ANNUAL REPORT
2003

BreastCheck
The National Breast Screening Programme

Published November 2004

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"they treat you special... like when you are pregnant."

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Chairperson's Statement

I would like to welcome you to the 2003 Annual Report of BreastCheck, the National Breast Screening Programme. The report includes the Programme performance data for 2003 and other Programme developments up to the time of publication in November 2004.

In an overall sense, 2003 was a year when BreastCheck met the targets set for Phase One of the Programme - and this achievement in turn laid the foundations for commencement of the national expansion of screening which began in March 2004 with the extension of the service to Wexford.

During the year the Programme consolidated on the excellent performance of the first three years of screening. There was a marked increase in the number of women invited for screening, from 49,408 in 2002 to 70,241 in 2003. We also submitted a detailed business plan for the national expansion of the Programme to the Department of Health and Children.

Throughout the year the Programme was well supported by the Minister and his Department to whom we owe our sincere thanks. I would also like to acknowledge the Board of BreastCheck for its commitment to the continued development of the Programme. Members of the Board are to be congratulated for their leadership and enthusiasm to maintaining the standard of excellence the BreastCheck service has established.

Meeting of the National Breast Screening Board:
(Clockwise around the table) Professor Peter Dervan, Ms. Olivia O'Leary, Professor Joe Ennis, Mr. Tony O'Brien, Dr. Sheelah Ryan, Mr. Pat Donnelly, Dr. Ann O'Doherty, Mr. Martin Gallagher, Mr. Michael Lyons, Professor Niall O'Higgins.

(Note: Not all Board members are present.)

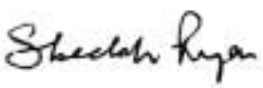
I offer a warm thanks to the Director of BreastCheck Mr. Tony O'Brien, and all the staff, who have ensured the success of the Programme through Quality, Standards and Teamwork.

I would also like to acknowledge the supportive contribution of GPs, primary healthcare nurses, public health nurses, Health Board staff, voluntary groups, community organisations, women's groups, the media and members of the public.

It is clear that the Programme is winning strong support among women, as evident in the fact that during 2003 more than 91% of women invited for their second screening again took up the invitation.

We can look forward to the future with confidence that perhaps BreastCheck's strongest advocates are the women themselves who use the service.

Dr. Sheelah Ryan,



Chairperson, National Breast Screening Board

Ráiteas an Chathaoirligh

Ba mhaith liom fáilte a fhearadh romhaibh chuig Tuarascáil Bhliantúil 2003 BreastCheck, an Clár Náisiúnta Cíoch-Scrúdaithe. Cuimsíonn an tuarascáil sonraí d'fheidhmiú an Chláir don bhliain 2003 agus forbairtí eile an Chláir suas go ham an fhoilsithe i mí na Samhna 2004.

Tríd is tríd, bliain ab ea 2003 inar chomhlíon BreastCheck na spriocanna a leagadh amach do Chéim a hAon den Chlár – agus chuir an éacht seo dúshraith síos don tús a cuireadh le forleathnú náisiúnta na scagthástála a thosaigh i mí an Mhárta 2004 le síneadh na seirbhíse go Loch Garman.

Le linn na bliana dhaingnigh an Clár ar leibhéal na dtorthaí den scoth a baineadh amach i rith na chéad trí bliana den scagthástáil cíoch. Bhí méadú suntasach ar líon na mban ar tugadh cuireadh dóibh chun scagthástála, ó 49,408 sa bhliain 2002 go dtí 70,241 sa bhliain 2003. Chuireamar plean mionchruinn gnó um fhorleathnú náisiúnta an Chláir go dtí an Roinn Sláinte agus Leanaí freisin.

I rith na bliana thacaigh an tAire agus a chuid Roinne leis an gClár agus tá ár mbuíochas tuillte acu. Ba mhaith liom Bord BreastCheck a admháil freisin as an dúthracht a chaith siad leis an gClár a shaothrú ar bhonn leanúnach. Tréaslaím le comhaltaí an Bhoird as a gcuid ceannaireachta agus a gcuid díograise ó thaobh cothabháil a dhéanamh ar an bhfeabhas a bhain an tseirbhís BreastCheck amach.

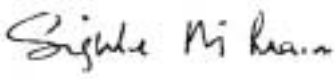
Gabhaim buíochas ó chroí le Stiúrthóir BreastCheck, Tony O'Brien, agus leis an bhfoireann uile, atá tar éis deimhin a dhéanamh de go bhfuil rath ar an gClár trí Dhea-cháilíocht, trí Ardchaighdeáin agus trí Obair Bhuíne.

Ba mhaith liom freisin an cion den obair a dhein lianna ginearálta, altraí príomhchúraim sláinte, altraí sláinte poiblí, foireann na mBord Sláinte, grúpaí deonacha, eagraíochtaí pobail, grúpaí ban, na meáin chumarsáide agus baill ar leith den phobal.

Is follas go bhfuil tacaíocht láidir á gnóthú ag an gClár i measc na mban, mar atá soiléir ón bhfíric don bhliain 2003 gur ghlac breis is 91% de na mná ar tugadh cuireadh dóibh chun a ndara scagthástála leis an gcuireadh sin.

Agus sinn ag súil leis an todhchaí, is féidir muinín a bheith againn go mb'fhéidir gurb'iad na habhcóidí is láidre atá ag BreastCheck ná na mná a bhaineann feidhm as an tseirbhís.

Dr. Sighle Ní Riain



Cathaoirleach, An Bord Náisiúnta Cíoch-Scrúdaithe

Buaileann an tAire Stáit agus Leanaí, Micheál Martin T.D., le radagrafaithe BreastCheck, Aibreán 2004.

"they make you feel very much at ease."

Feedback in BreastCheck Consumer Research

Director's Report

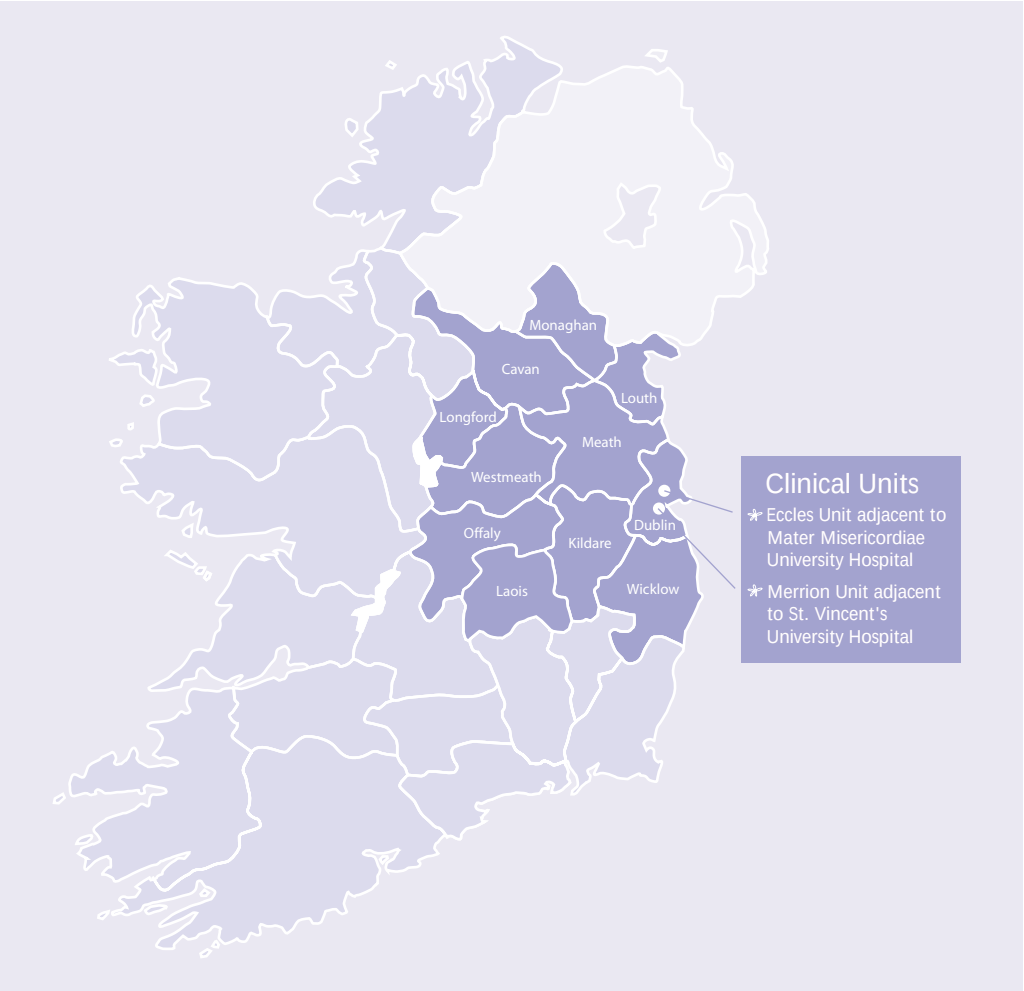
2003 was a year of significant progress for BreastCheck both in terms of increased activity in our Phase One area and in preparations for nationwide rollout of the service. As this Annual Report demonstrates the Programme is continuing to make a high quality contribution to the population health agenda in Ireland.

