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I would like to welcome you to the 2002 Annual Report of BreastCheck, the National Breast Screening Programme. This report includes programme performance data for 2002 and other programme developments up to the time of publication.

Chairperson's Statement

The programme's first Report covered the years 2000 and 2001. The performance results for that period established BreastCheck as a high quality service fulfilling and surpassing most of its targets. This Report is similarly positive.

2002 was also a year of new developments and significant advancements. These include the beginning of the second round and subsequent screening within Phase One of BreastCheck and submitting a detailed business plan for the full national expansion of screening to the Department of Health and Children.

The success of BreastCheck in meeting the targets set for Phase One laid the correct foundations for the national expansion of breast screening, and later culminated in the Ministerial announcement in early 2003.

Throughout the year the programme was well supported by Minister Micheál Martin 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.

Key to the success of BreastCheck has been the dedicated staff of the organisation - Clinical, Paramedical and Administrative, who are strongly committed to maintaining the high standards already being achieved and carrying this forward in the years ahead.

I offer a warm thanks to Ms. Maureen Lynott who was Director of the programme until September 2002. She led preparation of the expansion plan. Mr. Tony O'Brien succeeded Ms. Lynott and is now leading the national roll out of the programme.

As Chief Officer/Director of the programme he has assisted the Board to put in place a robust system of corporate governance, in line with best practice, and consistent with the needs of the programme going forward. I wish him continued success in the advancement of the programme.

On behalf of the Board I would like to thank Professor Joe Ennis for his tireless commitment to establishing the National Breast Screening Programme. Professor Ennis retired as Chief Medical Advisor to the Programme in 2003.



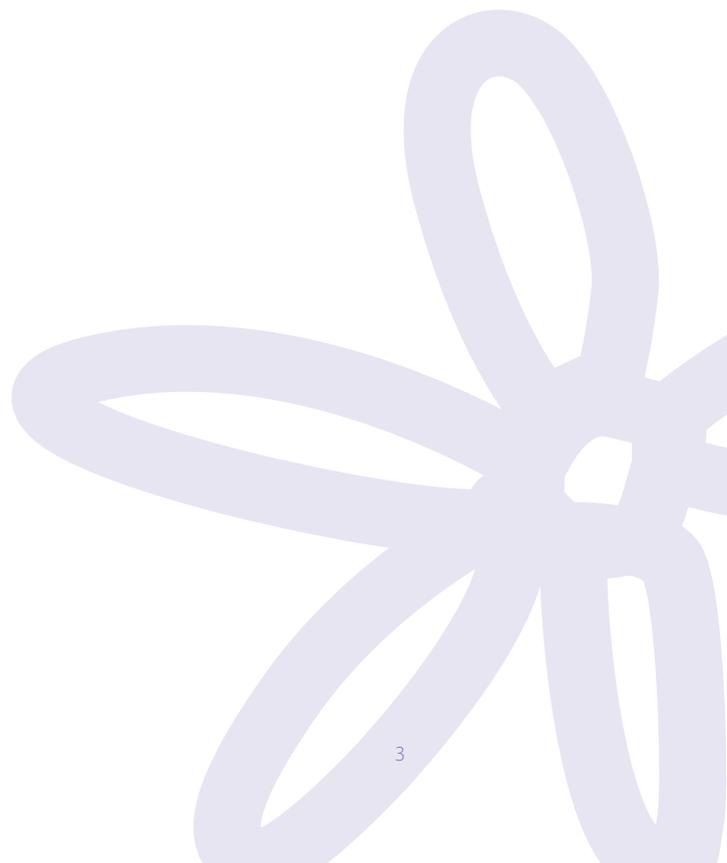
Finally, I would like to acknowledge the numerous advocates who support and assist BreastCheck in its work. The long list includes GPs, primary healthcare nurses, public health nurses, Health Board staff, voluntary groups, community organisations, women's groups, the media and members of the public. Their role is making a difference.

It is clear that the programme is having a substantial impact. BreastCheck provides a very positive health service experience for the women who participate, and the programme enjoys strong public confidence and acclaim.

We can look forward to continued success in the future confident that BreastCheck is delivering a substantial health benefit to women in Ireland - and is proving to be a successful model of service delivery within the Irish health system.

Dr. Sheelah Ryan

Chairperson, National Breast Screening Board.





As this Annual Report demonstrates, BreastCheck serves as an example of a high quality public sector health service. The programme is multidisciplinary in nature, consultant delivered, highly quality assured and audited, free to clients, benchmarked against externally validated performance standards and quantified customer service goals, with results published annually.

Director's Report

This Annual Report for 2002 records a year of solid and significant achievement for the National Breast Screening Programme. Our initial Report, covering a 22-month period to December 2001, demonstrated considerable progress in putting in place key elements required for quality to be assured and for screening to commence.

This first period was also a significant time of learning for the programme, as it addressed the challenges of putting in place key infrastructure and recruiting key personnel for the Phase One area.

During 2002 the programme built on these foundations and applied key lessons learned in planning for future development.

Our work in 2002 is characterised chiefly by:

- * Successfully increasing screening capacity, through achieving a full complement of radiographers for that year's needs
- * Meeting or exceeding performance and quality standards and improving on what had been achieved before
- * Commencing second round screening and
- * Detailed planning for national expansion of the programme.

2002 was a year during which 38,242 women attended for screening and 306 women were found to have breast cancer. This compares with figures of 45,321 and 410 respectively in the previous 22 months. A full analysis of the programme's screening performance is provided on pages 14 to 22 of this Report.

Of particular significance is the uptake rate of 76.3% in the overall known target population, representing a significant improvement on 2000/2001. We are also particularly encouraged by the fact that among previous non-attenders in the first screening round, so far 90% have responded to re-invitation during the second screening round.



Programme performance measured against our Women's Charter standards has improved across the board, building upon a good performance in 2000/2001.

Quality Assurance

During 2002 an Expert Pre-Certification Team visited the programme from the European Reference Centre for Quality Assurance in Breast Screening (EUREF) who examined all aspects of the programme. Screening programmes are ineligible for full certification until two full screening rounds have been completed.

The visiting team was of the opinion "that this programme is working to a very high standard and is clearly demonstrating a number of the major requirements that will ultimately be required for full European Reference Centre Certification".

The key strengths of the programme were perceived to be "an outstandingly high level of professional expertise, team working and commitment to the programme, with all disciplines working to an internationally recognised standard. The programme has been set up on a centralised structure with good attention to the detail of funding and organisation required in order to deliver a successful result."

BreastCheck's Quality Assurance Committee, chaired by Dr. Fidelma Flanagan, has now completed a full review of our own QA Manual. The Second Edition of *Guidelines for Quality Assurance in Mammography Screening* has been published in tandem with this Annual Report. This is a significant body of work, which will be invaluable to our ongoing activities and our expansion plans.

Commitment to Quality Assurance lies at the heart of all work undertaken at BreastCheck and is pre-requisite to the programme performance detailed in this Report. All professional disciplines are represented on the QA Committee and our Consultant Clinicians each play an active part in the Committee and in their respective mono-speciality groups.

BreastCheck's rebranded outdoor advertising campaign.

Now in this Area 

Breast Check. It's Our Best Protection

Please attend your appointment


BreastCheck
The National Breast Screening Programme
Freephone Information
1800 45 45 55
Screened in a supervised screening programme



Communications and Health Promotion

A significant programme of broad-spectrum public and professional communications supports self-registration, screening uptake levels and general awareness. BreastCheck outdoor advertising is now a common sight and thanks to the familiar voice of Marian Finucane our radio advertising is both distinctive and consistent.

During 2002 BreastCheck responded to concerns expressed by members of the public and their representatives that advertising overspill beyond the Phase One area was creating false expectations about the availability of our service.

We have now adopted locally focussed approaches to our broadcast messages which are related closely to our screening plan and contain clear indications of current screening activity. We have received no adverse feedback since adopting this approach.

In early 2003 BreastCheck appointed new advertising and media buying agencies following a public tendering process. This has led to an evolutionary development and freshening up of our materials, messages and branding, reflecting the sense of personal value that our clients express about BreastCheck.

This approach has been extended to a new health promotion video and CD ROM and to our new website at www.breastcheck.ie which includes the option of e-registration and provides full up to date information on our screening activities.

Significant effort has been ongoing since our last Annual Report to meet the needs of those with special needs, or who may potentially be otherwise marginalised. This has included making our materials available in Braille and audio format, direct outreach to residential care settings, and the introduction of assistance devices for those hard of hearing.



The new purpose-built Merrion Screening Unit (right) being built adjacent to the existing temporary facility on the grounds of St. Vincent's University Hospital.

Population Register, Client Data and Programme Evaluation

Participation in screening is by invitation only. Screening is provided cyclically on an area-by-area basis. Inclusion in our Population Register is pre-requisite to receiving an invitation. The register is populated using data from a number of sources and by self-registration.

During 2002 our existing data providers (the Department of Social and Family Affairs, General Medical Services and Voluntary Health Insurance) were joined by BUPA Ireland.

During 2003 we have been examining the viability of taking data from other niche suppliers and from computerised General Practices. This evaluation is ongoing. We thank all our data providers for their ongoing support and assistance. An assessment of the accuracy of our register by comparison with the 2002 Census is included on page 14.

Population Register staff provide our dedicated national freephone information line and as such are our first point of contact with clients.

