence base and a period of clinical evaluation in the screening programme, BreastCheck will commence screening in Cork and Galway using digital mammography technology.

Digital technology allows mammograms to be acquired directly in a digital format without the requirement for film and film processing as used in conventional mammography. A state of the art PACS (picture archiving and communications system) is used for managing and storing the clinical image data and for presenting the images to the radiologists for reporting.

Replacement of conventional screening equipment with digital technology in the existing Merrion Unit is now complete and is underway at the Eccles Unit and the existing mobile units.

This year, two new mobile digital mammography units were added to BreastCheck's existing fleet of mobile screening units. The integration of these units has been successful and we believe that the use of digital mammography imaging in a mobile setting will enhance the quality and consistency of service and will offer improved flexibility in the deployment of mobile screening units.

Development work continues to take place on a phased basis with respect to the integration and interface of the digital imaging systems with BreastCheck's existing information systems to enable realisation of the most efficient use of the system and to ensure the highest levels of data quality.

Advertising

An extensive new advertising campaign was developed to provide public information about the BreastCheck service and to encourage women to participate in the Programme, where available. Any advertising undertaken aims to support and leverage to full effect BreastCheck's ongoing and extensive screening promotion programme.

Imagery featuring 16 women aged between 50 and 65 years, representing all walks of life was developed to create a sense of solidarity and reassurance and to 'normalise' the BreastCheck experience.

A multifaceted approach, using television, radio and print media was devised to communicate clear messages and facts about the service and to encourage uptake among invited women.

Conclusion

I am delighted to share the immense progress that has been made by BreastCheck throughout 2006 and early 2007. Over 63,000 women participated in the BreastCheck programme in 2006 and acceptance of invitation reached 78.1%, the highest level of acceptance since the Programme began.

I would like to thank the staff of the Hospital Planning Office for their support. In 2006 the target for admission to hospital was exceeded for the first time since the Programme began with 94.4% of women diagnosed with breast cancer admitted for treatment within three weeks of diagnosis.

I wish to pay tribute to the work of our colleagues at the Cancer Policy Division and in particular acknowledge the contributions made by Mr. Gerry Coffey, Principal Officer. I would also like to welcome his successor Ms. Mary Jackson and wish her every success in her new role.

I would like to take this opportunity to congratulate the management and staff of BreastCheck, and in particular of the Merrion Unit for their efforts in achieving the early commencement of screening in the Expansion area with the opening of a digital mobile unit in Roscommon. To date over 1,200 women have been screened in the area and the unit is scheduled to remain in Roscommon into 2008.

We are committed to the continued delivery of a quality assured screening programme that uses specialist expertise and multi disciplinary teams to achieve our goal of reducing the number of deaths from breast cancer through early detection and treatment. Since our last Annual Report, significant progress has been made as our service expands nationwide. I would like to thank the members of the National Breast Screening Board (which ceased to exist on 31 December 2006) for their dedication to the Programme.

As CEO of BreastCheck it gives me great pleasure to recognise and commend the support and commitment of our Board members, the Chairperson, Dr Sheelah Ryan and Majella Byrne, Chairperson of the National Expansion Operations Group. I would also like to thank Clinical Directors Dr. Fidelma Flanagan (Eccles Unit), Dr. Ann O'Doherty (Merrion Unit) and new Clinical Directors Dr. Alissa Connors (Southern Unit) and Dr. Aideen Larke (Western Unit) for their tremendous efforts in launching the BreastCheck service into the South and West.

In conclusion, I wish to thank all staff, clinicians and the management team of BreastCheck for their enthusiasm, dedication and continued hard work in delivering BreastCheck, a service of excellence, to the women of Ireland.



Tony O'Brien
Chief Executive Officer
November 2007



Programme Statistics 2006

The National Breast Screening Programme

Programme Statistics

The figures reported relate to those women contacted by BreastCheck between 1 January and 31 December 2006. Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (4th Edition).

In 2006 BreastCheck invited over 83,000 women for screening for a first or subsequent time. The number of women invited has increased year on year since inception of the programme, with a corresponding increasing number of women screened each year (Figure 1); this year over 63,000 women accepted the invitation to screening (Figure 2). The Programme Standardised Detection Ratio remains well above target.

Table 1: Screening Activity Overall

Performance Parameter	2006
Number of women invited	83,491
Number of eligible women invited*	81,011
Number of women who opted not to consent	868
Number of women who attended for screening	63,271
Eligible women acceptance rate (includes women who opted not to consent)	78.1%
Known target population acceptance rate**	74.8%
Number of women recalled for assessment	1,903
Number of open benign biopsies	67
Number of cancers detected	337
Cancers detected per 1,000 women screened	5.3
Number of in situ cancers	73
Number of invasive cancers < 15mm	113
Standardised Detection Ratio	0.9

* Eligible refers to the known target population less those women excluded or suspended by the Programme based on certain eligibility criteria

** Known target refers to all women of screening age that are known to the Programme

Details of the ineligible categories

Excluded – Women in follow up care for breast cancer, not contactable by An Post, physical / mental incapacity (while BreastCheck attempts to screen all eligible women, certain forms of physical or mental incapacity may preclude screening), terminal illness, other.

Suspended – Women on extended vacation/working abroad, previous mammogram less than a year previously, opt to wait until next round, woman wished to defer appointment, unwilling to reschedule, other.