OVERVIEW

During 2003 52,831 women attended for screening. 379 of these women were found to have breast cancer. This compares with 38,242 women screened and 306 cancers detected in 2002. A full and detailed analysis of the Programme's screening performance is provided on pages 22 to 29 of this Report.

A major achievement of 2003 was significantly increasing the screening capacity in the Phase One area (see Map 1). The Programme continued to reach or surpass the majority of international standards for a successful screening service.

Map 1: BreastCheck Phase One Screening Area



Of particular significance is the uptake rate of 75% in the overall known target population. This exceeds the international standard of 70%. We are particularly encouraged by the fact that in subsequent round screening, 91% of those women invited for their second BreastCheck mammogram attended.

These performance measures provide an important indication that the Programme is likely to have a significant impact on reducing mortality from breast cancer.

Overall 2003 was characterised chiefly by:

- *Increasing the screening capacity of the Programme*
- *Screening more women than ever before*
- *Achieving or surpassing all clinical quality assurance performance parameters*
- *Detailed planning for national expansion of the Programme*
- *Meeting or exceeding most performance and quality standards and in many cases improving on what had been achieved before.*

The BreastCheck Merrion Unit, officially opened April 2004

The Programme must however work hard to improve performance in two Charter areas where we are currently falling short of the targets we have set ourselves.

- In 2003 we fell short of our objective of offering hospital admission within three weeks in 90% of cases. This was only achieved in 85.6% of cases in 2003 and in 89.5% of cases in 2002. This reflects general pressures on the acute hospital system from which our host hospitals are not immune. Admission to hospital was offered within four weeks in 94.5% of all cases. We will work with our partner hospitals and with the new Health Service Executive (HSE) to seek to win improvements in this area.

- As in 2003 we fell short of our objective of re-inviting women for screening within 21-27 months of invitation at previous round. In both 2002 and 2003 this was achieved in only 60% of cases as compared with a target of at least 90%. This 90% target was achieved at 31 months. This is also a disimprovement on 2002. In part this is a consequence of initial delays in commencing the Programme and the fact that Round One took more than three years to complete. However, it is now apparent that the overall ratio of radiographers per 10,000 eligible women must be increased if this objective is to be achieved and this is now underway. We therefore expect to deliver a marked improvement from 2005.

OPENING OF MERRION UNIT

During 2003 work commenced on the construction of a new BreastCheck Merrion Unit. The new building cost €5 million and replaced the adjacent temporary premises at Carew House, which was used since screening began in early 2000.

The new unit is a purpose built facility and opened in early 2004, following completion on time and in budget. This new Unit has a much greater capacity than the previous facility and provides greater comfort and utility for clients and staff alike.

EXPANSION OF BREASTCHECK EASTERN REGION

The opening of the Merrion Unit and the recruitment of a number of additional radiographers opened the way to expansion of our Eastern Region. In February 2003, Minister Micheál Martin approved expansion of the Programme to Carlow, Kilkenny and Wexford.

In March 2004 the Merrion Unit commenced screening in County Wexford. Counties Carlow and Kilkenny have been assigned to our Eccles Unit and additional radiographer recruitment for this purpose is currently underway at that Unit. We aim to commence screening in 2005.

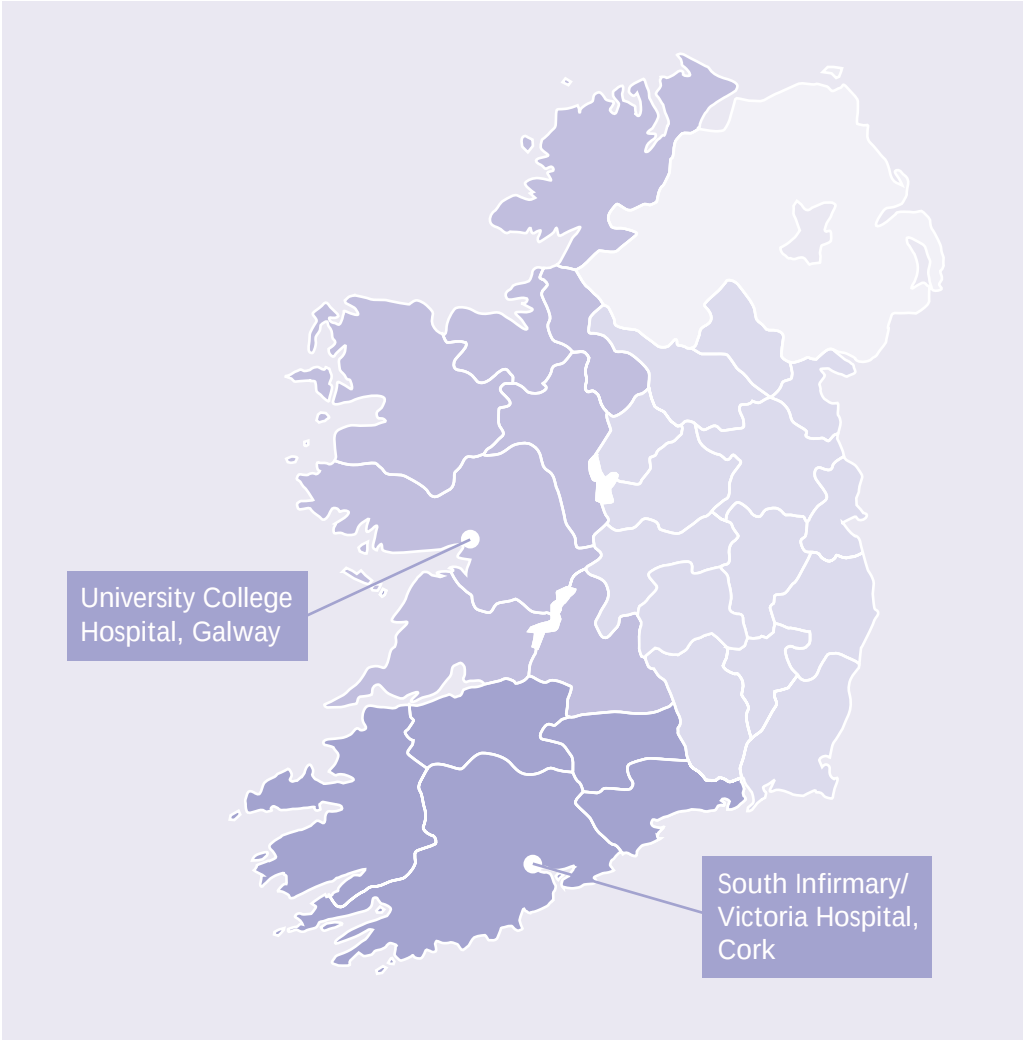
Nationwide Rollout

In March 2003 the Minister gave policy approval for the full national expansion of BreastCheck. The Programme submitted a detailed business plan for the expansion to the Department in June 2003. I am very pleased that this has been fully approved with €20m allocated by the government, in the context of the multi-annual capital programme for health, to implement the BreastCheck expansion. This was announced in September 2004.

Project Teams have been established under my Chairmanship for the West and South. Working with colleagues from the host hospitals (see Map 2) and the Department's Hospital Planning Office, BreastCheck aims to have a Design Team appointed, following competitive tendering, in early 2005. Subject to satisfactory completion of planning processes and the granting of planning permission it is now projected that the screening facilities will be commissioned in early 2007.

In parallel BreastCheck will commence recruitment of the required staff.

Map 2: Additional Host Hospitals in Nationwide Rollout



COMMUNICATIONS AND HEALTH PROMOTION

During 2003 new communications materials came into use. These included revised Programme leaflets and letters, which went through a process of updating, redesign and literacy proofing.