Structural changes implemented early in 2003 brought together 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. The efficiency of this Unit in providing timely and accurate evaluation and audit data is vital to our Quality Assurance systems.

Human Resources

During 2002 the programme overcame earlier difficulties to achieve full staffing in Radiography. This enabled BreastCheck to increase screening capacity and begin to make up ground lost earlier in the life of the programme.

This experience underlines that while the programme has adequate funding and good infrastructure its key resource is undoubtedly represented by the people who work in BreastCheck. This importance is reflected in work initiated in 2002, now being brought to conclusion in 2003, to revise and implement a HR strategy, which seeks to maximise the potential of our key resource, and ready our systems for programme expansion to national scale.

This has been a participative process, which has led to measures to strengthen management capacity in HR and to improvements in our internal systems. Workforce planning, training and development initiatives and strategies for recruitment and selection feature significantly in our plans going forward.

National Expansion

In July 2002 a detailed Business Plan was submitted to the Department of Health and Children concerning the national expansion of BreastCheck. Publication of the First Report in October 2002 cleared the way for this plan to be fully considered.

In February 2003 Minister for Health and Children Micheál Martin approved expansion of the programme's Eastern Area to include Carlow, Kilkenny and Wexford. This will be implemented in 2004 following commissioning of the new permanent screening facility for our Merrion Unit to replace now inadequate temporary accommodation.

In March 2003 the Minister sanctioned full national expansion. Full details are included on pages 10 to 13 of this Report.

We very much welcome Minister Martin's support for the expansion of our service and the confidence he has shown in the programme.

We also acknowledge gratefully the support of the National Breast Cancer Research Institute who responded to the Minister's announcement by making available €340,000 for the purchase of a mobile unit for the Western Area.

Subsequent Round Screening

Subsequent round screening began in late 2002 at our Eccles Unit and in 2003 in our Merrion Unit. This is a significant milestone in the development of the programme and brings with it new challenges.

Of a relatively small number of subsequent round screening clients in 2002 (5,995 in total) the proportion of women re-invited within 30 months of their previous mammogram was 99.4%. We are now working hard towards achieving our desired standard of $\geq 90\%$ within 21-27 months.

The challenge of meeting this standard at this early stage of the second screening round was a direct consequence of screening capacity problems encountered during the commencement period of the programme, which have now been overcome. The programme and Board are committed to the maintenance and achievement of the 21-27 month screening round interval.

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 Hospital and St. Vincent's University Hospital) and many colleagues in primary health and community sectors. Their contributions are vital to the success of the programme.

I look forward to developing similar working relationships with our colleagues at the South Infirmary/Victoria Hospital in Cork and University College Hospital in Galway as we establish our screening units at these locations.

The National Breast Screening Board (NBSB) is a specialist health agency fully funded by and reporting to the Minister 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 Minister Martin and his Department and, through their membership of the Board, by the 11 Health Board CEOs

has been key to BreastCheck's continued progress. As this Annual Report demonstrates, BreastCheck serves as an example of a high quality public sector health service. The programme is multidisciplinary in nature, consultant delivered, highly quality assured and audited, free to clients, benchmarked against externally validated performance standards and quantified customer service goals, with results published annually. Everyone working in BreastCheck is proud of what we do and how we do it.

I became Director of BreastCheck, in succession to Ms. Maureen Lynott, at the beginning of September 2002. I wish to acknowledge her contribution to the performance reflected in this Report.

May I take this opportunity to offer personal thanks to the National Breast Screening Board for their support and to the Clinical Directors, 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.

Mr. Tony O'Brien



Director.



Members of the BreastCheck Quality Assurance Multidisciplinary Consultants Group pictured at the Group's Annual Meeting.

(Left to right) Standing:

Dr. Tom Crotty, Professor Peter Dervan, Dr. Cecily Quinn, Dr. Ann O'Doherty, Dr. Louise Coffey, Dr. Patricia Fitzpatrick, Dr. Michelle McNicholas, Dr. Mary Dowling, Dr. Maria Kennedy, Dr. Conor O'Keane.

Seated:

Dr. Michelle Harrison, Dr. Fidelma Flanagan, Mr. Arnold Hill, Dr. Susan Pender, Mr. Michael Kerin, Professor Tom Gorey.

NOTE: Not all members of the Group were present for the photograph.



Phase Two of BreastCheck is the full expansion of the programme nationwide. This is occurring in two stages:

- * The extension of the Eastern Area to include Carlow, Kilkenny and Wexford*
- * Expansion to all other parts of the country.*

The National Expansion of BreastCheck

Phase One - BreastCheck to Date

Phase One of the programme, offering free screening to women aged 50-64, living in the Eastern Area (including the Eastern Regional Health Authority, Midland and North Eastern Health Board Areas), began in February 2000. The current screening area is serviced by two Clinical Screening Units: the Eccles Screening

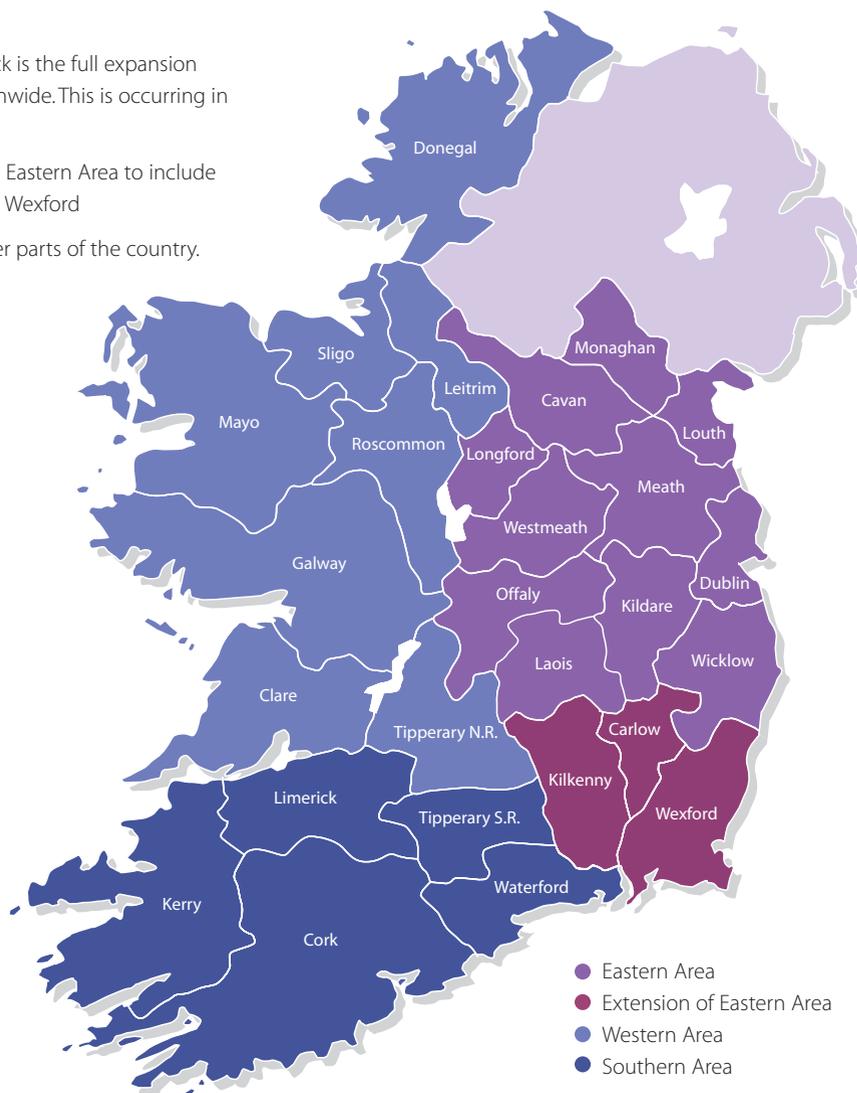
Unit on the campus of the Mater Misericordiae Hospital and the Merrion Screening Unit at St. Vincent's University Hospital. Attached to these Clinical Units are a total of five Mobile Screening Units. The area includes a target population of 141,547 eligible women.

	Target population women 50-64	Target population per year	Women screened per year Based on 70% uptake rate	Cancers expected per year – first screening Based on 7 per 1,000	Cancers expected per year – subsequent screening Based on 3.5 per 1,000
Phase One Area Totals	141,547	70,773	49,541	347	173
			<i>Uptake rate of 76% in 2002</i>	<i>Likely rate 7-9 per 1,000</i>	<i>Likely rate 3.5-5.5 per 1,000</i>

Phase Two - the National Expansion of BreastCheck

Phase Two of BreastCheck is the full expansion of the programme nationwide. This is occurring in two stages:

- * The extension of the Eastern Area to include Carlow, Kilkenny and Wexford
- * Expansion to all other parts of the country.