Table 2: Screening Activity by Type of Screen

Of eligible women invited for the first time or for a subsequent screening, similar proportions attended for screening this year. Those who do not respond to their first invitation for screening are invited again in the subsequent round; the percentage of previous non-attenders taking up this invitation for screening was lower this year at 18% compared to 27% in 2005.

Performance Parameter	First Invited Population	Previous Non-Attenders	Subsequent Population
Number of women invited	25,979	8,699	48,813
Number of eligible women invited	24,564	8,699	48,616
Number of women who opted not to consent*	182	-	686
Number of women screened	17,964	1,563	43,744
Eligible women acceptance rate (including women who opted not to consent)	73.1%	18.0%	90.0%
Known target population acceptance rate	68.2%	18.0%	88.4%

* Opted not to consent in previous round of screening, but remain within target age group of 50-64 years

Table 3: Screening Activity by Type of Screen and Age Group

The majority of women attending for first screening are in the 50-54 age group. The acceptance rate is highest in this age group and again we see a fall in acceptance with increasing age at first invitation. This age-related acceptance pattern is replicated in previous non-attenders. However in all age groups attending for subsequent screening the acceptance is almost uniformly high.

Table 3(i): First Invited Population

Performance Parameter	50-54	Age Group 55-59	60-64
Number of women invited	18,001	4,329	3,328
Number of eligible women invited	17,358	3,907	3,010
Number of women who opted not to consent	56	64	51
Number of women screened	13,489	2,453	1,836
Eligible women acceptance rate (including women who opted not to consent)	77.7%	62.8%	61.0%
Known target population acceptance rate	74.0%	55.8%	54.3%

Table 3(ii): Previous Non-Attendees

Performance Parameter	50-54	Age Group 55-59	60-64
Number of previous non-attendees invited	1,638	3,651	3,356
Number of women screened	520	621	399
Known target population acceptance rate	31.7%	17.0%	11.9%

Table 3(iii): Subsequent Invite

Performance Parameter	50-54	Age Group 55-59	60-64
Number of eligible women invited	9,140	21,619	17,605
Number of women who opted not to consent in previous round*	73	216	228
Number of ineligible women**	151	397	331
Number of women screened	8,317	19,526	15,737
Eligible women acceptance rate (including women who opted not to consent)	91.0%	90.3%	89.4%
Known target population acceptance rate	88.8%	87.8%	86.6%