The BreastCheck website at www.breastcheck.ie was re-developed and includes up to date information on current screening areas, online registration and recruitment information.

An internal staff Intranet was developed in 2003 and launched in early 2004.

As well as its ongoing promotional work with women's groups and GPs the programme carried out a series of information presentations to groups such as the Joint Oireachtas Committee on Health and Children and regional health boards.

During 2003 the Programme did not advertise on national radio. This followed concerns expressed by public representatives and representative groups outside the Phase One area. However, it has become apparent that our absence from the national airwaves has adversely impacted screening uptake particularly among those not responding to first invitations.

During 2004 we have returned to RTÉ Radio One with a campaign specifically targeting those who missed their first appointments. This was supplemented with advertising on Dublin Bus. The impact of this campaign has been marked; supporting an expert view that for this Programme's target audience in the Phase One area there is no more effective advertising medium than RTÉ Radio One.

We tested reactions to this advertising through a nationally representative opinion poll of women in the target age range. While there is understandable annoyance outside Phase One at lack of access to the service at this time, 87% of those questioned nationally supported BreastCheck's use of national advertising. On this basis we will continue to use this medium.

QUALITY ASSURANCE

The commitment of our clinical, paramedical and technical staff to BreastCheck's rigorous system of quality assurance is the cornerstone of BreastCheck's performance to date.

During 2003 BreastCheck's Quality Assurance Committee chaired by Dr. Fidelma Flanagan published a second edition of our own quality assurance manual *Guidelines for Quality Assurance in Mammography Screening*.

These guidelines are essential to enable BreastCheck to deliver a quality assured service to women – through ongoing benchmarking of performance and continuous improvement.

We have now commissioned *NHS Quality Improvement Scotland* to conduct an independent external audit of our service in 2005.

PROGRAMME EVALUATION

A re-organisation in early 2003 brought together our Population Register and in house data management specialists within a single Data team under the supervision of a new Programme Evaluation Unit (PEU), led by our Epidemiologist, Dr. Patricia Fitzpatrick. The PEU includes a Statistician and a Researcher and is supported by the Programme's Quality Assurance Co-ordinator.

The PEU is responsible for validating our Register and our registration policies and for producing the validated programme statistics in this Report. This structural change has since been reviewed and found to have contributed to improved data management within the Programme. This work is vital to the management and evaluation of our screening activities.

The Population Register is the entry point to this Programme as screening is by invitation only. We continue to review the number and range of our data sources and to promote self-registration.

CONSUMER RESEARCH

In early 2004 I commissioned Lansdowne Market Research and Public Communications Centre to independently measure public awareness of and attitudes towards BreastCheck.

The information obtained from qualitative and quantitative research has been separately published. Some of the findings are included on pages 14-21 of this Report.

BreastCheck is the first population programme of its kind in Ireland. Consequently any lessons to be learnt from its implementation to date have potential applicability for a range of population based health programmes. It is my hope that this research will positively influence future practice in BreastCheck and the wider health services.

I congratulate the staff of BreastCheck for their commitment, hard work and evident success as shown by the findings of the Lansdowne Market Research survey, which revealed a very positive attitude among those who have availed of screening. BreastCheck's brand identity, service ethos and internal culture are clearly key resources to be protected and nurtured going forward.

CONCLUSION

The programme results in this report are the product of the combined efforts of dedicated teams of consultant clinicians, paramedics, technicians, technical specialists, administrative and support staff within the Programme.

These efforts are actively supported by the Department of Health and Children, Health Boards, our host hospitals (the Mater Misericordiae University Hospital and St. Vincent's University Hospital) and many colleagues in primary health and community sectors. Their contributions are vital to the success of this Programme.

This National Breast Screening Board (NBSB) is a specialist health agency fully funded by and reporting to the Minster for Health and Children. The NBSB has governance responsibility for the screening programme, and is a joint Health Board Agency. The level of priority accorded to this programme by the Department of Health and Children and, through their membership of the Board, by the 11 Health Board CEOs has been key to BreastCheck's continued progress.

As a result of the planned dissolution of the Health Boards at the end of 2004 the current Board structure will change. I therefore pay tribute to the outgoing Board members and wish them well. I wish to mention in particular Dr Sheelah Ryan who has chaired the Board from its establishment and whose support and encouragement I deeply appreciate.

I also wish to acknowledge the important contribution of Mr Michael Kerin, Lead Surgeon at the Eccles Unit, who has left us to take up an appointment as Professor of Surgery in Galway.

I welcome women in Wexford to the Programme and those in Kilkenny and Carlow who will shortly be included. We will bring the service to the remainder of the country as soon as is practicably possible. We are committed to ensuring that quality achieved to date is continued and that women in the West and the South receive the same high quality service.

May I take this opportunity to offer personal thanks to the Clinical Directors - Dr. Fidelma Flanagan and Dr. Ann O'Doherty, the Management Team, Clinicians and all my colleagues in BreastCheck across all disciplines and at all levels for their continued commitment to achieving excellence in the delivery of a world class service to women.

Tony O'Brien

Director

"they explain it to you."

Feedback in BreastCheck Consumer Research

Evaluating Women's Awareness, Understanding & Experiences of BreastCheck

INTRODUCTION

BACKGROUND

In early 2004, BreastCheck commissioned a research programme to provide better understanding of the women in BreastCheck's target age group and of their relationship with BreastCheck.

There were a number of information needs which prompted the decision to carry out the research. These included: awareness levels of BreastCheck, understanding of the service, experience of using the service, incentives and barriers to attending screening, the effectiveness of BreastCheck's communications – and to surface any unknowns.

METHODOLOGY

The research included both quantitative and qualitative aspects.

Lansdowne Market Research was commissioned to conduct a nationally representative quantitative survey of 400 women aged 50–64.

This was followed by qualitative research carried out by Public Communications Centre. Eight focus groups took place with women aged 50–64.

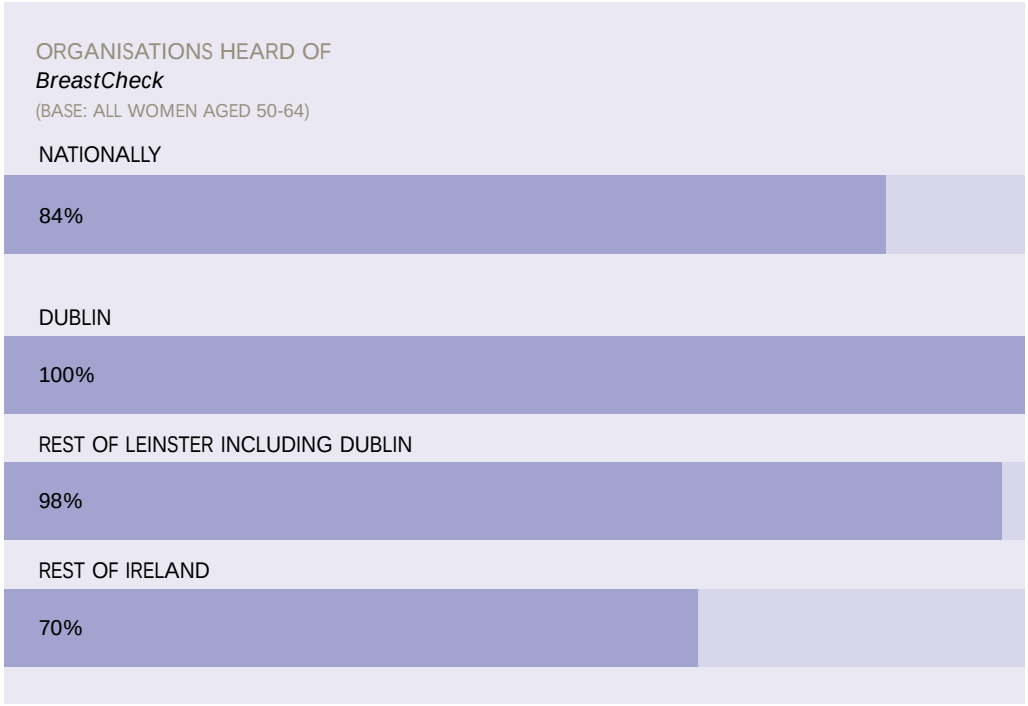
Note: This is the summary of the research findings.The full report is available on the BreastCheck website at www.breastcheck.ie/publications/

QUANTITATIVE RESEARCH

AWARENESS

Awareness of BreastCheck was found to be very high amongst its target audience of women aged 50-64 and is almost universal in areas in which the service is available.