Total Numbers

Totals nationally are projected to be:

	Target population women 50-64	Target population per year	Women screened per year Based on 70% uptake rate	Cancers expected per year – first screening Based on 7 per 1,000	Cancers expected per year – subsequent screening Based on 3.5 per 1,000
East	159,642	79,821	55,875	391	195
West	57,588	28,794	20,156	141	71
South	71,188	35,594	24,916	174	87
National Totals	288,418	144,209	100,947	706	353

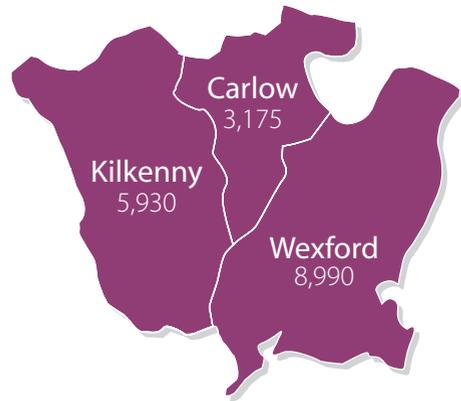
Uptake rate of 76% in 2002

Likely rate 7-9 per 1,000

Likely rate 3.5-5.5 per 1,000

Extension to Carlow, Kilkenny and Wexford

Counties Wexford, Kilkenny and Carlow will come under the coverage of the Eastern Area. This will result in an additional 18,095 women to be invited for screening in the East, or 9,048 per annum. This is expected to result in the detection of in excess of 44 cancers per year in the first round of screening and a minimum of 22 cancers per year in the subsequent rounds (the number of cancers will vary depending on the number of women screened for the first time in a subsequent round in an area). Screening in these counties will be carried out from a mobile screening unit.



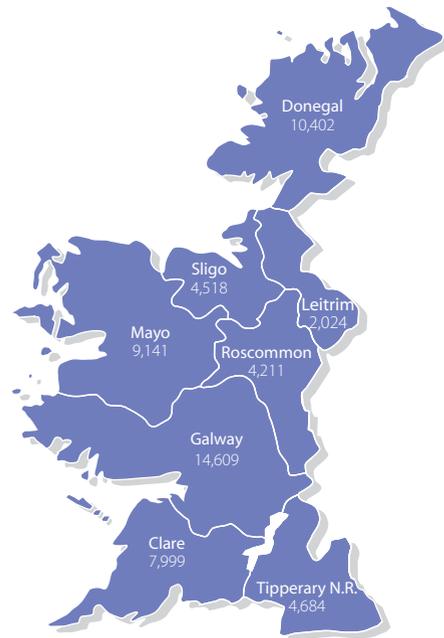
	Target population women 50-64	Target population per year	Women screened per year Based on 70% uptake rate	Cancers expected per year – first screening Based on 7 per 1,000	Cancers expected per year – subsequent screening Based on 3.5 per 1,000
Eastern Extension - Carlow, Kilkenny, Wexford	18,095	9,048	6,334	44	22
			<i>Uptake rate of 76% in 2002</i>	<i>Likely rate 7-9 per 1,000</i>	<i>Likely rate 3.5-5.5 per 1,000</i>

Expansion Nationwide

Based on an ideal national structure of one Clinical Screening Unit, staffed with an expert multidisciplinary team, per 70,000 eligible women, the national expansion of BreastCheck requires a total of four Clinical Screening Units.

The West

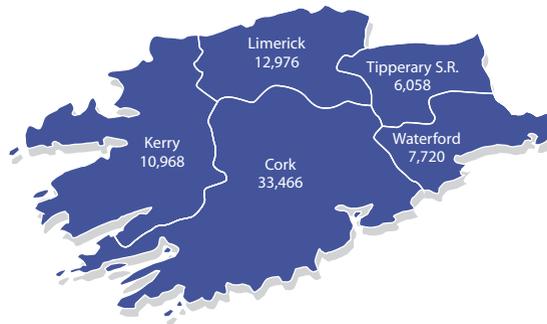
The BreastCheck Clinical Unit in the Western Area will be at University College Hospital Galway, with two associated mobile units. The area of coverage is counties Galway, Sligo, Roscommon, Donegal, Mayo, Leitrim, Clare and Tipperary N.R. 57,588 women are in the target population for invitation to screening, or 28,794 per annum. This is expected to result in the detection of in excess of 141 cancers per year in the first round of screening and a minimum of 71 per year in the subsequent rounds.



	Target population women 50-64	Target population per year	Women screened per year Based on 70% uptake rate	Cancers expected per year – first screening Based on 7 per 1,000	Cancers expected per year – subsequent screening Based on 3.5 per 1,000
Western Area	57,588	28,794	20,156	141	71
			<i>Uptake rate of 76% in 2002</i>	<i>Likely rate 7-9 per 1,000</i>	<i>Likely rate 3.5-5.5 per 1,000</i>

The South

The BreastCheck Clinical Unit in the Southern Area will be located at the South Infirmary/Victoria Hospital, with three associated mobile units. The area of coverage is counties Cork, Kerry, Limerick, Waterford and Tipperary S.R.. 71,188 women are in the target population for invitation to screening, or 35,594 per annum. This is expected to result in the detection of in excess of 174 cancers per year in the first round and a minimum of 87 per year in the subsequent rounds.



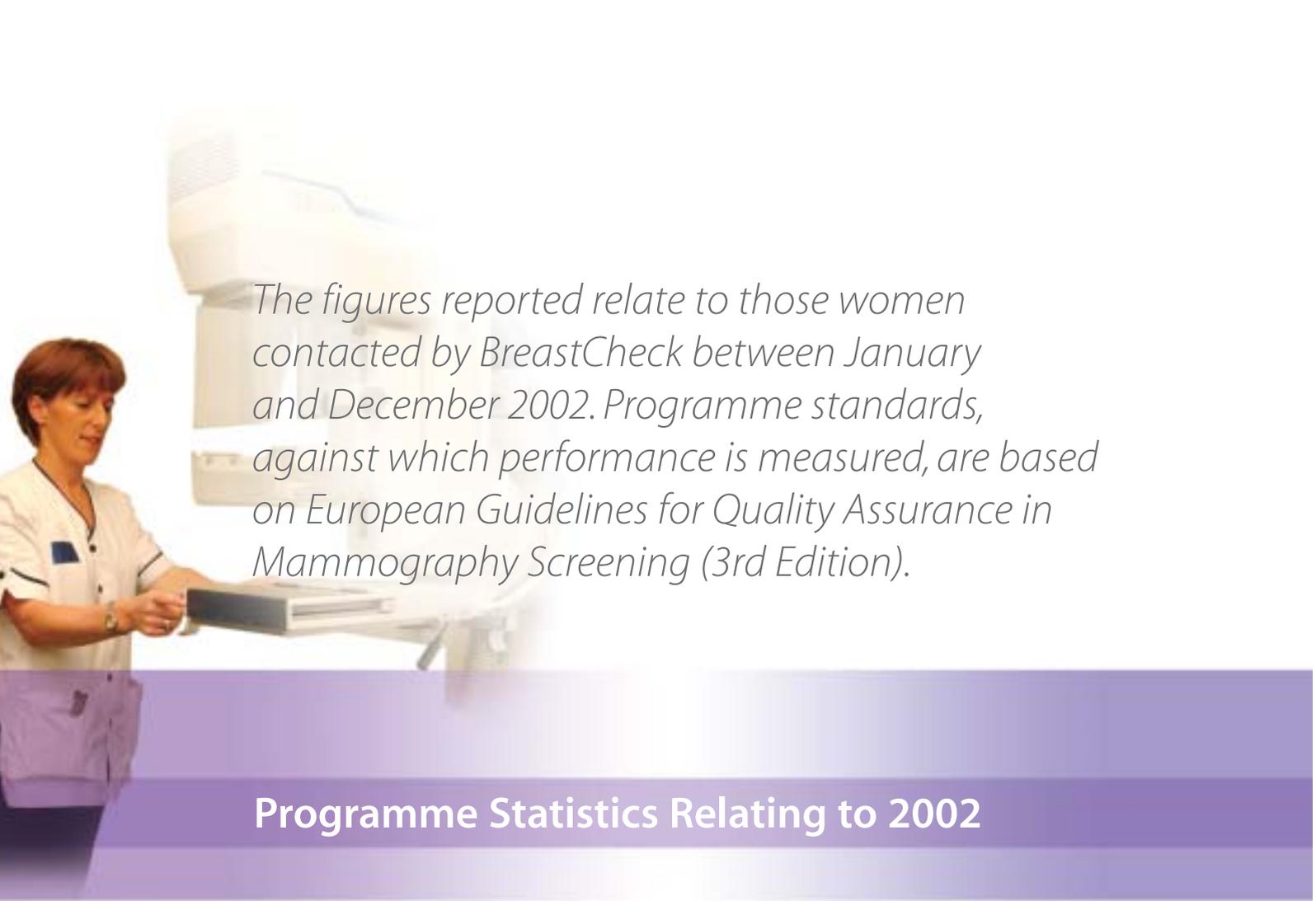
	Target population women 50-64	Target population per year	Women screened per year Based on 70% uptake rate	Cancers expected per year – first screening Based on 7 per 1,000	Cancers expected per year – subsequent screening Based on 3.5 per 1,000
Southern Area	71,188	35,594	24,916	174	87
			<i>Uptake rate of 76% in 2002</i>	<i>Likely rate 7-9 per 1,000</i>	<i>Likely rate 3.5-5.5 per 1,000</i>

Aerial view of the site at the South Infirmary/ Victoria Hospital, Cork identified for the BreastCheck Clinical Screening Unit to serve the South.



Aerial view of the site at University College Hospital, Galway identified for the BreastCheck Clinical Screening Unit to serve the West.





The figures reported relate to those women contacted by BreastCheck between January and December 2002. Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (3rd Edition).

Programme Statistics Relating to 2002

In 2002 the programme began inviting women for follow up/subsequent screening, and we present the figures by first and subsequent screening separately where appropriate. Overall, BreastCheck is maintaining or surpassing the high standard set in its first reported screening period of 2000/2001.