* Opted not to consent in previous round, but remain in the target population

** Identified as ineligible in previous round of screening or in this round, but remain in the target population

Figure 1: Numbers Invited 2002-2006 – Initial and Subsequent

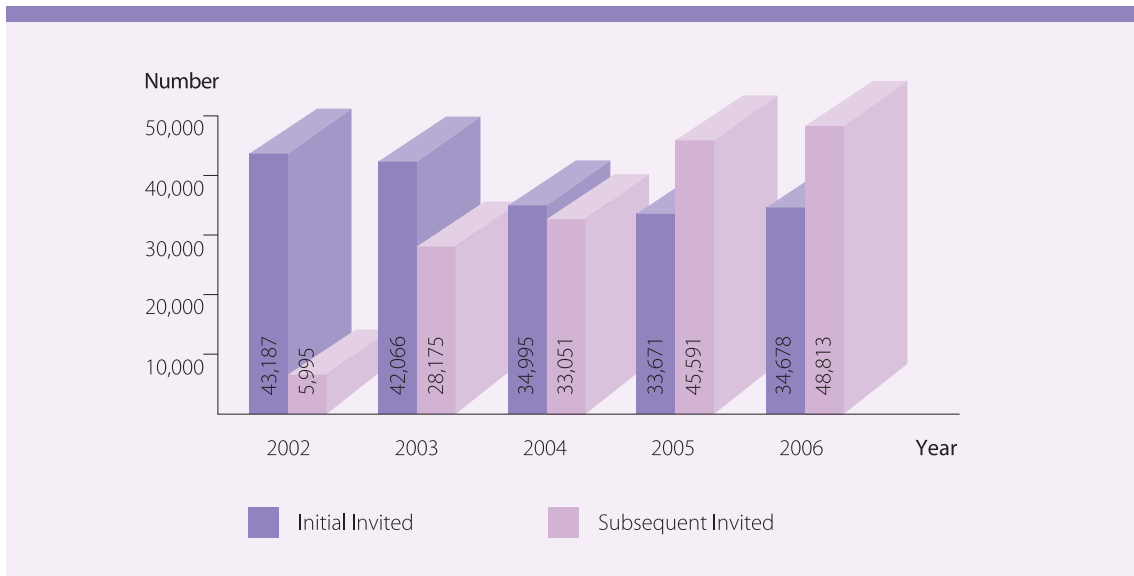


Figure 2: Numbers Screened 2002-2006 – Initial and Subsequent

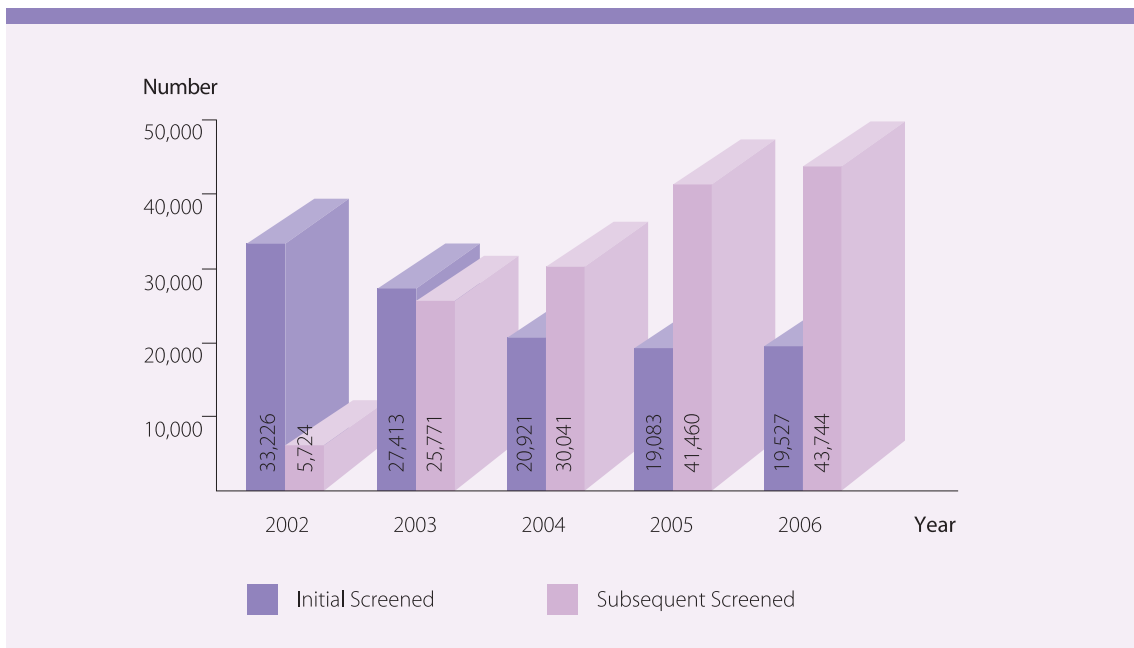


Table 4: Screening Quality: First screen

This table presents data on women attending screening for the first time. All the quality parameters have been met or exceeded. Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (4th Edition).

Performance Parameter	2006	Standard
Number of women screened for first time	19,527	
Number of women recalled for assessment	1,081	
Recall rate	5.5%	<7%
Number of benign open biopsies	46	
Benign open biopsy rate per 1,000 women screened	2.36	<3.6
Number of women diagnosed with cancer	147	
Cancer detection rate per 1,000 women screened	7.53	
Number of women with in situ cancer (DCIS)	27	
Pure DCIS detection rate per 1,000 women screened	1.38	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	18.4%	10-20%
Number of women diagnosed with invasive cancer	120	
Invasive cancer detection rate per 1,000 women screened	6.15	
Invasive cancer detection rate per 1,000 women screened for women aged 50-51	5.90	>2.9
Invasive cancer detection rate per 1,000 women screened for women aged 52-64	8.67	>5.2
Number of women with invasive cancers <15 mm	60	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	50.0%	≥40%
Standardised Detection Ratio	1.02	0.75

Table 5: Screening Quality: Subsequent Screen

This table presents data on women attending screening for a subsequent time. The percentage of ductal carcinoma in situ detected is higher than in previous years. All other quality parameters have been met or exceeded. Over half of all women found to have invasive cancer had a very small cancer (under 15mm). Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (4th Edition).

Performance Parameter	2006	Standard
Number of women screened for a subsequent time	43,744	
Number of women recalled for assessment	822	
Recall rate	1.9%	<5%
Number of benign open biopsies	21	
Benign open biopsy rate per 1,000 women screened	0.48	<2
Number of women diagnosed with cancer	190	
Cancer detection rate per 1,000 women screened	4.3	≥3.5
Number of women with in situ cancer (DCIS)	46	
Pure DCIS detection rate per 1,000 women screened	1.05	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	24.2%	10-20%
Number of women diagnosed with invasive cancer	144	
Invasive cancer detection rate per 1,000 women screened	3.29	>2.4
Number of women with invasive cancers <15mm	73	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	50.7%	≥40%
Standardised Detection Ratio	0.82	0.75

Figure 3: Women with Invasive Cancers < 15mm as Percentage of All with Invasive Cancers: 2002-2006 – Initial and Subsequent