Nationally, 84% of women aged 50-64 had heard of BreastCheck, rising to all women in Dublin and almost all in Leinster.



The name was found to be positively regarded, self-explanatory, relevant and credible.

The primary sources of awareness of BreastCheck are the media, GPs, word of mouth and in some cases, women first heard of BreastCheck on receiving their consent letter.

UNDERSTANDING OF BREASTCHECK

97% of the women knew that BreastCheck screens women for cancer. However, large numbers also believed incorrectly that BreastCheck campaigns for a better cancer service and runs the Pink Ribbon campaign. (This is run by Action Breast Cancer, which is a project of the Irish Cancer Society.)

WHAT BREASTCHECK DOES

BreastCheck screens women for cancer

(BASE: ALL WHO HEARD OF BREASTCHECK)

NATIONALLY

STRONGLY AGREE	AGREE
77%	20%

BreastCheck outdoor advertising.

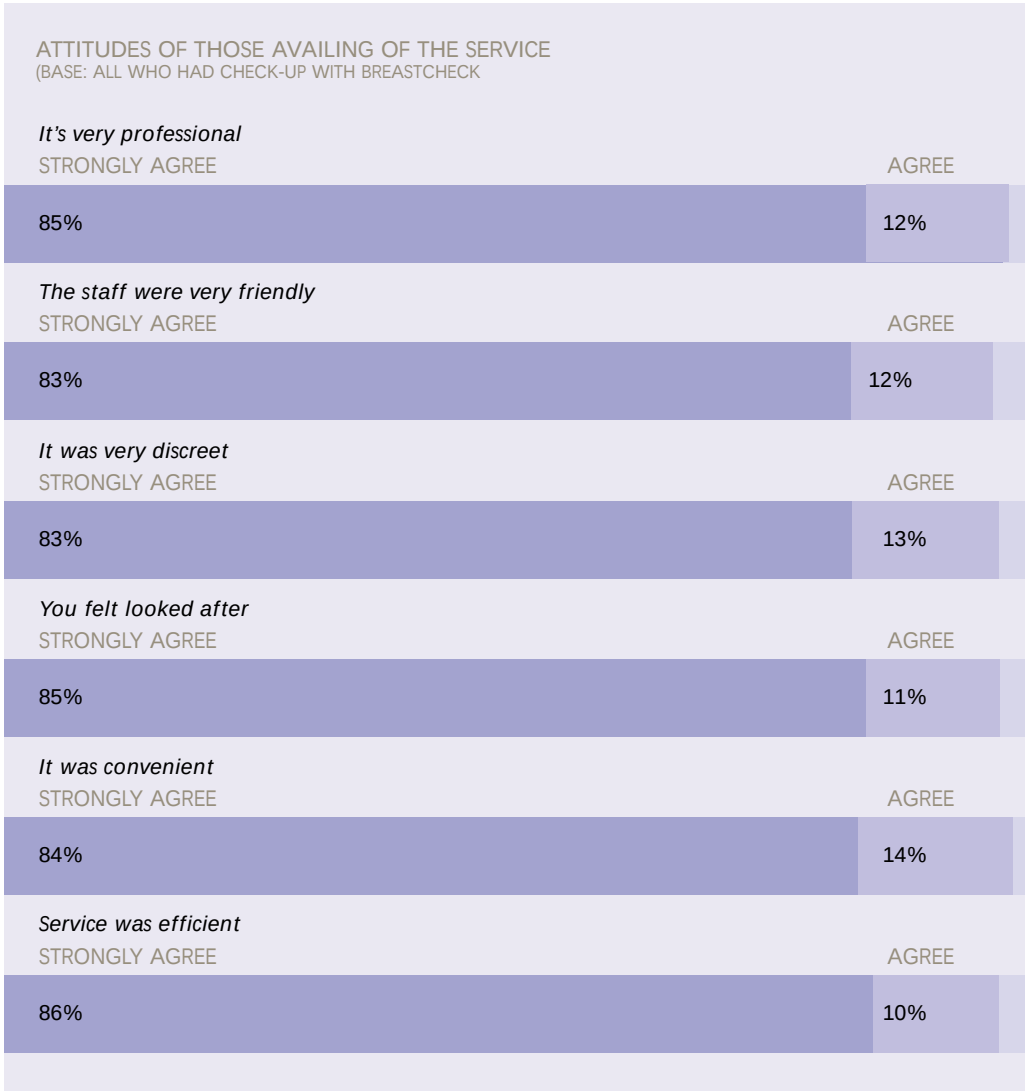
Dublin Bus Campaign.

Directions to Mobile Screening Units provided in association with the AA.

SERVICE DELIVERY

The vast majority of women were very positive towards the service and those who had experienced it rated it highly.

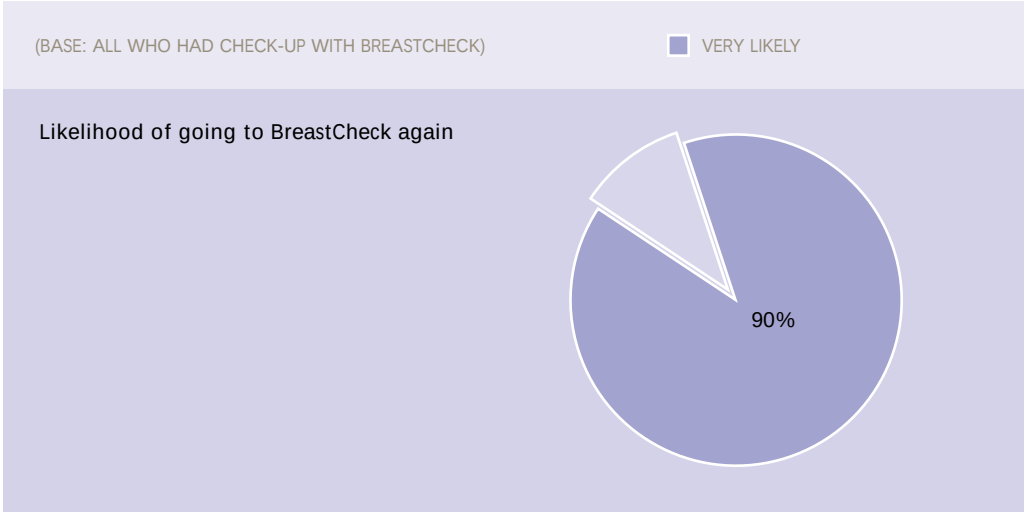
- *97% of those screened agreed, or strongly agreed, that the service is very professional*
- *95% agreed, or strongly agreed, that the staff were very friendly*
- *96% agreed, or strongly agreed, that they felt looked after*
- *98% agreed, or strongly agreed, that the service was convenient and*
- *96% agreed, or strongly agreed, that it was efficient.*



POSITIVE EXPERIENCE?

- *90% of those screened said that they would be very likely to attend again.*
- *97% said they would be very, or fairly likely, to attend again.*

(BASE: ALL WHO HAD CHECK-UP WITH BREASTCHECK)



ISSUES RAISED

The age band for screening was a contentious issue. It was regarded as being too narrow. The greatest concern was with the upper age limit of 64.

95% of those surveyed in the national survey would like BreastCheck to be more available.

Only 48% believed that it is reasonable to have a gradual roll-out rather than the immediate introduction across the country.

CONCLUSIONS

Awareness of BreastCheck is very high, and almost universal in the areas in which it has been offered.

The vast majority of women are very positive towards the service being available and those who have experience of it rate it highly.

Overall, women aged 50-64 believe that the service is vital and its rapid roll out is key.

QUALITATIVE RESEARCH

THE BREAKDOWN OF THE QUALITATIVE FOCUS GROUPS

LOCATION	SOCIAL GROUP	SCREENED OR NOT
Blackrock	ABC1	Screened women
Finglas	C2DE	Screened women
Portmarnock	ABC1	Screened women
Dublin Inner City	C2DE	Non-screened women
Tullamore	BC1F	Screened women
Dundalk	C2DE	Non-screened women
Kilkenny	BC1C2	Non-screened women
Galway	C1C2D	Non-screened women

AWARENESS

- There was spontaneous awareness of BreastCheck in all of the group discussions except one.
- The name BreastCheck was more familiar to the screened than the non-screened. Some of the latter claimed not to have heard of the name.
- The name is positively regarded. It is self-explanatory, relevant and credible in terms of what the service offers. It is distinctive and memorable – although there were screened respondents who did not recall the name.
- There is no confusion in using the name – it was recited without error throughout the group discussions.
- The name BreastCheck is appealing because it is short and to the point – being more favourable as a name than The National Breast Screening Programme.