The Board and staff of BreastCheck would like to express their thanks to the National Cancer Registry for provision of national breast cancer statistics necessary for completion of this Report.

Screening Activity Overall

In Table 1 we present two acceptance/uptake rates, the first based on the eligible women in the population, and the second based on all women known to the programme (the known target population). The known target population includes women who are ineligible for screening for certain reasons, as itemised below Table 1. The uptake for screening overall (including first and subsequent screening) exceeds the standard of $\geq 70\%$ for both the eligible and known target population rates.

At the time of the 2002 Census the number of women aged 50-64 in the Phase One area (i.e. Eastern Regional Health Authority, Midland Health Board and North Eastern Health Board) known to the Population Register was within 2% of the Census figure. Work is ongoing in the examination of discrepancies at a smaller area level.

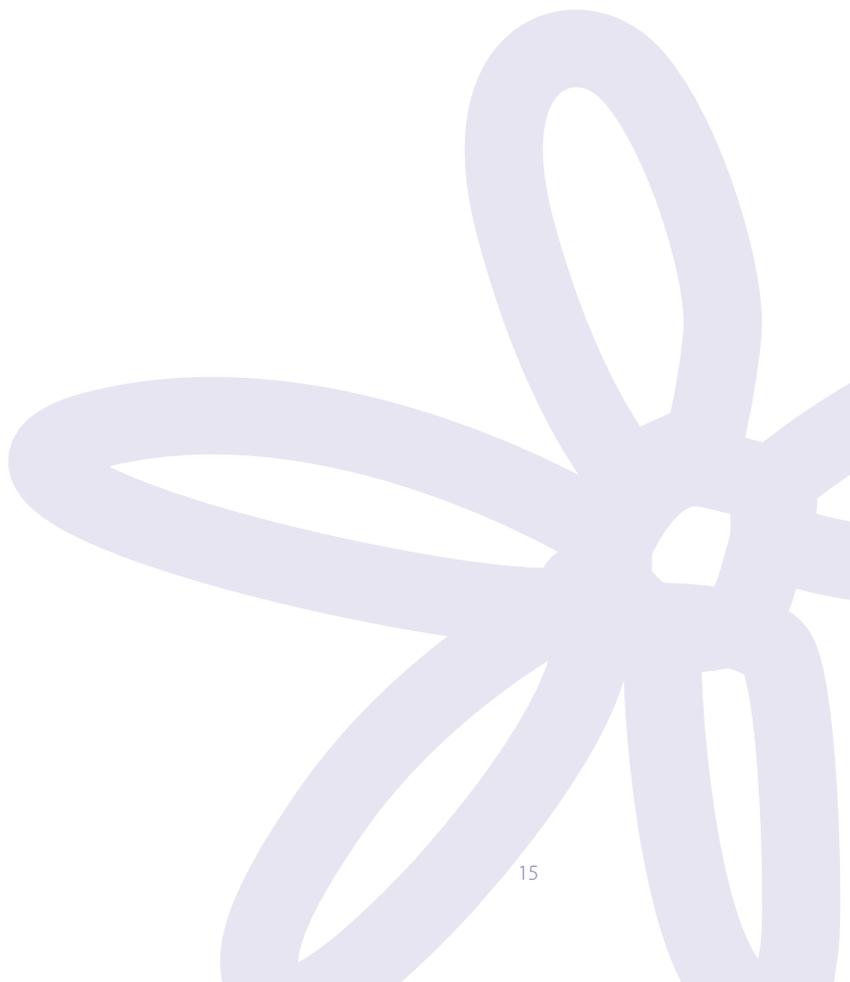
The overall Standardised Detection Ratio (SDR), a measure of general programme performance, at 1.22 is in excess of the standard of 0.75. Of the 38,242 women screened by the programme, 306 were diagnosed with breast cancer. A further three women were diagnosed with other non-breast cancers as a result of their attendance for screening.

Table 1

Performance Parameter	2002
Number of women sent consent forms for first screening or invited for subsequent screening	50,128
Number of women who deconsented following receipt of consent form	720
Number of women invited	49,408
Number of eligible women invited	48,051
Number of women attending for screening	38,242
Eligible women acceptance rate (includes deconsented women)	78.4%
Known target population acceptance rate	76.3%
Number of women recalled for assessment	1,613
Number of benign biopsies	57
Number of cancers detected	306
Cancers detected per 1,000 women screened	8.0
Number of in situ cancers	64
Number of invasive cancers < 15mm	114
Standardised Detection Ratio	1.22

Details of the ineligible categories

Excluded - in follow up care for breast cancer/previous bilateral mastectomy: 121
 Excluded - An Post not contactable: 676
 Excluded - physically/mentally incapacitated: 17
 Excluded - terminally ill: 2
 Excluded - other: 34
 Suspended - wait until next round: 296
 Suspended - mammogram within previous 12 months: 206
 Suspended - unwilling to reschedule: 5



Screening Activity By Type Of Screen

Table 2

Performance Parameter	First Invited Population	Previous Non-Attenders	Subsequent Population
Consented	43,725	n/a	n/a
Number of women who deconsented	591	n/a	129*
Number of women invited	43,134	53	5,995
Number of eligible women invited	42,003	53	5,995
Number of women screened	32,852	50	5,340
Eligible women acceptance rate (including deconsents)	77.1%	94.3%	87.2%
Known target population acceptance rate	75.1%	94.3%	84.1%**

* deconsented in previous round, but remain in the target population

** includes 226 women identified as ineligible in previous round of screening or in this round, but remain in the target population

Looking at first screening alone, the eligible women acceptance rate for 2002 is 77.1%, an improvement on the first reported screening period (2000/2001) where it was 73%. The known target population rate also surpasses the standard of 70%.

Of the previous non-attenders (women who had not attended their two appointments in the previous round of screening), a small number remained within the target age group and over 90% responded to the re-invitation.

In the first three months of the second round of screening (October to December 2002), 89% of women who had attended previously (i.e. women screened as a percentage of the 5,995 eligible invited) responded positively to their invitation for subsequent screening. This rate will be closely monitored.

Screening Activity By Type Of Screen And Age Group

Table 3(i) First Invited Population

Performance Parameter	50-54	55-59	60-64
Consented	16,309	15,203	11,599
Number of women who deconsented	169	191	228
Number of women invited	16,140	15,012	11,371
Number of eligible women invited	15,735	14,619	11,055
Number of women screened	12,585	11,495	8,302
Eligible women acceptance rate (including deconsents)	79.1%	77.6%	73.6%
Known target population acceptance rate	77.1%	75.6%	71.6%

There has been an improvement in the eligible women acceptance rate compared to the first reported screening period (2000/2001) for all age groups. Again, the acceptance rate is highest among younger women.

The known target population acceptance rate also surpasses the standard of 70% for each of these age groups.

Table 3(ii) Previous Non-Attenders

Performance Parameter	50-54	55-59	60-64
Number of previous non-attenders invited	16	29	7
Number of women screened	14	28	7
Known target population acceptance rate	87.5%	96.6%	100.0%

Of the women who had not attended their two appointments in the previous round of screening, the response to a further invitation in the next round of screening was high in all age groups.

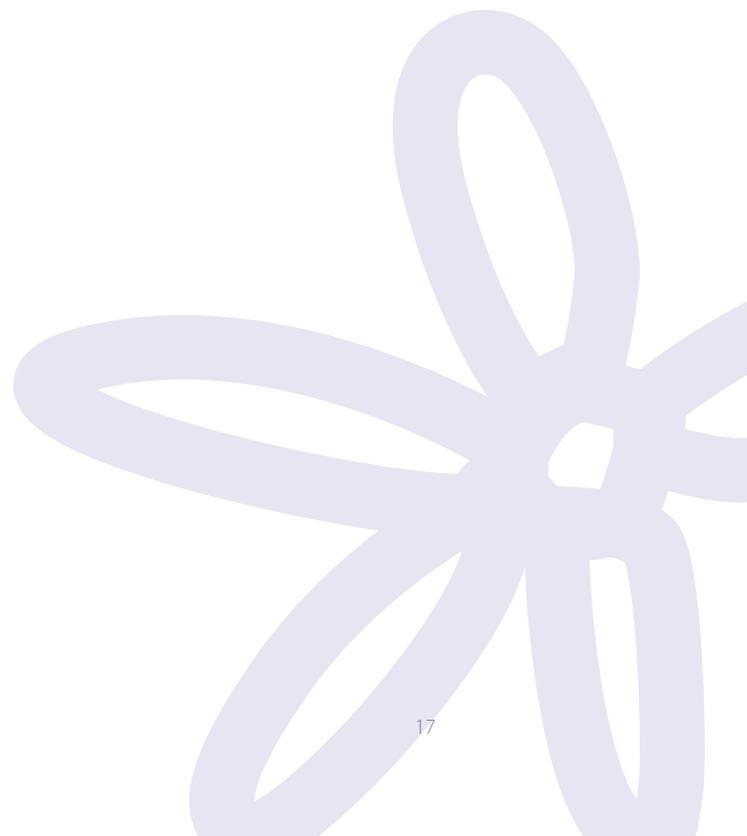
Table 3(iii) Subsequent Invite

Performance Parameter	50-54	55-59	60-64
Number of women who deconsented in previous round*	28	47	54
Number of ineligible women**	54	96	74
Number of eligible women invited	1,368	2,732	1,888
Number of women screened	1,187	2,446	1,700
Eligible women acceptance rate (including deconsents)	85.0%	88.0%	87.5%
Known target population acceptance rate	81.9%	85.1%	84.3%

* 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

The acceptance rates for subsequent screening were over 80% in all age groups. However, in the period reported the numbers of women invited in each age group was still relatively small; these rates will be followed as the number of women invited for subsequent screening grows.