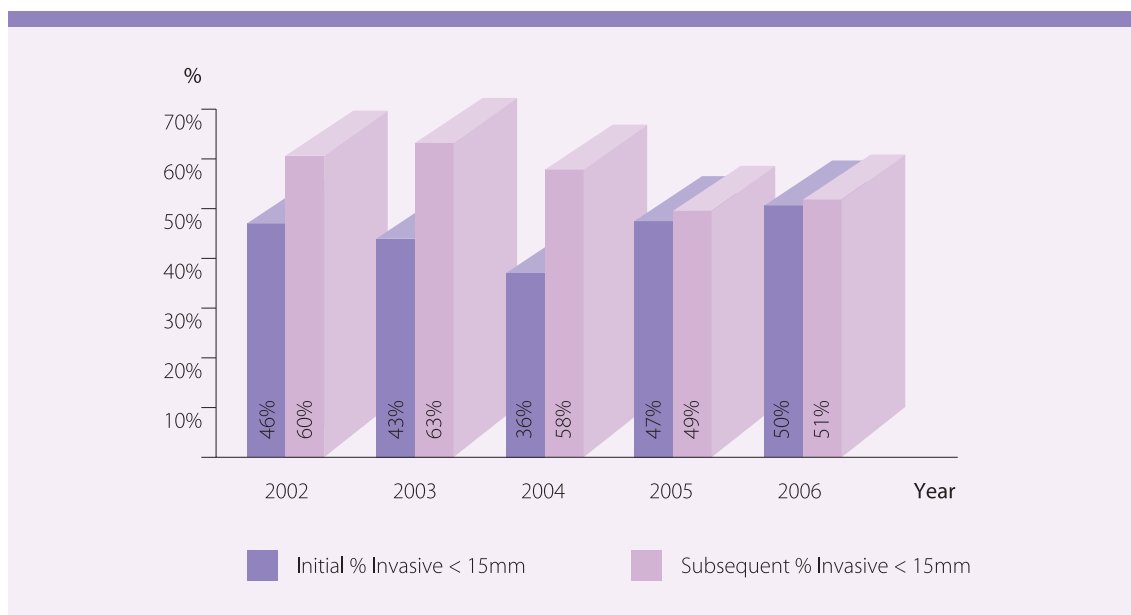


Table 6: Screening Outcome: First Screen by Age Group

Performance Parameter	50-54	Age Group 55-59	60-64
Number of women screened	14,009	3,074	2,235
Percentage of women recalled for assessment	5.7%	5.3%	4.7%
Benign open biopsy rate per 1,000 women screened	2.28	1.95	2.68
Overall cancer detection rate per 1,000 women screened	6.6	8.5	11.2

Table 7: Screening Outcome: Subsequent Screen by Age Group

Performance Parameter	50-54	Age Group 55-59	60-64
Number of women screened	8,317	19,526	15,737
Percentage of women recalled for assessment	1.8%	1.8%	2.0%
Benign open biopsy rate per 1,000 women screened	0.36	0.61	0.38
Overall cancer detection rate per 1,000 women screened	3.8	3.3	5.8

Table 8: **Cancers with Non-Operative Diagnosis**

The proportions of women with a non-operative diagnosis of cancer remain high for both initial and subsequent screening.

Performance Parameter	Initial Screening	Subsequent Screening	Standard
Percentage of women with non-operative diagnosis of cancer	92.5%	93.1%	≥70%

Table 9: **Outcome of First Screens by Region**

Some variation is seen in cancer detection rate by region; this may be a chance finding. Where numbers screened are small, rates are unreliable.

Region of Residence	Number of Women Screened	Acceptance Rate		Number of Cancers Detected	Number of Cancers Detected per 1,000 Women Screened
		<i>Eligible</i>	<i>Target Population</i>		
Dublin and North East Region	7,651	56.3%	53.6%	60	7.8
Dublin and Mid Leinster Region	5,656	51.3%	48.0%	29	5.1
Southern Region	6,218	74.8%	71.7%	58	9.3

Table 10: Outcome of Subsequent Screens by Region

Region of Residence	Number of Women Screened	Acceptance Rate		Number of Cancers Detected	Number of Cancers Detected per 1,000 Women Screened
		Eligible	Target Population		
Dublin and North East Region	17,673	88.9%	87.5%	96	5.4
Dublin and Mid Leinster Region	21,533	89.3%	87.5%	81	3.8
Southern Region	4,538	93.1%	91.6%	13	2.9

Table 11: Women's Charter Parameters

The BreastCheck Women's Charter is published on the inside front cover of this report. Most Women's Charter parameter targets are met or exceeded. The proportion of women screened for a subsequent time within 27 months of a previous screen is at the highest level since subsequent screening began. Almost two-thirds of women invited for the first time are invited within 24 months of becoming known to the programme and eligible for screening; this is below target.

Performance Parameter	2006	Women's Charter Standard
% women who received 7 days notice of appointment	98.2%	≥90%
% women who were sent results of mammogram within 3 weeks	97.1%	≥90%
% women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result	95.6%	≥90%
% women given results from Assessment Clinic within 1 week	90.1%	≥90%
% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	94.4%	≥90%
% women re-invited for screening within 27 months of invitation at previous round	88.3%	≥90%
% women eligible for screening invited for screening within 24 months of becoming known to the Programme	61.6%	≥90%



Financial Statements 2006

National Breast Screening Board

Financial Statements 2006

Composition of the Board and Other Information

History of Board

(i) The National Breast Screening Steering Group was set up in 1997 to oversee the development of the screening Programme.

(ii) The National Breast Screening Board (NBSB) was established on 3 September 1998 by order of the Minister for Health and Children in exercise of the powers conferred on him by Section 11 of the Health Act 1970.

(iii) The National Breast Screening Board (Establishment) Order, 2004 superseded the previous Board, with effect from 1 January 2005.

(iv) The 2004 Order was revoked by the The National Breast Screening Board (Revocation and Dissolution) Order 2006, and replaced by The National Cancer Screening Service Board (Establishment) Order 2006 with effect from 1 January 2007.

Membership of Board

In accordance with the provisions of the National Cancer Screening Service Board Order 2006, a new Board, comprising of the following members was appointed by the Minister for Health and Children for a period of three years from 1 January 2007 to 31 December 2009.