UNDERSTANDING OF BREASTCHECK

- There was no confusion that BreastCheck offers a mammogram service.
- BreastCheck was known to be a clinic rather than a hospital service. It was likened to a private medical service whereby the clientele are treated in a special way. They also rated the experience as better than their most recent hospital visit.
- There was a general understanding of what a mammogram involves. The top of mind association was that it is painful. While it would not deter those who had previously been screened it would act as a deterrent for those who had not attended in the past.

SERVICE DELIVERY

- BreastCheck delivers a high quality of service – which is in keeping with expectations. There were no bad experiences encountered by the attendees.

- The service was likened to that of a private clinic.

- There was a high level of satisfaction with time keeping. No-one in the group discussions complained about delays.

THE BREASTCHECK PERSONALITY

- The over-riding personality trait of BreastCheck is that it is a caring and professional service – which was a view held by both the screened and the non-screened. In essence, the main characteristic features of BreastCheck were regarded as follows:

  caring: *'it's nice to think someone is looking out for you'*
  professional: '*authorative and credible in what it does'*
  life savers: *'they have saved a lot of people'*
  appeasing: *'makes you feel very much at ease'*
  feminine: '*empathetic with women, organised by women for women'*
  part of the community: '*delivering a local service to local women'*
  encouraging but not hard sell: '*gentle not pushy'*
  flexible: *'accommodates change of appointment'*
  not institutionalised: *'removed from typical hospital associations'.*

- This is strong positive imagery which augurs well for the future development of the service. The research did not identify any negative imagery at all.

CONCLUSIONS

BreastCheck is well known, relatively well understood and positively regarded by women in the 50-64 age group.

The positive attitude generates demand from regions who have yet to receive the service.

There is a strong preference that the service should immediately be available across the country, rather than rolling out gradually.

"It's more like a visit to a private clinic than to A&E."

Feedback in BreastCheck Consumer Research

Programme Statistics Relating to 2003

The figures reported relate to those women contacted by BreastCheck between 1st January and 31st December 2003. Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (3rd Edition).

In 2003 we saw many women return to BreastCheck for their second screening, and the results are presented by first and subsequent screening as appropriate.

TABLE 1
SCREENING ACTIVITY OVERALL

In 2003 we saw a marked increase in screening activity, with a large rise in the number of women invited for screening (from 49,408 in 2002 to 70,241 in 2003), and a corresponding growth in the numbers screened (from 38,242 to 52,831 relating to 2002 and 2003 respectively). We do not expect to find as many cancers at subsequent screening as at first screening, which explains the overall slightly lower cancer detection rate than last year, when almost all women were attending for the first time. The overall standardised detection ratio (SDR), a measure of general programme performance, remains well in excess of the target.

Of the 52,831 women contacted in 2003 who were screened by the Programme, 379 were diagnosed with breast cancer. A further two women were diagnosed with other non-breast cancers as a result of their attendance for screening.

PERFORMANCE PARAMETER	2003
Number of women who deconsented following receipt of consent form	289
Number of women invited	70,241
Number of eligible women invited	66,493
Number of women attending for screening	52,831
Eligible women acceptance rate (includes deconsented women)*	79.5%
Known target population acceptance rate	75.2%
Number of women recalled for assessment	2,147
Number of open benign biopsies	91
Number of cancers detected	379
Cancers detected per 1,000 women screened	7.17
Number of in situ cancers	57
Number of invasive cancers < 15mm	166
Standardised detection ratio	1.14

*DETAILS OF THE INELIGIBLE CATEGORIES

Excluded – in follow up care for breast cancer; An Post not contactable; physically/mentally incapacitated; terminally ill.

Suspended - extended vacation / working abroad; previous mammogram < 1 year; wait until next round; woman wished to defer appointment; unwilling to reschedule.

TABLE 2
SCREENING ACTIVITY BY TYPE OF SCREEN

In 2003 a greater percentage (91.1%) of those women invited back for a second screening appointment took up that invitation and attended than in 2002 (87.2%). The percentage of eligible women who attended for the first time was above the target of 70%, but the known target acceptance rate was somewhat lower in this group. As seen in Table 1 the overall uptake was well in excess of the target of 70%.

PERFORMANCE PARAMETER	FIRST INVITED POPULATION	PREVIOUS NON-ATTENDERS	SUBSEQUENT POPULATION
Number of women who deconsented	289	n/a	590*
Number of women invited	37,232	4,834	28,175
Number of eligible women invited	34,465	4,834	28,073
Number of women screened	25,693	1,574	25,564
Eligible women acceptance rate (including deconsents)	74.5%	32.6%	91.1%
Known target population acceptance rate	68.5%	32.6%	88.9%

*Deconsented 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

TABLE 3(I) FIRST INVITED POPULATION

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of women who deconsented	91	95	102
Number of women invited	16,985	11,184	8,470
Number of eligible women invited	15,981	10,233	7,735
Number of women screened	12,641	7,336	5,301
Eligible women acceptance rate (including deconsents)	79.1%	71.7%	68.5%
Known target population acceptance rate	74.0%	65.0%	61.8%

Among women invited for the first time, the acceptance rate remains highest among the younger women, and falls with increasing age. This has been observed in other screening programmes.

TABLE 3(II) PREVIOUS NON-ATTENDERS

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of previous non-attenders invited	854	2,160	1,737
Number of women screened	347	725	452
Known target population acceptance rate	40.6%	33.6%	26.0%

Women who had not attended their appointments in the previous round of screening but remained within the target age group were re-invited for screening in 2003. Almost one third accepted, with the rates higher in the younger age group. Although these acceptance rates appear low they are higher than those typically observed for previous non-attenders in other programmes.

TABLE 3(III) SUBSEQUENT INVITE

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of women who deconsented in previous round*	94	205	291
Number of ineligible women**	131	291	255
Number of eligible women invited	5,263	12,588	9,922
Number of women screened	4,705	11,575	8,950
Eligible women acceptance rate (including deconsents)	89.4%	92.0%	90.2%
Known target population acceptance rate	87.2%	89.9%	87.9%

* deconsented 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

With greater numbers of women invited for repeat screening the rates are more meaningful than in 2002 when subsequent screening was just commencing. A high percentage of women in all age groups took up the invitation to return for repeat screening two years after their first screen. This reflects well the satisfaction of women who attend for screening with the service offered by BreastCheck.

TABLE 4
SCREENING QUALITY: FIRST SCREEN

Table 4 relates to those women invited for breast screening by BreastCheck for the first time in 2003. The recall rate was a little higher than in 2002 but remains within the standard of 7%. The benign open biopsy rate is within the standard. The cancer detection rate remains satisfactory, with 8.5 women diagnosed with cancer per 1,000 women attending for their first breast screening. More women were found to have invasive cancer, with a corresponding fall in the percentage of in situ cancer from 20.3% in 2002 to 15.5% in 2003. The standardised detection ratio remains high and well in excess of the target.

PERFORMANCE PARAMETER	2003	STANDARD
Number of women screened for first time	27,267	
Number of women recalled for assessment	1,422	
Recall rate	5.2%	<7%
Number of benign open biopsies	74	
Benign open biopsy rate per 1,000 women screened	2.7	<3.6
Number of women diagnosed with cancer	232	
Cancer detection rate per 1,000 women screened	8.5	≥7
Number of women with in situ cancer (DCIS)	36	
Pure DCIS detection rate per 1,000 women screened	1.3	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	15.5%	10-20%
Number of women diagnosed with invasive cancer	196	
Invasive cancer detection rate per 1,000 women screened	7.2	
Number of women with invasive cancers <15 mm	86	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	43.9%	≥40%
Standardised detection ratio	1.10	0.75

TABLE 5

SCREENING QUALITY: SUBSEQUENT SCREEN

Women were invited back for their second screening in much greater numbers in 2003. The recall rate and benign biopsy rate remain low and well within the standards. The overall cancer detection rate is similar to last year, but as for the women invited for first screening, a greater percentage of these cancers were invasive in nature. Fortunately over 63% of these cancers were very small (<15mm). The standardised detection ratio for subsequent screening in 2002 was based on a small number of women screened; the standardised detection ratio for 2003 is based on greater numbers, remains well in excess of the standard, and is a more accurate reflection of the Programme.