Screening Quality: First Screen

Table 4 gives the results for the main screening quality parameters for women attending for their first screening with BreastCheck. All performance indicators continue to be achieved or surpassed. The Standardised Detection Ratio has increased from 0.95-1.01 for the period 2000/2001 to 1.20 in 2002.

Table 4

Performance Parameter	2002	Standard
Number of women screened for first time	32,902	
Number of women recalled for assessment	1,477	
Recall rate	4.5%	<7%
Number of benign open biopsies	53	
Benign open biopsy rate per 1,000 women screened	1.6	<3.6
Number of women diagnosed with cancer	276	
Cancer detection rate per 1,000 women screened	8.4	≥7
Number of women with in situ cancer (DCIS)	56	
Pure DCIS detection rate per 1,000 women screened	1.7	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	20.3%	10-20%
Number of women diagnosed with invasive cancer*	220	
Invasive cancer detection rate per 1,000 women screened	6.7	
Number of women with invasive cancers <15 mm	102	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	46.8%	≥40%
Standardised Detection Ratio	1.20	>0.75

* Includes two women who had invasive cancer diagnosed (i.e. from core biopsy) but did not have primary surgical treatment (no size available, not included in calculation of % invasive <15mm)

Screening Quality: Subsequent Screen

In October 2002 BreastCheck began to invite women back for a second screening examination. The performance standards for this subsequent screening differ from those for first screening. While a smaller absolute number of cancers was detected in this group, the cancer detection rate far exceeds the

standard of 3.5 per 1,000 women screened. The number of women with DCIS only, as a percentage of malignancies detected, is slightly over the expected standard. This is based on small numbers and the rate will be monitored over the coming years. The remaining performance parameters are surpassed.

Table 5

Performance Parameter	2002	Standard
Number of women screened for second time	5,340	
Number of women recalled for assessment	136	
Recall rate	2.5%	<5%
Number of benign open biopsies	4	
Benign open biopsy rate per 1,000 women screened	0.7	<2
Number of women diagnosed with cancer	30	
Cancer detection rate per 1,000 women screened	5.6	≥3.5
Number of women with in situ cancer (DCIS)	8	
Pure DCIS detection rate per 1,000 women screened	1.5	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	26.7%	10-20%
Number of women diagnosed with invasive cancer	22	
Invasive cancer detection rate per 1,000 women screened	4.1	
Number of women with invasive cancers <15mm	12	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	54.5%	≥40%
Standardised detection ratio	1.49	>0.75

Screening Outcome: First Screen by Age Group

For women in the target age group of 50-64, the percentage recalled for assessment was again well within the standard of <7% for those screened for the first time. The benign open biopsy rate remains low in

all age groups (standard <3.6 per 1,000 women screened). The cancer detection rate continues to rise steadily with increasing age (standard ≥7 per 1,000 women screened).

Table 6

Performance Parameter	50-54	55-59	60-64
Number of women screened	12,599	11,523	8,309
Percentage of women recalled for assessment	4.8%	4.5%	4.0%
Benign open biopsy rate per 1,000 women screened	2.0	1.6	1.2
Overall cancer detection rate per 1,000 women screened	6.0	9.4	10.6

Screening Outcome: Subsequent Screen by Age Group

For women who attended a second or subsequent screening the percentage recalled for assessment in all age groups was well within the standard of <5%. The benign open biopsy rate was similarly low, all age groups were within the standard of <2 per 1,000 women screened. The cancer detection rate for women aged 50-54 was low, but the overall rate was above the standard of 3.5 per 1,000 women screened.

Table 7

Performance Parameter	50-54	55-59	60-64
Number of women screened	1,187	2,446	1,700
Percentage of women recalled for assessment	2.3%	2.8%	2.4%
Benign open biopsy rate per 1,000 women screened	0.0	1.2	0.6
Overall cancer detection rate per 1,000 women screened	0.8	6.5	7.6

Cancers With Non-Operative Diagnosis

Overall 91.7% of women with cancer assessed within BreastCheck were diagnosed without an operation. This rate is similar to the figure of 92% achieved in the first 22-month period of the programme. A non-operative diagnosis allows a woman to consider her treatment options prior to surgery or other therapy.

Table 8

Performance Parameter	First screening	Subsequent screening	Standard
Percentage of women with non-operative diagnosis of cancer	92.3%	85.7%	≥70%

Lymph Node Status

Overall 99.6% of 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 the first 22-month period of the programme.

Table 9

Performance Parameter	First screening	Subsequent screening	Standard
Number of women with invasive cancer	215	19	
Percentage of women with invasive cancer where nodal status known	100%	94.7%	100%

Outcome of First Screens by Region

Phase One of the National Breast Screening Programme involves the invitation of women resident in three regions – the Eastern Regional Health Authority, the Midland Health Board and the North Eastern Health Board. The results for women from each region first invited to the programme are presented in Table 10.

The cancer detection rate is above the standard of 7 per 1,000 women screened among women resident in the Eastern Regional Health Authority and the North Eastern Health Board. The uptake rates and cancer detection rate in the Midland Health Board area are based on a very small number of women invited/screened in the period; these rates will be monitored but are unlikely to reflect the overall picture for that region as a whole.

Table 10

Region of Residence	Number of women screened	Acceptance rate Eligible	Known Target Pop	Number of cancers detected	Number of cancers detected per 1,000 women screened
Eastern Regional Health Authority	22,731	77.2%	75.0%	189	8.3
Midland Health Board	166	78.7%	78.7%	1	6.0
North Eastern Health Board	9,992	77.0%	75.5%	86	8.6
Outside Phase One area*	13	92.9%	92.9%	0	0.0
Total	32,902	77.1%	75.2%	276	8.4

* A number of women may have moved their area of residence to a location outside the target area of the programme in the time between receipt of initial consent and screening. These women remained part of the programme activity for the period reported.

Outcome of Subsequent Screens by Region

In 2002 women invited for subsequent screening were resident in the Eastern Regional Health Authority and the North Eastern Health Board. No women from the Midland Health Board were invited for subsequent screening in the period.

In the two areas screened the cancer detection rates are above the standard of 3.5 per 1,000 women screened. The lower cancer detection rate in the North Eastern Health Board is based on a very small number of women screened.

Table 11

Region of Residence	Number of women screened	Acceptance rate Eligible	Known Target Pop	Number of cancers detected	Number of cancers detected per 1,000 women screened
Eastern Regional Health Authority	4,612	87.1%	83.9%	27	5.9
Midland Health Board	-	-	-	-	-
North Eastern Health Board	728	87.6%	85.1%	3	4.1
Total	5,340	87.2%	84.1%	30	5.6

Women's Charter Parameters

A Women's Charter was established at the initiation of the programme to ensure that women are informed about what to expect from the screening process.

Table 12

Performance Parameter	2002	Standard
% women who received 7 days notice of appointment	97.3%	≥90%
% women who were sent results of mammogram within 3 weeks	97.8%	≥90%
% women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result	94.2%	≥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	89.5%	≥90%
% women re-invited for screening within 21-27 months of invitation at previous round	60.1%	≥90%

In 2002 the programme improved on each of the Women's Charter parameters comparable to the initial 22-month period of the programme. The percentages of women sent appointments, given results of a normal mammogram, recalled to assessment and given results after the assessment within the desired timeframe have increased, and each of these parameters easily surpassed the standard of 90%. The proportion of women offered admission to hospital within three weeks of diagnosis only just failed to reach the target, and represents an improvement in this parameter. Overall 96.5% of women were offered hospital admission within four weeks of diagnosis.

With the progress to subsequent screening in late 2002, a new Charter parameter examined on this occasion is the proportion of women re-invited within 21-27 months of their appointment in the previous screening round. This falls short of the desired standard, reflecting delays at the commencement of the programme. A further 1.1% of women were re-invited before 21 months and 38.2% re-invited within 28-30 months of the previous round, giving a total re-invited within 30 months of 99.4%.



Financial Statements 2002

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

Director/Chief Officer

Mr. Tony O'Brien (Appointed September 2002)

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

89-94 Capel Street
Dublin 1
(From 22nd March 2002)

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

24 September 2003



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 2002.

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 is currently being 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 are currently reviewing and developing their clinical risk strategy, to identify and evaluate clinical risks.

Annual Review of Controls

A review of controls is planned to take place before the 2003 audit. A Procedures Manual will be produced and updated on an on-going basis to take account of system changes.

Independent Review

The Board are also in the process of establishing an Audit Committee, and are considering the establishment of an Internal Audit service.

On behalf of the Board:



Chairperson



Member of the Board

24 September 2003

National Breast Screening Board

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

I have audited the financial statements on pages 28 to 36 under Article 17 of the National Breast Screening Board (Establishment) Order, 1998.

Respective Responsibilities of the Board and the Comptroller and Auditor General

The accounting responsibilities of the members of the Board are set in the Statement of Board Members' Responsibilities on page 25. It is my responsibility, based on my audit, to form an independent opinion on the financial statements presented to me by the Board and to report on them.