National Cancer Screening Service Board

Members appointed 1 January 2007:

Dr. Sheelah Ryan (Chairperson)

Dr. Grainne Flannelly

Ms. Edel Moloney

Prof. Niall O'Higgins

Dr. Ailís ní Riain

Members appointed 1 February 2007:

Dr. Marie Laffoy

Mr. Jack Murray

Dr. Donie Ormonde

Prof. Martin O'Donoghue

Mr. Eamonn Ryan

Dr. Frank Sullivan

Dr. Jane Wilde

National Breast Screening Board

Outgoing Board Members as at 31 December, 2006:

Dr. Sheelah Ryan (Chairperson)

Mr. Pat McLoughlin

Mr. Sean Hurley

Ms. Olivia O'Leary

Prof. Niall O'Higgins

Prof. Peter Dervan

Dr. Ailís ní Riain

Dr. Tony Holohan

Ms. Edel Moloney

Chief Executive Officer:

Mr. Tony O'Brien

Bankers:

AIB Bank

Bank Centre, Ballsbridge, Dublin 4

Solicitor:

Arthur Cox

Earlsfort Centre, Earlsfort Terrace, Dublin 2

Auditor:

Comptroller and Auditor General

Dublin Castle, Dublin 2

Head Office:

King's Inns House, 200 Parnell Street, Dublin 1

National Breast Screening Board

Statement of Board Members' Responsibilities

The National Breast Screening Board was dissolved with effect from 1 January 2007 under the terms of the National Breast Screening Board (Revocation and Dissolution) Order 2006. (S.I. 633 of 2006).

All property, rights, liabilities and obligations of The National Breast Screening Board were transferred to the National Cancer Screening Service Board under the terms of the above Order.

Under the terms of of the National Cancer Screening Service Board (Establishment) Order 2006, the Board acknowledges the following:

- (i) Its responsibility to prepare financial statements for the National Breast Screening Board (now dissolved) for the year ended 31 December 2006.
- (ii) The requirement to prepare financial statements for that year which give a true and fair view of the state of affairs of the National Board Screening Board and its income and expenditure for that period.


In preparing those financial statements, the Board is required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- Disclose and explain any material departures from applicable accounting standards;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the National Cancer Screening Service Board will continue in existence.

The National Breast Screening Board was responsible for keeping proper accounting records which disclosed with reasonable accuracy at any time its financial position and to enable it to ensure that the financial statements comply with the Order.

It was also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Board:



Member of the Board



Member of the Board

National Breast Screening Board Statement on the System of Internal Financial Control

Responsibilities

This statement relates to the final year of operation of The National Breast Screening Board and is based on information furnished by the management of the now dissolved National Breast Screening Board. The Board was responsible for ensuring that an effective system of internal financial control was maintained and operated.

The system can 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 would be detected in a timely period.

Key Control Procedures

The key control procedures put in place designed to provide effective financial control were:

- A clearly defined management structure with proper segregation of duties throughout the organisation
- A procedures manual setting out detailed instructions for all areas of financial activity
- A budgeting system with an annual budget which is reviewed and agreed by the Board
- Reviews by the Board of annual financial reports which indicate financial performance against forecasts
- The use of reputable accounts and payroll packages with appropriate maintenance and backup procedures
- The appropriate selection and training of staff involved in the finance function

- In the area of procurement, a computerised and integrated Purchase Order System was implemented in 2005
- The Board had established an Audit Committee, an Audit Charter and an Internal Audit Service. The Board reviewed the reports of the Internal Auditor and of the Audit Committee.

Annual Review of Controls

The Board carried out a review of the effectiveness of the system of internal financial controls for the period ending 31 December 2006.

On behalf of the Board:



Member of the Board



Member of the Board

National Breast Screening Board Report of the Comptroller and Auditor General for presentation to the Houses of the Oireachtas

I have audited the financial statements of the National Breast Screening Board for the year ended 31 December 2006 under the National Cancer Screening Service Board (Establishment) Order, 2006.

The financial statements, which have been prepared under the accounting policies set out therein, comprise the Statement of Accounting Policies, the Income and Expenditure Account, the Capital Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and the related notes.

Respective Responsibilities of the Board and the Comptroller and Auditor General

The Board is responsible for preparing the financial statements in accordance with the National Cancer Screening Service Board (Establishment) Order, 2006 and for ensuring the regularity of transactions. The Board prepares the financial statements in accordance with Generally Accepted Accounting Practice in Ireland as modified by the directions of the Minister for Health and Children in relation to accounting for superannuation costs. The accounting responsibilities of the Members of the Board are set out in the Statement of Board Members' Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

I report my opinion as to whether the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland. I also report whether in my opinion proper books of account have been kept. In addition, I state whether the financial statements are in agreement with the books of account.

I report any material instance where moneys have not been applied for the purposes intended or where the transactions do not conform to the authorities governing them.

I also report if I have not obtained all the information and explanations necessary for the purposes of my audit.

I review whether the Statement on Internal Financial Control reflects the Board's compliance with the Code of Practice for the Governance of State Bodies and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements. I am not required to consider whether the Statement on Internal Financial Control covers all financial risks and controls, or to form an opinion on the effectiveness of the risk and control procedures.

Basis of Audit Opinion

In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management and operation. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures and regularity of the financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgments made in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Board's circumstances, consistently applied and adequately disclosed.

National Breast Screening Board

Report of the Comptroller and Auditor General for presentation to the Houses of the Oireachtas (continued)

I planned and performed my audit so as to obtain all the information and explanations that I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

As explained in Accounting Policy (e), the Board recognises the costs of superannuation entitlements only as they become payable. This policy does not comply with Financial Reporting Standard 17 which requires such costs to be recognised in the year the entitlements are earned. While the failure to comply with Financial Reporting Standard 17 does not impact on the overall financial performance or position of the Board as disclosed in the financial statements, in my opinion compliance is necessary for a proper understanding of the costs of providing the superannuation benefits earned by employees during the year and of the value of the benefits that the Board has committed to providing in respect of service up to the year end.

Except for the failure to recognise the Board's superannuation costs and liabilities in accordance with Financial Reporting Standard 17, the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Principles in Ireland, of the state of the Board's affairs at 31 December 2006 and of its income and expenditure for the year then ended.