PERFORMANCE PARAMETER	2003	STANDARD
Number of women screened for second time	25,564	
Number of women recalled for assessment	725	
Recall rate	2.8%	<5%
Number of benign open biopsies	17	
Benign open biopsy rate per 1,000 women screened	0.7	<2
Number of women diagnosed with cancer	147	
Cancer detection rate per 1,000 women screened	5.8	≥3.5
Number of women with in situ cancer (DCIS)	21	
Pure DCIS detection rate per 1,000 women screened	0.8	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	14.3%	10-20%
Number of women diagnosed with invasive cancer	126	
Invasive cancer detection rate per 1,000 women screened	4.9	
Number of women with invasive cancers <15mm	80	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	63.5%	≥40%
Standardised detection ratio	1.25	0.75

TABLE 6

SCREENING OUTCOME: FIRST SCREEN BY AGE GROUP

For women in each of the age groups 50-54, 55-59 and 60-64 years screened for the first time, the percentage recalled for further assessment was again well within the standard of <7%. The benign open biopsy rate remains low in all age groups. As found in previous years, the cancer detection rate rises with increasing age.

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of women screened	12,988	8,061	5,753
Percentage of women recalled for assessment	5.6%	4.9%	4.8%
Benign open biopsy rate per 1,000 women screened	2.8	2.4	2.8
Overall cancer detection rate per 1,000 women screened	6.6	9.3	11.3

TABLE 7

SCREENING OUTCOME: SUBSEQUENT SCREEN BY AGE GROUP

With greater numbers in each age group attending for subsequent screening than in 2002, rates are more likely to reflect the prevailing picture. The percentage recalled for assessment and the benign open biopsy rate were low in all age groups and within the standards. As expected, for these women the cancer detection rate rose with increasing age.

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of women screened	4,705	11,575	8,950
Percentage of women recalled for assessment	3.6%	2.8%	2.4%
Benign open biopsy rate per 1,000 women screened	0.21	1.0	0.6
Overall cancer detection rate per 1,000 women screened	3.8	5.4	6.7

TABLE 8

CANCERS WITH NON-OPERATIVE DIAGNOSIS

The percentage of women with cancer who were diagnosed without an operation remains high and surpasses the standard. The rate has improved each year since the start of the Programme. The figures are similar for women screened for the first and subsequent times. Non-operative diagnosis allows informed decision making about treatment prior to any surgical intervention.

PERFORMANCE PARAMETER	INITIAL SCREENING	SUBSEQUENT SCREENING	OVERALL	STANDARD
Percentage of women with non-operative diagnosis of cancer	95.2%	93.2%	94.4%	≥ 70%

TABLE 9

LYMPH NODE STATUS

Almost all women with invasive cancer detected and treated by BreastCheck had a surgical procedure to determine their nodal status. This percentage is similar to that achieved in previous years.

PERFORMANCE PARAMETER	INITIAL SCREENING	SUBSEQUENT SCREENING	OVERALL	STANDARD
Number of women with invasive cancer treated by BreastCheck	188	121	309	
Percentage of women with invasive cancer who had lymph node procedure to determine nodal status	98.9%	98.4%	98.7%	100%

TABLE 10

OUTCOME OF FIRST SCREENS BY REGION

Phase One of the National Breast Screening Programme involved the invitation of women resident in three regions – the Eastern Regional Health Authority, the Midland Health Board and the North Eastern Health Board. The cancer detection rate is above the standard of 7 per 1,000 women screened among women resident in each area. The higher rate of cancer detection in the North Eastern Health Board is based on a relatively small number of women screened.

REGION OF RESIDENCE	NUMBER OF WOMEN SCREENED	ACCEPTANCE RATE ELIGIBLE	ACCEPTANCE RATE TARGET POP	NUMBER OF CANCERS DETECTED	NUMBER OF CANCERS DETECTED PER 1,000 WOMEN SCREENED
Eastern Regional Health Authority	19,335	68.1%	62.8%	152	7.9
Midland Health Board	7,094	72.0%	67.8%	71	10.0
North Eastern Health Board	838	84.6%	80.7%	9	10.7
Total	27,267	69.4%	64.4%	232	8.5

TABLE 11

OUTCOME OF SUBSEQUENT SCREENS BY REGION

In 2003 the uptake for screening was high among women resident in all regions invited for subsequent screening. With greater numbers of women reinvited for screening, cancer detection rates become more meaningful. The cancer detection rates are above the standard of 3.5 per 1,000 women screened in all three regions.

REGION OF RESIDENCE	NUMBER OF WOMEN SCREENED	ACCEPTANCE RATE ELIGIBLE	ACCEPTANCE RATE TARGET POP	NUMBER OF CANCERS DETECTED	NUMBER OF CANCERS DETECTED PER 1,000 WOMEN SCREENED
Eastern Regional Health Authority	17,202	91.8%	89.5%	99	5.8
Midland Health Board	3,509	89.8%	87.2%	17	4.8
North Eastern Health Board	4,852	92.0%	90.4%	31	6.4
Total	25,563	91.5%	89.3%	147	5.8

TABLE 12

WOMEN'S CHARTER PARAMETERS

PERFORMANCE PARAMETER	2003	WOMEN'S CHARTER STANDARD
% women who received 7 days notice of appointment	98%	≥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	91.3%	≥90%
% women given results from Assessment Clinic within 1 week	92.4%	≥90%
% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	85.6%	≥90%
% women re-invited for screening within 21-27 months of invitation at previous round	60%	≥90%

In 2003 BreastCheck maintained good results on most of our Charter parameters. Well in excess of 90% of women received seven days notice of their appointment, received their mammogram results within three weeks, were offered an appointment within two weeks if required to return for assessment and were given the results of that assessment within one week.

BreastCheck also strives to offer hospital admission for surgical treatment within three weeks of diagnosis of breast cancer to at least 90% of patients who require surgery. Although the proportion of women offered admission to hospital within three weeks of diagnosis fell just short of our target, 94.5% of women were offered hospital admission within four weeks of diagnosis, which is similar to our figure for 2002. Although we fall short of the target for re-invitation within 27 months, 93.8% of women reinvited to the programme received that invitation within 31 months.

FINANCIAL STATEMENTS 2003

Composition of the Board and Other Information

MEMBERSHIP OF BOARD

In accordance with the provision of the National Breast Screening Board (Establishment) Order, 1998 as amended, the Board in place at that time was appointed by the Minister for Health and Children for a period of three years ending 28 March, 2005.

Dr. Sheelah Ryan (Chairperson)
Ms. Maureen Windle (Vice Chair)
Mr. Stiofán de Burca
Professor Peter Dervan
Mr. Pat Donnelly
Mr. Martin Gallagher
Mr. Pat Gaughan
Mr. Pat Harvey
Mr. Sean Hurley
Mr. Michael Lyons
Mr. Pat McLoughlin
Professor Niall O'Higgins
Ms. Olivia O'Leary
Mr. Paul Robinson

DIRECTOR/CHIEF OFFICER

Mr. Tony O'Brien

BANKERS

AIB Bank
Bank Centre
Ballsbridge
Dublin 4

SOLICITOR

Arthur Cox & Co.
Earlsfort Centre
Earlsfort Terrace
Dublin 2

AUDITOR

Comptroller and Auditor General
Dublin Castle
Dublin 2

HEAD OFFICE

89-94 Capel Street
Dublin 1

Statement of Board Members' Responsibilities

The Board is required by the National Breast Screening Board (Establishment) Order 1998 to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the National Breast 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 Breast Screening Board will continue in existence.

The Board is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the National Breast Screening Board and to enable it to ensure that the financial statements comply with the Order. It is also responsible for safeguarding the assets of the National Breast Screening Board and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Board:

Chairperson | Member of the Board

Statement on the System of Internal Financial Control

RESPONSIBILITIES

On behalf of the Board of the National Breast Screening Programme - BreastCheck, I acknowledge our responsibility for ensuring that an effective system of internal financial control is 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.

To the best of our knowledge, there has been no material loss to BreastCheck, brought about by the system of internal financial control in operation during 2003.

KEY CONTROL PROCEDURES

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

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 has been compiled.

A comprehensive budgeting system with an annual budget which is reviewed and agreed by the Board.