I review whether the statement on page 26 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.

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 2002 and of its income and expenditure and cash flow for the year then ended.



Gerard Smyth

For and on behalf of the
Comptroller and Auditor General
17 October 2003

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 2002 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. Depreciation on Leasehold Improvements is only applicable on improvements at the Merrion Temporary Facility.

The following rates and methods of depreciation apply:

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 2002

	Notes	Euro	2002 Euro	Euro	2001 Euro
Income					
North Eastern Health Board			8,697,559		6,790,559
Superannuation Deductions			305,658		167,241
Miscellaneous Income			46,749		15,389
Transfer to Capitalisation Account	8		(1,612,927)		(188,692)
			<u>7,437,039</u>		<u>6,784,497</u>
Expenditure					
Staff Costs	9	3,855,970		2,976,319	
Travel & Subsistence	9	182,733		111,318	
Recruitment and Training	9	187,277		204,704	
Administration Expenses	9	2,806,943		1,971,247	
			<u>7,032,923</u>		<u>5,263,588</u>
Surplus for the year			404,116		1,520,909
Statement of movement in Accumulated surplus					
Opening Balance 1 January 2002			2,873,626		1,352,717
Surplus for the year			404,116		1,520,909
Accumulated Surplus at 31 December 2002			<u><u>3,277,742</u></u>		<u><u>2,873,626</u></u>

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:

N. Wilde

Vice Chairperson

J. Robinson

Member of the Board
24 September 2003

The accounting policies on page 28, and the notes on pages 33 to 36 form part of the financial statements.

Capital Income and Expenditure Account

Year Ended 31 December 2002

	Euro	Euro	2002 Euro	Euro	Euro	2001 Euro
Income						
Department of Health & Children Capital Grants			1,015,455			1,632,683
Surplus carried forward			390,616			359,888
Proceeds from Trade in of Fixed Assets			138,808			-
Proceeds from Sale of Fixed Assets			2,779			30,728
			1,547,658			2,023,299
Expenditure						
- Temporary Facility Merrion				162,726		
- Permanent Facility Merrion	117,436			-		
- Permanent Facility Eccles	109,215			-		
- Head Office Capel Street	6,215			429,140		
Facilities Development		232,866			591,866	
Information Technology		120,153			615,823	
Mobile Unit & Medical Equipment		801,244			128,424	
Mobile Units 3 & 4 Purchase		-			296,570	
			1,154,263			1,632,683
Surplus/(Deficit) on Capital Income & Expenditure			393,395			390,616

On behalf of the Board:

N. Widdie

Vice Chairperson

[Signature]

Member of the Board

24 September 2003

The accounting policies on page 28, and the notes on pages 33 to 36 form part of the financial statements.

Balance Sheet

Year Ended 31 December 2002

	Notes	2002 Euro	2001 Euro
Fixed Assets	4	5,699,760	5,164,127
Current Assets			
- Debtors and Prepayments	5	1,236,806	2,226,218
- Cash in hand	6	4,057,126	2,259,449
		<u>5,293,932</u>	<u>4,485,666</u>
Current Liabilities			
- Creditors and Accruals	7	1,622,795	1,221,425
		<u>1,622,795</u>	<u>1,221,425</u>
Net Current Assets		3,671,137	3,264,241
Fixed Assets Plus Net Current Assets		<u>9,370,897</u>	<u>8,428,368</u>
Financed By			
Capitalisation Account	8	5,699,760	5,164,127
Surplus on Revenue Income and Expenditure Account		3,277,742	2,873,625
Surplus on Capital Income and Expenditure Account		393,395	390,616
		<u>9,370,897</u>	<u>8,428,368</u>

On behalf of the Board:

No. Wiedie

Vice Chairperson



Member of the Board
24 September 2003

The accounting policies on page 28, and the notes on pages 33 to 36 form part of the financial statements.

Cash Flow Statement

Year Ended 31 December 2002

	2002 Euro	2001 Euro	
Reconciliation of operating surplus to net cash inflow from operating activities			
Operating (Deficit)/Surplus	404,116	1,520,909	
Revenue funded Capital Expenditure	1,612,927	188,692	
Interest received	(46,749)	(11,805)	
Donations received	-	(3,584)	
(Increase)/Decrease in Debtors	989,412	456,598	
(Decrease)/Increase in Creditors & Accruals	401,370	(258,744)	
Net cashflow from operating activities	3,361,076	1,892,066	
Cash Flow Statement			
Net cashflow from operating activities	3,361,076	1,892,066	
Interest received	46,749	11,805	
Donations received	0	3,584	
Capital expenditure (Note 1)	(2,625,603)	(1,790,647)	
	782,222	116,808	
Management of liquid resources			
Payments to acquire liquid resources	(1,605,430)	(2,439,591)	
	(823,208)	(2,322,783)	
Capital Grant	1,015,455	1,632,683	
Increase in Cash	192,247	(690,100)	
Reconciliation of net cashflow to movement in cash			
Increase in cash in period	192,247	(690,100)	
Cash used to increase liquid resources	1,605,430	2,439,591	
	1,797,677	1,749,492	
Net funds at 1 January	2,259,449	509,957	
Net funds at 31 December	4,057,126	2,259,449	
Note 1 - Gross cash flows			
Capital Expenditure			
Proceeds from sale of fixed assets	2,779	30,728	
Proceeds from trade-in of fixed assets	138,808		
Purchase of fixed assets	(2,767,190)	(1,821,375)	
	(2,625,603)	(1,790,647)	
Note 2 - Analysis of changes in net cash			
	At 1 Jan 2002	Cashflows	At 31 Dec 2002
Cash in hand, at bank	1,371	10,734	12,105
Overdrafts	(181,514)	181,514	(0)
	(180,143)	192,247	12,105
Current asset investments	2,439,591	1,605,430	4,045,021
	2,259,449	1,797,677	4,057,126

Notes to the Financial Statements

Year Ended 31 December 2002

- 1 These draft financial statements cover the year ended 31st December 2002 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 Street Unit at the Mater Misericordiae Hospital. Department of Health and Children capital funding for the Merrion Unit is routed through the National Breast Screening Board Accounts but capital funding for the Eccles Unit is funded directly through the Mater Misericordiae Hospital refurbishment programme and is not therefore included in these accounts.

3 Particulars of Employees and Remuneration

The average number of employees during the year was:- 86 63
 The salary expense listed are net after deduction of Consultant Salary Recharges based on sessional commitments to other Health Agencies.

Breakdown of Remuneration:	2002	2001
	Euro	Euro
Management/Administration	1,458,084	1,233,029
Medical/Dental NCHD	73,191	65,849
Medical/Dental Consultants	892,788	844,168
Nursing	123,095	102,333
Paramedical	1,260,543	684,733
Support Services	44,204	41,140
Pension & Refund	4,065	5,069
	3,855,970	2,976,319

4 Fixed Assets

	Leasehold Improvements Euro	Office Furniture & Equipment Euro	Medical Equipment (Incl Mobile Unit) Euro	Computer Equipment Euro	Total Euro
Cost					
At 1 January 2002	1,140,487	399,062	3,404,400	3,310,969	8,254,918
Additions					
- From Capital Funds	226,651	6,215	801,244	120,153	1,154,263
Temp Facility Merrion					
Perm Facility Merrion	117,436				
Perm Facility Eccles Capel Street (HO)	109,215				
- From Revenue Funds	-	23,045	1,323,680	266,202	1,612,927
Disposals	-	-	(231,346)	(105,550)	(336,896)
At 31 December 2002	1,367,138	482,322	5,297,978	3,591,774	10,685,212
Depreciation					
At 1 January 2002	444,472	90,961	1,257,114	1,298,244	3,090,791
Charge for the Year	234,128	42,832	1,054,756	718,355	2,050,071
Less Disposals			(92,540)	(62,870)	(155,410)
At 31 December 2002	678,600	133,793	2,219,330	1,953,729	4,985,453
Net Book Value					
At 31 December 2002	688,538	294,529	3,078,648	1,638,045	5,699,760
At 31 December 2001	696,015	308,101	2,147,286	2,012,725	5,164,127

Notes to the Financial Statements

Year Ended 31 December 2002

	2002 Euro	2001 Euro
5 Debtors and Prepayments		
- North Eastern Health Board Revenue Allocation *	697,559	543,448
- Department of Health & Children Capital Grants	-	897,225
- Hospital Debtors (Consultant Salary & MDU recharges)	263,248	582,703
- MDU Prepayments	122,576	120,188
- Sundry Debtors and Prepayments	153,423	82,654
	<u>1,236,806</u>	<u>2,226,218</u>
 * Debtor - North Eastern Health Board		
Revenue Allocation receivable from NEHB at 1 January 2002	543,448	2,163,634
Revenue Allocation Department of Health and Children provided to NEHB 2002 (DOHC via NEHB)	8,697,559	6,790,559
Expenditure met by NBSB drawn down from NEHB	<u>(8,543,448)</u>	<u>(8,410,745)</u>
 Revenue Allocation receivable from NEHB at 31 December '02	 697,559	 543,448
6 Cash In Hand		
Current - Bank Account	10,340	(181,514)
Deposit Account	4,045,021	2,439,592
Petty Cash Account	1,765	1,371
	<u>4,057,126</u>	<u>2,259,449</u>
7 Creditors and Accruals		
Trade Creditors	1,203,206	616,993
Pay Accruals	98,986	142,468
Other Accruals	320,603	461,964
	<u>1,622,795</u>	<u>1,221,425</u>
8 Capitalisation Account		
Balance at 1 January 2002	5,164,127	4,990,593
Additions to Fixed Assets		
- met from Revenue Allocation	1,612,927	188,692
- met from Capital Allocation	<u>1,154,263</u>	<u>1,632,683</u>
	7,931,317	6,811,968
Disposal of Fixed Assets	(336,896)	(30,728)
Amortisation in line with Depreciation	<u>(1,894,661)</u>	<u>(1,617,113)</u>
Balance at 31 December 2002	5,699,760	5,164,127