In my opinion, proper books of account have been kept by the Board. The financial statements are in agreement with the books of account.



Gerard Smyth

*For and on behalf of the Comptroller
and Auditor General, 20 July 2007*

National Breast Screening Board

Statement of Accounting Policies

a) Basis of Accounting

The financial statements have been prepared on an accruals basis in accordance with generally accepted accounting principles under the historical cost convention and comply with the financial reporting standards of the Accounting Standards Board, except as disclosed below.

b) Income and Expenditure

(i) The allocation from the Department of Health and Children is the amount for the year 2006 as determined by the Department of Health and Children.

(ii) The non-capital allocation from the Department of Health and Children is dealt with through the Revenue Income and Expenditure Account. Any part of this allocation applied for capital purposes and resulting in fixed asset additions is transferred to the Capitalisation Account.

(iii) Capital allocations from the Department of Health and Children and related expenditure are dealt with through the Capital Income and Expenditure Account. The balance on this account represents the surplus/deficit on the funding of projects in respect of which capital funding is provided by the Department of Health and Children.

c) Fixed Assets and Depreciation

(i) All fixed assets acquired, regardless of the source of funds are capitalised, with the following exceptions:

- Capital Funded Assets with a value less than €500
- Revenue Funded IT Assets with a value less than €1,270
- Revenue Funded non IT Assets with a value less than €3,809

(ii) Fixed assets are included in the Accounts at cost less depreciation.

(iii) The depreciation which is matched by an equivalent amortisation of the Capitalisation Account, is not charged against the Income and Expenditure Account.

The following rates and methods of depreciation apply:

Buildings	2%	Straight Line
Leasehold Improvements	Over term of lease	
Office Furniture	10%	Straight Line
Office Equipment	20%	Straight Line
Medical Equipment (Incl Mobiles)	20%	Straight Line
Computer Equipment		
• Acquired pre 1 Jan 2005	20%	Straight Line
• Acquired post 1 Jan 2005	25%	Straight Line

d) Capitalisation Account

The capitalisation account represents the unamortised value of funding provided for fixed assets.

e) Superannuation

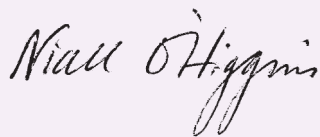
The Board operated a defined benefit superannuation scheme for its employees. No provision has been made in respect of benefits payable under the Local Government Superannuation Scheme as the liability is underwritten by the Minister for Health and Children. Contributions for employees who are members of the scheme are credited to the income and expenditure account when received. Pension payments under the scheme are charged to the income and expenditure account when paid. By direction of the Minister for Health and Children no provision has been made in respect of benefits payable in future years.

National Breast Screening Board
Revenue Income and Expenditure Account
Year Ended 31 December 2006

	Notes	Euro	2006 Euro	Euro	2005 Euro
Income					
Department of Health and Children			13,693,000		10,606,000
Superannuation Contributions			419,431		367,148
Superannuation Purchases			31,825		37,739
Bank Interest Earned			25,140		13,524
Miscellaneous Income			497		147
Proceeds from Trade in of Fixed Assets			-		5,000
Donations Received			50		-
Transfer to Capitalisation Account	9		(2,315,370)		(28,759)
			11,854,573		11,000,799
Expenditure					
Pay Costs	3	7,385,885		6,419,295	
Non Pay Revenue Costs	4	4,682,222		4,584,490	
			12,068,107		11,003,785
Surplus/(Deficit) for the year			(213,534)		(2,986)
Statement of movement in Accumulated Surplus					
Opening Balance 1 January			1,123,032		1,126,018
Surplus / (Deficit) for the year			(213,534)		(2,986)
Accumulated Surplus at 31 December			909,498		1,123,032

With the exception of fixed asset depreciation and amortisation of the Capitalisation Account, all recognised gains and losses for the year have been included in arriving at the excess / (deficit) of income over expenditure.

On behalf of the Board:



Member of the Board



Member of the Board

The accounting policies on page 26 and the notes on pages 31 to 34 form part of the financial statements.

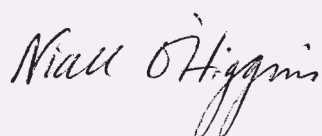
National Breast Screening Board

Capital Income and Expenditure Account

Year Ended 31 December 2006

	Notes	Euro	Euro	2006 Euro	Euro	Euro	2005 Euro
Income							
Department of Health and Children Capital Grants			2,196,488			1,280,877	
Less Funding re Symptomatic Unit Galway	15	(244,845)				(105,127)	
Less Funding re Galway Theatre and Lab	15	48,313	(196,532)			(48,313)	(153,440)
Net Department of Health and Children Grant	15			1,999,956			1,127,437
HSE Funding re construction of Permanent Facility at Merrion				39,007			106,623
Surplus carried forward				394,573			394,573
Fixed Assets: Sale Proceeds / Insurance Claim				3,515			-
				2,437,051		1,628,633	
Expenditure							
- Permanent Facility Merrion		39,007				107,702	
- Permanent Facility Galway		632,473				141,414	
- Permanent Facility Cork		1,022,203				163,807	
- Furniture and Fittings		12,407				40,908	
- Equipment Purchases		1,199				442,101	
Facilities Development			1,707,289			895,932	
Information Technology			307,968	2,015,257		310,649	1,206,581
Plus Capital Funded Assets not Capitalised				23,706			27,479
				2,038,963		1,234,060	
Surplus/(Deficit) on Capital Income and Expenditure				398,088		394,573	

On behalf of the Board:



Member of the Board



Member of the Board

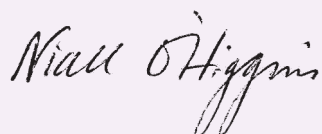
The accounting policies on page 26 and the notes on pages 31 to 34 form part of the financial statements.