Regular reviews by the Board of periodic and 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 accounts function.

BreastCheck is currently reviewing and developing its clinical risk strategy, to identify and evaluate clinical risks.

During the year the Board reviewed and revised (a) the Framework of Strategic Control (b) Cheque signing authorities (c) Internal financial reporting requirements (d) staffing levels and management structure in the Finance Department (e) the Charter of the Audit Committee. The Board also initiated a review of procurement procedures which will be completed in 2004.

The Board have established an Audit Committee and an Audit Charter and are currently establishing an Internal Audit Service.

ANNUAL REVIEW OF CONTROLS

The Board has initiated a review of the effectiveness of the system of internal financial controls and this is expected to be completed in 2004. However, the Board did not complete a review of the effectiveness of the system of internal financial controls for the year ended 31 December 2003.

On behalf of the Board:

Chairperson | Member of the Board

Report of the Comptroller & Auditor General for presentation to the Houses of the Oireachtas

I have audited the financial statements on pages 34 to 43 under Article 17 of the National Breast Screening Board (Establishment) Order, 1998.

RESPECTIVE RESPONSIBILITIES OF THE MEMBERS OF THE BOARD AND THE COMPTROLLER AND AUDITOR GENERAL

The accounting responsibilities of the Members of the Board are set out on page 31. It is my responsibility, based on my audit, to form an independent opinion on the financial statements presented to me and to report on them.

I review whether the statement on page 32 reflects the Board's compliance with applicable guidance on corporate governance 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.

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 auditing standards 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 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.

I planned and performed my audit so as to obtain all the information and explanations that I considered necessary 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.

SURPLUS

Without qualifying my opinion, I draw attention to the surplus of €3.98million on the Income and Expenditure Account of the Board and to the explanatory note on page 43.

OPINION

In my opinion, proper books of accounts have been kept by the Board and the financial statements, which are in agreement with them and have been prepared in accordance with accounting policies laid down by the Minister for Health and Children, give a true and fair view of the state of affairs of the National Breast Screening Board at 31 December 2003 and of its income and expenditure and cash flow for the year then ended.

John Purcell
For and on behalf of the Comptroller and Auditor General, 30 September, 2004.

Introduction

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. The order may be cited as the National Breast Screening Board (Establishment) Order,1998.

The functions of the Board include preparing, instituting and carrying out a scheme for the early diagnosis and primary treatment of breast cancer in women.

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

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 and the Accounting Standards issued by the Minister for Health and Children.

B) INCOME AND EXPENDITURE

(i) The allocation from the Department of Health and Children is the amount for the year 2003 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 in accordance with Department of Health and Children Accounting Standards.

(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 & Equipment	10%	Straight Line
Medical Equipment (Incl Mobiles)	20%	Straight Line
Computer Equipment	20%	Straight Line

D) CAPITALISATION ACCOUNT

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

E) SUPERANNUATION

The Board operates 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 & 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.

Revenue Income and Expenditure Account

Year Ended 31 December 2003

	Notes	Euro	2003 Euro	Euro	2002 Euro
Income					
North Eastern Health Board			9,065,091		8,697,559
Superannuation Contributions			266,265		305,658
Superannuation Purchases			43,764		-
Bank Interest Earned			55,069		45,429
Miscellaneous Income			5,697		1,320
Proceeds from Trade-in of Fixed Assets			5,801		-
Transfer to Capitalisation Account	**9**		(788,045)		(1,612,927)
			8,653,642		**7,437,039**
Expenditure					
Pay Costs	**3**	4,683,458		3,855,970	
Non Pay Revenue Costs	**4**	3,269,261		3,176,953	
			7,952,719		**7,032,923**
Surplus for the year			**700,923**		**404,116**
Statement of movement in Accumulated surplus					
Opening Balance 1 January			3,277,741		2,873,625
Surplus for the year			700,923		404,116
Accumulated Surplus at 31 December			**3,978,664**		**3,277,741**

With the exception of fixed asset depreciation, which is dealt with through the Capitalisation Account, all recognised gains and losses for the year have been included in arriving at the excess of income over expenditure.

On behalf of the Board:

Chairperson

Member of the Board

The accounting policies on pages 34 and 35, and the notes on pages 40 to 43 form part of the financial statements.

Capital Income and Expenditure Account

Year Ended 31 December 2003

			2003			2002
	Euro	Euro	Euro	Euro	Euro	Euro
Income						
Department of Health & Children Capital Grants			303,429			1,015,455
ERHA Funding re construction of of Permanent Facility at Merrion			3,526,539			-
National Cancer Research Donation re Western Region Mobile			340,000			-
Surplus carried forward			393,395			390,616
Proceeds from Trade-in of Fixed Assets			-			138,808
Proceeds from Sale of Fixed Assets			50			2,779
			4,563,413			**1,547,658**
Expenditure						
- Permanent Facility Merrion	69,682			117,436		
- Permanent Facility Eccles	-			109,215		
- Equipment	88,077			6,215		
Facilities Development		157,759			232,866	
Information Technology		145,670	303,429		120,153	353,019
Mobile Unit & Medical Equipment			-			801,244
ERHA Funding re construction of Permanent Facility at Merrion			3,526,539			-
Refund of Donation			340,000			-
			4,169,968			**1,154,263**
Surplus/(Deficit) on Capital Income & Expenditure			**393,445**			**393,395**

On behalf of the Board:

Chairperson

Member of the Board

The accounting policies on pages 34 and 35, and the notes on pages 40 to 43 form part of the financial statements

Balance Sheet

As at 31 December 2003

	Notes	2003 Euro	2002 Euro
Fixed Assets	**5**	8,048,064	5,699,760
Current Assets			
- Debtors and Prepayments	**6**	1,397,454	1,236,806
- Cash in hand	**7**	4,223,624	4,057,126
		5,621,078	5,293,932
Current Liabilities			
- Creditors and Accruals	**8**	1,248,969	1,622,795
		1,248,969	1,622,795
Net Current Assets		4,372,109	3,671,137
Fixed Assets Plus Net Current Assets		12,420,173	9,370,897

Financed By		Euro	Euro	Euro	Euro
Capitalisation Account	**9**	8,048,064		5,699,760	
Surplus on Revenue Income and Expenditure Account		3,978,664		3,277,741	
Surplus on Capital Income and Expenditure Account		393,445	12,420,173	393,395	9,370,897
			12,420,173		**9,370,897**

On behalf of the Board:

Chairperson

Member of the Board

The accounting policies on pages 34 and 35, and the notes on pages 40 to 43 form part of the financial statements

Cash Flow Statement

Year Ended 31 December 2003

Reconciliation of operating surplus to net cash inflow from operating activities

	2003 Euro	2002 Euro
Operating (Deficit)/Surplus	700,923	404,116
Revenue funded Capital Expenditure	788,045	1,612,927
Interest received	(55,069)	(45,429)
Miscellaneous Income	(5,697)	(1,320)
Donations received	-	-
(Increase)/Decrease in Debtors	(160,649)	989,412
(Decrease)/Increase in Creditors & Accruals	(373,826)	401,370
Net cashflow from operating activities	**893,727**	**3,361,076**
Cash Flow Statement		
Net cashflow from operating activities	893,727	3,361,076
Interest received	55,069	45,429
Miscellaneous Income	5,697	1,320
Donations received	340,000	-
Refund of Donation	(340,000)	-
Capital expenditure (Note 1)	(4,617,963)	(2,625,603)
	(3,663,470)	**782,222**
Management of liquid resources		
Payments to acquire liquid resources	**131,356**	**(1,605,430)**
	(3,532,114)	**(823,208)**
ERHA Funding re construction of Permanent Facility at Merrion	**3,526,539**	**-**
Capital Grant	**303,429**	**1,015,455**
Increase in Cash	**297,854**	**192,247**
Reconciliation of net cashflow to movement in cash		
Increase in cash in period	297,854	192,247
Cash used to increase liquid resources	(131,356)	1,605,430
	166,498	1,797,677
Net funds at 1 January	4,057,126	2,259,449
Net funds at 31 December	**4,223,624**	**4,057,126**
Note 1 - Gross cash flows		
Capital Expenditure		
Proceeds from sale of fixed assets	50	2,779
Proceeds from trade-in of fixed assets	-	138,808
Construction Costs - EHRA Capital Funding for Merrion Unit drawn down by St. Vincent's University Hospital	(3,526,539)	-
Purchase of fixed assets	(1,091,474)	(2,767,190)
	(4,617,963)	(2,625,603)

Note 2 - Analysis of changes in net cash	**At 1 Jan 2003 Euro**	**Cashflows Euro**	**At 31 Dec 2003 Euro**
Cash in hand, at bank	12,105	297,854	309,959
Overdrafts	-	-	-
	12,105	**297,854**	309,959
Current asset investments	4,045,021	(131,356)	3,913,665
	4,057,126	**166,498**	**4,223,624**

Notes to the Financial Statements

Year Ended 31 December 2003

1 These financial statements cover the year ended 31st December 2003 and relate to transactions of the National Breast Screening Board only.