Notes to the Financial Statements

Year Ended 31 December 2002

	2002 Euro	2001 Euro
9 Expenditure		
Revenue		
Staff Costs	3,855,970	2,976,319
Travel/Subsistence & Flights	182,733	111,318
Recruitment and Training	187,277	204,704
	4,225,980	3,292,341
Administration		
Accountancy fees	41,730	43,543
Advertising and Promotion	580,922	245,070
Audit fee	11,800	8,888
Bank Charges and Interest	355	302
Bedding and Clothing	7,002	2,873
Catering	26,134	12,983
Cleaning/Washing and waste	51,614	36,874
Computer Expenses incl equipment	75,814	7,208
Drugs and Medicines	(135,877)	136,478
Insurance	216,986	176,742
Legal Fees	2,809	18,641
Light and Heat	14,089	10,802
Medical & Surgical Supplies incl equipment	72,003	8,713
Office Supplies incl equipment	23,057	34,454
Postage, Printing & Stationery	272,343	196,941
Professional Fees	352,691	426,475
Rent/Rates/Service charges	219,866	42,206
Repairs and Maintenance	570,664	302,234
Sundry Office Expenses	78,305	18,546
Telephone	95,446	71,244
Transport and Courier	56,316	35,776
X-Ray/Imaging	172,873	134,254
	2,806,943	1,971,247

Notes to the Financial Statements

Year Ended 31 December 2002

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 2002

Authorised and contracted for:

Temporary Facility at Merrion Unit	-
Permanent Facility at Merrion Unit	-
Equipment Purchases at St. Vincent's University Hospital	€350,000
Rotomat Equipment at Merrion Unit	€54,116

As part of a major project at St. Vincent's University Hospital, Dublin, a permanent facility for BreastCheck is currently under construction at the Merrion site. It was agreed that St. Vincent's University Hospital would be responsible for drawing down capital funding 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 2002.

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 Approval of Financial Statements

The financial statements were approved by the Board on 24 September 2003.



Financial Statements 2001

NOTE: As the Financial Statements 2001 were not certified at the time of publication of the 2000-2001 BreastCheck Annual Report, they have been included in this Report.

Composition of the Board and Other Information

National Steering Group Members:

Dr. Sheelah Ryan (Chairperson)
Dr. Davida de la Harpe
Ms. Angela Fitzgerald
Dr. Mary Hynes
Dr. Paddy Barrett
Ms. Orla Laird
Dr. Declan Bedford
Ms. Geraldine Luddy
Professor Peter Daly
Dr. Brian O'Herlihy
Professor Peter Dervan
Professor Niall O'Higgins
Professor J.T. Ennis
Professor Donal MacElriane
Mr. Tom Gorey
Professor Phillip Walton
Dr. Velma Harkins
Ms. Anne Marie Hoey (Secretary).

Membership of First 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, 2002.

Dr. Sheelah Ryan (Chairperson)
Mr. Seán Hurley
Mr. Pat McLaughlin
Mr. Donal O'Shea
Mr. Pat Harvey
Professor Joe Ennis
Mr. Denis Doherty
Professor Niall O'Higgins
Mr. Stiofán de Burca
Dame Deirdre Hine
Mr. John Cooney
Ms. Olivia O'Leary

Project Director

Ms. M. P. Lynott (Appointed May 2001)

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

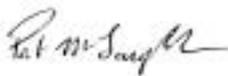
89-94 Capel Street
Dublin 1
(From 22nd March 2002)

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

11 March 2003

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.



National Breast Screening Board

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

I have audited the financial statements on pages 41 to 48 under Article 17 of the National Breast Screening Board (Establishment) Order, 1998.

Respective Responsibilities of the Office and the Comptroller and Auditor General

The accounting responsibilities of the members of the Board are set in the Statement of Board Members' Responsibilities on page 39. It is my responsibility, based on my audit, to form an independent opinion on the financial statements presented to me by the Board and to report on them.

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.

Pension costs

Without qualifying my opinion, I draw attention to the accounting policy on superannuation which explains why the Board was unable to comply with the disclosure requirements of FRS 17.

Opinion

In my opinion, proper books of accounts have been kept by the Board and the financial statements, which are in agreement with them, give a true and fair view of the state of affairs of the National Breast Screening Board at 31 December 2001 and of its income and expenditure and cash flow for the year then ended.



Gerard Smyth

For and on behalf of the
Comptroller and Auditor General
31 March 2003

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 2001 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. Depreciation on Leasehold Improvements is only applicable on improvements at the Merrion Temporary Facility.

The following rates and methods of depreciation apply:

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. Superannuation entitlements arising under the scheme are paid out of current income and are charged to the Income and Expenditure account in the year in which they become payable. No provision is made in the financial statements in respect of future benefits. Salaries and wages are charged in the financial statements net of employee superannuation contributions.

The above accounting treatment is not in accordance with the requirements of Financial Reporting Standards 17. For accounting periods ending on or after 22 June 2005 the Standard will require financial statements to reflect at fair value the assets and liabilities arising from an employer's superannuation obligations and any related funding and to recognise the costs of providing superannuation benefits in the accounting periods in which they are earned by employees. As a transitional measure the Standard requires that the present value of scheme liabilities be disclosed in the notes to the 2001 financial statements. In 2001 the Board was not in a position to comply with the requirements of FRS 17 as it did not obtain an actuarial valuation of the schemes liabilities. (The Board has taken steps to ensure that it will be able to comply with the requirements of the Standard in future years.)

f) Contingent Liabilities

There were no material contingent liabilities at 31 December 2001.

Revenue Income and Expenditure Account

Year Ended 31 December 2001

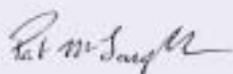
2001 Euro		Notes	IR£	2001 IR£	IR£	2000 IR£
	Income					
6,790,559	North Eastern Health Board			5,348,000		5,348,000
167,241	Superannuation Deductions			131,713		91,170
15,389	Miscellaneous Income			12,120		12,564
(188,692)	Transfer to Capitalisation Account	8		(148,607)		(1,672,066)
6,784,497				5,343,226		3,779,668
	Expenditure					
2,976,319	Staff Costs	9	2,344,042		1,672,724	
111,318	Travel & Subsistence	9	87,670		88,345	
204,703	Recruitment and Training	9	161,217		228,583	
1,971,247	Administration Expenses	9	1,552,483		1,438,163	
5,263,588				4,145,412		3,427,815
1,520,909	Surplus for the year			1,197,814		351,853
	Statement of movement in Accumulated surplus					
1,352,717	Opening Balance 1 January 2001			1,065,351		713,498
1,520,909	Surplus for the year			1,197,814		351,853
2,873,626	Accumulated Surplus at 31 December 2001			2,263,165		1,065,351

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
11 March 2003

The accounting policies on page 41, the Cash Flow Statement on page 45 and the notes on pages 46 to 48 form part of the financial statements.

Capital Income and Expenditure Account

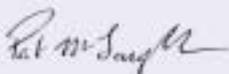
Year Ended 31 December 2001

2001 Euro	Notes	IR£	2001 IR£	2000 IR£
Income				
1,632,683	Department of Health & Children Capital Grants		1,285,842	946,667
359,888	Surplus carried forward		283,435	283,435
30,728	Proceeds of Sale of Fixed Assets		24,200	-
2,023,299			1,593,477	1,230,102
Expenditure				
	Facilities Development	466,132	185,355	
162,726	Temporary Facility Merrion	128,157		
-	Permanent Facility Merrion	-		
429,140	Head Office Capel Street	337,975		
615,823	Information Technology	485,000	587,000	
128,424	Mobile Unit 3 Medical Equipment	101,142		
296,570	Mobile Units 3 & 4 Purchase	233,568		
1,632,683			1,285,842	946,667
390,616	Surplus/(Deficit) on Capital Income & Expenditure		307,635	283,435

On behalf of the Board:



Chairperson



Member of the Board
11 March 2003

The accounting policies on page 41, the Cash Flow Statement on page 45 and the notes on pages 46 to 48 form part of the financial statements.

Balance Sheet

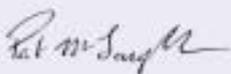
Year Ended 31 December 2001

2001 Euro		Notes	IR£	2001 IR£	IR£	2000 IR£
5,164,127	Fixed Assets	4		4,067,080		3,930,411
	Current Assets					
2,226,218	Debtors and Prepayments	5		1,753,289		2,112,889
2,259,449	Cash in hand	6		1,779,461		401,624
4,485,666				3,532,750		2,514,512
	Current Liabilities					
1,221,425	Creditors and Accruals	7		961,950		1,165,727
1,221,425				961,950		1,165,727
3,264,242	Net Current Assets			2,570,800		1,348,786
8,428,369	Total Assets less Current Liabilities			6,637,880		5,279,197
	Financed By					
2,873,626	Surplus on Revenue Income & Expenditure Account			2,263,165		1,065,351
5,164,127	Capitalisation Account	8	4,067,080		3,930,411	
390,616	Surplus on Capital Income and Expenditure Account		307,635	4,374,716	283,435	4,213,846
8,428,369				6,637,880		5,279,197

On behalf of the Board:



Chairperson



Member of the Board
11 March 2003

The accounting policies on page 41, the Cash Flow Statement on page 45 and the notes on pages 46 to 48 form part of the financial statements.