National Breast Screening Board Balance Sheet

As at 31 December 2006

	Notes	2006 Euro	2005 Euro		
Fixed Assets	5	9,968,854	7,747,547		
Current Assets					
- Debtors and Prepayments	6	1,255,303	505,916		
- Cash in hand	7	2,245,663	2,197,342		
		3,500,966	2,703,258		
Current Liabilities					
- Creditors and Accruals	8	2,193,380	1,185,653		
		2,193,380	1,185,653		
Net Current Assets		1,307,586	1,517,605		
Fixed Assets Plus Net Current Assets		11,276,440	9,265,152		
Financed By		Euro	Euro	Euro	Euro
Capitalisation Account	9	9,968,854		7,747,547	
Surplus on Revenue Income and Expenditure Account		909,498		1,123,032	
Surplus on Capital Income and Expenditure Account		398,088	11,276,440	394,573	9,265,152
			11,276,440		9,265,152

On behalf of the Board:



Member of the Board



Member of the Board

The accounting policies on page 26 and the notes on pages 31 to 34 form part of the financial statements.

National Breast Screening Board Cash Flow Statement Year Ended 31 December 2006

	2006 Euro	2005 Euro	
Reconciliation of operating surplus / (deficit) to net cash inflow / (outflow) from operating activities			
Operating (Deficit)/Surplus	(213,534)	(2,986)	
Revenue funded Capital Expenditure	2,315,370	28,759	
Interest received	(25,140)	(13,524)	
Miscellaneous Income	(497)	(147)	
(Increase)/Decrease in Debtors	(749,387)	(94,223)	
(Decrease)/Increase in Creditors and Accruals	1,007,727	(745,644)	
Net cashflow from operating activities	2,334,539	(827,765)	
Cash Flow Statement			
Net cashflow from operating activities	2,334,539	(827,765)	
Interest received	25,140	13,524	
Miscellaneous Income	497	147	
Capital expenditure (Note 1)	(4,350,818)	(1,262,819)	
	(1,990,642)	(2,076,913)	
Management of liquid resources			
Cash withdrawn from deposits	(1,310,139)	949,734	
	(3,300,781)	(1,127,179)	
HSE Funding re construction of Permanent Facility at Merrion	39,007	106,623	
Capital Grants per Income and Expenditure Account	1,999,956	1,127,437	
(Decrease) / Increase in Cash	(1,261,818)	106,881	
Reconciliation of net cashflow to movement in cash			
(Decrease) / Increase in cash in period	(1,261,818)	106,881	
Cash withdrawn from deposits	1,310,139	(949,734)	
	48,321	(842,853)	
Net funds at 1 January	2,197,342	3,040,195	
Net funds at 31 December	2,245,663	2,197,342	
Note 1 - Gross cash flows			
Capital Expenditure			
Proceeds from sale of fixed assets	3,515	-	
Purchase of fixed assets (Note 5)	(4,330,627)	(1,235,340)	
Capital Funded Assets not Capitalised	(23,706)	(27,479)	
	(4,350,818)	(1,262,819)	
Note 2 - Analysis of changes in net funds			
	At 1 Jan 2006 Euro	Cashflows Euro	At 31 Dec 2006 Euro
Cash in hand, at bank	142,065	(1,261,818)	(1,119,753)
Overdrafts	-	-	-
	142,065	(1,261,818)	(1,119,753)
Current asset investments	2,055,277	1,310,139	3,365,416
	2,197,342	48,321	2,245,663

National Breast Screening Board

Notes to the Financial Statements

Year Ended 31 December 2006

		2006	2005
1	These financial statements cover the year ended 31 December 2006 and relate to transactions of the former National Breast Screening Board only.		
2	The Board's screening services operate from two locations - the Merrion Unit at St.Vincents Hospital and the Eccles Street Unit at the Mater Hospital. Two new screening units are currently under construction in Cork & Galway.		
3	Particulars of Employees and Remuneration		
	The average number of employees during the year was:-	115	109
	The salary expenses listed are net after deduction of Consultant and NCHD Salary Recharges based on sessional commitments to other Health Agencies.		
	Breakdown of Remuneration:	Euro	Euro
	Management/Administration	2,851,490	
	Less amounts recharged to other Health Agencies	-190,732	2,660,758
	NCHD's	562,905	2,414,552
	Less amounts recharged to other Health Agencies	-132,237	430,668
	Consultants	2,492,365	471,945
	Less amounts recharged to other Health Agencies	-729,958	1,762,407
	Nursing	249,594	1,334,381
	Paramedical	2,103,934	218,857
	Support Services	67,687	1,868,025
	Superann Refunds / Lump Sum Payments	75,205	62,876
	Pensioners	35,632	38,253
		7,385,885	6,419,295
4	Non Pay Revenue Costs		
	Drugs and Medicines	1,484	888
	Medical and Surgical Supplies	44,948	34,966
	Medical Equipment Supplies and Contracts	1,099	1,678
	X-Ray / Imaging Costs	722,983	611,677
	Laboratory Costs	46,770	6,128
	Catering	21,848	19,220
	Heat, Power and Light	66,601	49,231
	Cleaning, Washing and Waste	66,286	59,709
	Furniture, Hardware and Crockery	54,668	13,585
	Bedding and Clothing	2,699	4,270
	Maintenance Costs	333,999	919,823
	Transport and Travel	440,562	344,787
	Mobile Unit Costs	84,366	62,114
	Bank Charges / Interest Payments	723	1,051
	Insurance	104,843	108,987
	Audit Fee	16,800	16,800
	Internal Audit	9,089	15,730
	Legal Costs	7,153	8,134
	Office Expenses	655,054	585,745
	Computer	346,715	392,493
	Professional Services	1,359,996	1,104,379
	Training Costs	234,697	158,513
	Miscellaneous Costs	58,839	64,582
		4,682,222	4,584,490