2 The Board's screening services operate from two locations - the Merrion Unit at St.Vincent's University Hospital and the Eccles Unit at the Mater Misericordiae University Hospital.

3 Particulars of Employees and Remuneration

	2003	2002
The average number of employees during the year was:-	95	86
The salary expense listed are net after deduction of Consultant Salary Recharges based on sessional commitments to other Health Agencies.		

Breakdown of Remuneration:		2003 Euro	2002 Euro
Management/Administration		1,822,233	1,458,084
Medical/Dental NCHD	273,159		
Less amounts recharged to other Health Agencies	43,936	229,223	73,191
Medical/Dental Consultants	1,831,450		
Less amounts recharged to other Health Agencies	803,336	1,028,114	892,788
Nursing		172,514	123,095
Paramedical		1,359,958	1,260,543
Support Services		49,895	44,204
Pension Refunds		16,912	4,065
Pensioners		4,609	-
		4,683,458	**3,855,970**

4 Non Pay Revenue Costs

	2003 Euro	2002 Euro
Drugs & Medicines	(88)	(135,876)
Medical & Surgical Supplies	11,548	43,779
Medical Equipment Purchases	2,809	192
Medical Equipment Supplies & Contracts	47,265	38
X-Ray / Imaging Costs	455,574	346,375
Catering	19,990	25,362
Heat, Power & Light	86,997	14,089
Cleaning, Washing & Waste	29,693	55,477
Furniture, Hardware & Crockery	8,955	15,450
Bedding & Clothing	492	7,002
Maintenance Costs	207,133	74,824
Transport & Travel	345,611	236,340
Mobile Units	29,287	61,936
Bank Charges	467	355
Insurance	209,851	216,986
Audit	55,257	53,530
Legal Costs	16,264	2,809
Office Expenses	561,298	585,519
Computer	231,312	387,006
Professional Services	756,449	1,055,547
Training Costs	130,939	65,343
Miscellaneous Costs	62,158	64,870
	3,269,261	**3,176,953**

5 Fixed Assets

	Leasehold Improvements Buildings Euro	Office Furniture & Equipment Euro	Mobile Units Shell only Euro	Medical Equipment Euro	Xray Equipment Euro	Laboratory Equipment Euro	Computer Equipment Euro	Total Euro
Cost								
At 1 January 2003	1,367,138	428,322	693,242	353,960	3,800,372	450,404	3,591,774	10,685,212
Adjustment to Opening Balance	27	44	-	2,741	-	-	4	2,816
Additions								
- From Capital Funds	3,596,221	88,077	-	-	-	-	145,670	3,829,968
Temp Facility Merrion								
Perm Facility Merrion	3,596,221	-	-	-	-	-	-	
Perm Facility Eccles								
Capel Street (HO)								
- From Revenue Funds	-	35,695	-	12,194	705,015	18,949	16,192	788,045
Disposals	-	(70,287)	-	-	-	-	(20,553)	(90,840)
At 31 December 2003	**4,963,386**	**481,851**	**693,242**	**368,895**	**4,505,387**	**469,353**	**3,733,087**	**15,215,201**
Depreciation								
At 1 January 2003	678,600	133,793	298,477	151,052	1,621,460	148,341	1,953,729	4,985,452
Adjustment to Opening Balance	8	(624)	-	-	-	-	9,316	8,700
Charge for the Year	254,874	48,185	138,648	73,779	901,076	93,871	702,696	2,213,129
Less Disposals	-	(27,317)	-	-	-	-	(12,827)	(40,144)
At 31 December 2003	**933,482**	**154,037**	**437,125**	**224,831**	**2,522,536**	**242,212**	**2,652,914**	**7,167,137**
Net Book Value								
At 31 December 2003	**4,029,904**	**327,814**	**256,117**	**144,064**	**1,982,851**	**227,141**	**1,080,173**	**8,048,064**
At 31 December 2002	**688,538**	**294,529**	**394,765**	**202,908**	**2,178,912**	**302,063**	**1,638,045**	**5,699,760**

The 2003 depreciation charge for Leasehold Improvement/Buildings has been reduced by an amount of €375,475 in respect of an overcharge in prior years relating to professional fees on new buildings and refurbishment costs on leased property.

In 2003, a once-off opening balance adjustment was required in order to agree previous audited accounts with the computerised Fixed Asset Register.

Notes to the Financial Statements

Year Ended 31 December 2003

6 Debtors and Prepayments		2003	2002
		Euro	Euro
- North Eastern Health Board Revenue Allocation	*	838,091	697,559
- Department of Health & Children Capital Grants		18,026	-
- Eastern Regional Health Authority Capital Grant		88,077	-
- Hospital Debtors (Consultant Salary & MDU recharges)		170,885	263,248
- MDU Prepayments		155,409	122,576
- Sundry Debtors and Prepayments		126,966	153,423
		1,397,454	**1,236,806**

* Debtor - North Eastern Health Board	Euro	Euro
Revenue Allocation receivable from NEHB at 1 January	697,559	543,448
Revenue Allocation Department of Health and Children provided to NEHB (DOHC via NEHB)	9,065,091	8,697,559
Expenditure met by NBSB drawn down from NEHB	(8,924,559)	(8,543,448)
Revenue Allocation receivable from NEHB at 31 December	**838,091**	**697,559**

7 Cash In Hand	Euro	Euro
Current - Bank Account	308,991	10,340
Deposit Account	3,913,665	4,045,021
Petty Cash Account	968	1,765
	4,223,624	**4,057,126**

8 Creditors and Accruals	Euro	Euro
Trade Creditors	465,858	1,203,206
Pay Accruals	91,945	98,986
Other Accruals	691,166	320,603
	1,248,969	**1,622,795**

9 Capitalisation Account					
		Euro			Euro
Balance at 1 January 2003		5,699,760			5,164,127
Adjustment to Opening Balance		-5,884			-
Additions to Fixed Assets					
- met from Revenue Allocation	788,045		1,612,927		
- met from Capital Allocation	3,829,968	4,618,013	1,154,263		2,767,190
		10,311,889			7,931,317
Disposal of Fixed Assets		(90,840)			(336,896)
Amortisation in line with Depreciation		(2,172,985)			(1,894,661)
Balance at 31 December 2003		**8,048,064**			**5,699,760**

Notes to the Financial Statements

Year Ended 31 December 2003

10 Funding for staff allocations is made by the Department of Health and Children for posts on a joint apportionment basis; amounts are paid initially by the NBSB and recouped from the relevant hospitals.

11 Capital Commitments at 31 December 2003

		Euro
Authorised and contracted for:	Permanent Facility - St.Vincent's draw down	228,467
	Permanent Facility - Design Team Fees	18,026
	ERHA Merrion Capital Equipment	88,077

As part of a major project at St Vincent's University Hospital, Dublin, a permanent facility for BreastCheck was under construction at the Merrion site during the year under review.

The facility was completed in February 2004. It was agreed that St Vincent's University Hospital would be responsible for drawing down capital funding from the ERHA in respect of the construction element, and that BreastCheck would draw down capital funding in respect of design team fees and medical/x-ray equipment.

12 Contingent Liabilities

There were no material contingent liabilities at 31 December 2003.

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 2003 the Board had an accumulated revenue surplus totalling €3,978,664
The accumulated surplus is derived from funding received from the Department of Health during the commencement phase of the programme in 2003 and prior years. This accumulated fund is earmarked for strategic investment in the national expansion of BreastCheck including piloting of digitised imaging, developing the National Training Centre in Breast Imaging, expansion to Carlow/Kilkenny/Wexford, acquisition of an additional mobile unit, appointment of three further Consultant clinicians, and preparations for the establishment of the Southern and Western regions.

15 Approval of Financial Statements

The financial statements were approved by the Board on 27th September 2004.

Notes

BENNIS DESIGN

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