Cash Flow Statement

Year Ended 31 December 2001

Euro	Notes	2001 IR£	2000 IR£
1,892,067	Operating activities		
	Net cash inflow/(Outflow)	1,490,123	1,720,310
	Return on Investment & Servicing of Finance		
-	Interest paid	-	-
11,805	Interest received	9,297	5,202
3,584	Donations received	2,822	7,362
-	Interest element of finance lease	-	-
15,389		12,120	12,564
	Investing activities		
30,728	Proceeds from sale of fixed assets	24,200	-
(1,821,375)	Purchase of fixed assets	(1,434,449)	(2,618,733)
(1,790,647)		(1,410,249)	(2,618,733)
	Management of Liquid Resources		
	Payments to acquire Short Term Fixed Deposits	(1,921,334)	(475,932)
		(1,921,334)	(475,932)
(2,322,783)	Net cash (outflow)/inflow before financing	(1,829,340)	(1,361,791)
	Financing		
-	Capital elements of finance lease	-	-
1,632,683	Capital Grant	1,285,842	946,667
1,632,683		1,285,842	946,667
(690,100)	Net cash (inflow)/(outflow)	(543,498)	(415,124)
(690,100)	(Decrease)/Increase in cash and cash equivalents	(543,498)	(415,124)
		2.	
	Notes to the Cash Flow Statement		
	1. Reconciliation of operating (deficit)/surplus to net cash inflow from operating activities.		
Euro		2001 IR£	2000 IR£
1,520,909	Operating (deficit)/surplus	1,197,814	351,853
188,692	Revenue funded Capital expenditure	148,607	1,672,066
(11,805)	Interest received	(9,297)	(5,202)
(3,584)	Donations received	(2,822)	(7,362)
456,598	(Increase)/Decrease in debtors	359,600	(773,326)
(258,744)	(Decrease)/increase in creditors and accruals	(203,777)	482,281
1,892,067		1,490,123	1,720,310
	2. Change in cash and cash equivalents		
(94,352)	Balance at beginning of year	(74,308)	340,816
(690,100)	Net cash (outflow)/inflow	(543,498)	(415,124)
(784,451)	Balance at end of year	(617,806)	(74,308)
	Represented by:		
(181,514)	Cash at bank and in hand	1,080	401,624
-	Bank overdraft/External funding	(142,954)	-
(181,514)		(141,874)	401,624
			(543,498)

Notes to the Financial Statements

Year Ended 31 December 2001

	1	These financial statements cover the year ended 31st December 2001 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 Street Unit at the Mater Misericordiae Hospital. Department of Health and Children capital funding for the Merrion Unit is routed through the National Breast Screening Board Accounts but capital funding for the Eccles Unit is funded directly through the Mater Misericordiae Hospital refurbishment programme and is not therefore included in these accounts.				
	3	Particulars of Employees and Remuneration				
		The average number of employees during the year was:-				63
2001 Euro		Breakdown of Remuneration:		2001 IR£	2000 IR£	
1,233,029		Management/Administration		971,089	695,793	
65,849		Medical/Dental NCHD		51,860	-	
844,168		Medical/Dental Consultants		664,836	564,378	
102,333		Nursing		80,594	-	
684,733		Paramedical		539,271	412,553	
41,140		Support Services		32,400	-	
5,069		Pension & Refund		3,992	-	
2,976,319				2,344,042	1,672,724	
	4	Fixed Assets				
Total Euro		Leasehold Improvements IR£	Office Furniture & Equipment IR£	Medical Equipment (Incl Mobile Unit) IR£	Computer Equipment IR£	Total IR£
Cost						
6,464,271	At 1 January 2001	560,271	232,501	2,269,091	2,029,164	5,091,027
1,632,683	Additions					
	- From Capital Funds	337,935	78,426	334,710	534,771	1,285,842
		Temp Facility Merrion	55,974			
		Perm Facility Merrion	72,183			
		Perm Facility Eccles	11,803			
		Capel Street (HO)	197,975			
188,692	- From Revenue Funds	-	3,360	101,582	43,665	148,607
	Disposals	-	-	(24,200)	-	(24,200)
8,254,918	At 31 December 2001	898,206	314,287	2,681,183	2,607,600	6,501,276
	Depreciation					
1,473,678	At 1 January 2001	165,659	40,208	453,820	500,929	1,160,616
1,617,113	Charge for period	184,391	31,430	536,238	521,521	1,273,580
3,090,791	At 31 December 2001	350,050	71,638	990,058	1,022,450	2,434,196
	Net Book Value					
5,164,127	At 31 December 2001	548,156	242,649	1,691,125	1,585,150	4,067,080
4,990,593	At 31 December 2000	394,612	192,293	1,815,271	1,528,235	3,930,411

Notes to the Financial Statements

Year Ended 31 December 2001

	5 Debtors and Prepayments	2001	2000
Euro		IR£	IR£
543,448	- North Eastern Health Board Revenue Allocation *	428,000	1,704,000
897,225	- Department of Health & Children Capital Grants	706,622	200,175
582,703	- Hospital Debtors	458,916	120,188
87,062	- MDU Prepayments	94,656	116,406
82,654	- Sundry Debtors and Prepayments	65,095	5,246
2,226,218		1,753,289	2,112,889
	 * Debtor - North Eastern Health Board		
Euro		IR£	IR£
2,163,634	Revenue Allocation receivable from NEHB at 1 January 2001	1,704,000	1,176,883
6,790,559	Revenue Allocation Department of Health and Children provided to NEHB 2001 (DOHC via NEHB)	5,348,000	5,348,000
-	Difference in NBSB letters of determination 98&99 and Expenditure met by NEHB on behalf of NBSB	-	(20,883)
(8,410,745)	Expenditure met by NBSB drawn down from NEHB	(6,624,000)	(4,800,000)
543,448	Revenue Allocation receivable from NEHB at 31 December '01	428,000	1,704,000
	 6 Cash In Hand		
Euro		IR£	IR£
(181,514)	Current - Bank Account	(142,954)	(81,736)
2,439,591	Deposit Account	1,921,334	481,293
1,371	Petty Cash Account	1,080	2,067
2,259,449		1,779,460	401,624
	 7 Creditors and Accruals		
Euro		IR£	IR£
616,993	Trade Creditors	485,921	479,287
142,468	Pay Accruals	112,203	70,304
461,964	Other Accruals	363,826	616,136
1,221,425		961,950	1,165,727
	 8 Capitalisation Account		
Euro		IR£	IR£
4,990,593	Balance at 1 January 2000	3,930,411	2,360,743
	Additions to Fixed Assets		
188,692	met from Revenue Allocation	148,607	1,672,066
1,632,683	met from Capital Allocation	<u>1,285,842</u>	946,667
(30,728)	Disposal of Fixed Assets	(24,200)	-
(1,617,113)	Amortisation in line with Depreciation	(1,273,580)	(1,049,065)
5,164,127	Balance at 31 December 2000	4,067,080	3,930,411

Notes to the Financial Statements

Year Ended 31 December 2001

9 Expenditure			
2001	Revenue	2001	2000
Euro		Total	Total
		IR£	IR£
2,976,319	Staff Costs	2,344,042	1,672,724
111,318	Travel & Subsistence	87,670	88,345
204,703	Recruitment and Training	161,217	228,583
3,292,341		2,592,929	1,989,652
Administration			
43,543	Accountancy fee	34,293	29,931
245,070	Advertising and Promotion	193,009	323,136
8,888	Audit fee	7,000	4,000
302	Bank Charges and Interest	238	753
2,873	Bedding and Clothing	2,263	3,582
12,983	Catering	10,225	7,767
36,874	Cleaning/Washing and waste	29,041	26,396
7,208	Computer Expenses	5,677	3,442
136,478	Drugs and Medicines	107,485	185,000
176,742	Insurance	139,196	123,118
-	Laboratory	-	90,854
18,641	Legal Fees	14,681	15,148
10,802	Light and Heat	8,507	8,540
8,713	Medical & Surgical Supplies	6,862	33,969
34,454	Office Supplies	27,135	41,494
196,941	Postage, Printing & Stationery	155,104	136,322
426,475	Professional Fees	182,836	42,206
335,876	Rent/Rates/Service charges	26,240	302,234
33,240	Repairs and Maintenance	238,029	36,710
18,543	Sundry Office Expenses	14,604	26,948
71,244	Telephone	56,109	53,659
35,776	Transport and Courier	28,176	20,377
134,254	X-Ray/Imaging	105,733	57,941
1,971,247		1,552,483	1,438,163
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			
	Authorised and contracted for: Temporary Facility at the Merrion Unit.	2002	-
	: Permanent Facility at the Merrion Unit.	2002	-
12 Approval of Financial Statements			
The financial statements were approved by the Board on 11 March 2003.			