National Breast Screening Board
Notes to the Financial Statements
Year Ended 31 December 2006

	Leasehold Improvements Building Euro	Office Furniture and Equipment Euro	Mobile Units Shell Only Euro	Medical Equipment Euro	X-ray Equipment Euro	Laboratory Equipment Euro	Computer Equipment Euro	Total Euro
5 Fixed Assets								
Cost								
At 1 January 2006	4,995,833	780,080	850,031	370,456	6,256,204	635,782	3,520,946	17,409,332
Additions								
- From Capital Funds	1,695,672	11,617					307,968	2,015,257
- From Revenue Funds		66,329	403,528		1,668,585	175,450	1,478	2,315,370
Transfers								
Disposals		(100,437)		(32,904)	(402,474)	(71,221)	(2,301,627)	(2,908,663)
At 31 December 2006	6,691,505	757,589	1,253,559	337,552	7,522,315	740,011	1,528,765	18,831,296
Depreciation								
At 1 January 2006	502,501	421,521	726,882	337,221	4,315,124	460,159	2,898,377	9,661,785
Charge for the Year	167,175	102,447	141,143	30,172	1,164,773	118,872	297,736	2,022,318
Transfer								
Less Disposals		(98,335)		(32,904)	(399,232)	(53,187)	(2,238,003)	(2,821,661)
At 31 December 2006	669,676	425,633	868,025	334,489	5,080,665	525,844	958,110	8,862,442
Net Book Value								
At 31 December 2006	6,021,829	331,956	385,534	3,063	2,441,650	214,167	570,655	9,968,854
At 31 December 2005	4,493,332	358,559	123,149	33,235	1,941,080	175,623	622,569	7,747,547

National Breast Screening Board

Notes to the Financial Statements

Year Ended 31 December 2006

	2006 Euro	2005 Euro
6 Debtors and Prepayments		
- Department of Health and Children Capital Grants	837,212	66,859
- Hospital Debtors (Consultant Salary recharges)	214,529	85,572
- Sundry Debtors and Prepayments	203,562	353,485
	1,255,303	505,916
Revenue Allocation Department of Health and Children	13,693,000	10,606,000
Expenditure met by NBSB drawn down from DOHC	(13,693,000)	(10,606,000)
Revenue Allocation receivable from DOHC at 31 December	-	-
7 Cash in Hand		
Current - Bank Account	(1,120,739)	140,315
Deposit Account	3,365,416	2,055,277
Petty Cash Account	986	1,750
	2,245,663	2,197,342
8 Creditors and Accruals		
Trade Creditors	1,384,279	554,087
Pay Accruals	78,058	55,588
Other Accruals	731,043	575,978
	2,193,380	1,185,653
9 Capitalisation Account		
Balance at 1 January 2006	7,747,547	8,510,032
Additions to Fixed Assets - met from Revenue Allocation	2,315,370	28,759
- met from Capital Allocation	2,015,257	4,330,627
	12,078,174	1,206,581
Disposal of Fixed Assets	(2,908,663)	1,235,340
Amortisation in line with Depreciation (net of depreciation on disposals)	799,343	9,745,372
	(1,096,223)	(901,602)
Balance at 31 December 2006	9,968,854	7,747,547

National Breast Screening Board

Notes to the Financial Statements

Year Ended 31 December 2006

10 Funding for Consultant posts are made by the Department of Health and Children (DOHC) on a joint apportionment basis; amounts are paid initially by the NCCS and recouped from the relevant hospitals.

11 Capital Commitments at 31 December 2006	Euro
Authorised and contracted for:	9,279,994

12 Contingent Liabilities

There were no material contingent liabilities at 31 December 2006

13 Board Members – Disclosure of Transactions

The Board adopted procedures in accordance with guidelines issued by the Department of Finance in relation to the disclosure of interests by Board members and these procedures have been adhered to in the year. There were no transactions in the year in relation to the Board's activities in which Board members had any beneficial interest.

14 Accumulated Revenue Surplus

As at 31 December 2006 the Board had an accumulated revenue surplus totalling €909,498. During the year the accumulated surplus decreased by €213,534. The remaining revenue surplus is earmarked for strategic investment in the national roll out of the Service.

15 The capital grants received by the Board from the Department of Health and Children (DOHC) in 2006 included grants to be paid on behalf of the DOHC to two projects at Galway Regional Hospital amounting to €196,532.

16 Going Concern

Notwithstanding the dissolution of the Board on 1 January 2007, these financial statements have been prepared on a going concern basis. This reflects the fact that the activities, property rights, liabilities and obligations transferred totally to the National Cancer Screening Service Board on that date.

17 Approval of Financial Statements

The financial statements were approved by the Board on 19 July 2007