

ANNUAL REPORT

2004

2005

NBSP Women's Charter

Screening Commitment

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

We Aim

- ★ To give you at least seven days notice of your appointment
- ★ To send you information about screening before your appointment
- ★ To see you as closely as possible to your appointment time

★ To keep you informed about any unavoidable delays which occasionally occur

★ To provide pleasant, comfortable surroundings during screening

★ To ensure that we send results of your mammogram to you within three weeks

If Recall is Required

We Aim

★ To ensure that women will be offered an appointment for an Assessment Clinic within two weeks of being notified of an abnormal result

★ To ensure that you will be seen by a Consultant doctor who specialises in breast care

★ To provide support from a Breast Care Nurse

★ To ensure you get your results from the Assessment Clinic within one week

★ To keep you informed of any delays regarding your results

If Breast Cancer is Diagnosed

We Aim

★ To tell you sensitively and with honesty

★ To fully explain the treatment available to you

★ To encourage you to share in decision-making about your treatment

★ To include your partner, friend or relative in any discussions if you wish

★ To give you the right to refuse treatment, obtain a second opinion or choose alternative treatment, without prejudice to your beliefs or chosen treatment

★ To arrange for you to be admitted for treatment by specialised trained staff within three weeks of diagnosis

★ To provide support from a Breast Care Nurse before and during treatment

★ To provide you with information about local and national cancer support services and self-help groups

Tell Us What You Think

Your views are important to us in monitoring the effectiveness of our services and in identifying areas where we can improve.

You have a right to make your opinion known about the care you have received.

If you feel we have not met the standards of the Women's Charter, let us know by telling the people providing your care or in writing to the Programme.

We would also like to hear from you if you feel you have received a good service. It helps us to know that we are providing the right kind of service - one that satisfies you.

If you have any suggestions on how our services can be improved, we would be pleased to see whether we can adopt them to further improve the way we care for you.

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I would like to welcome you to the 2004/2005 Annual Report of BreastCheck, the National Breast Screening Programme. The report includes the programme performance data for women invited in 2004 and other programme developments up to the time of publication in November 2005.

Chairperson's Statement

- 2004 was a year of continued progress for BreastCheck as detailed in the Director's Report and the Programme Statistics. The Board was very happy that women in Wexford were invited for screening for the first time.
- 2005 has seen the Board's plans for the expansion of screening to the South and West of the country becoming a reality. The expansion is of vital importance and following approval from the Tánaiste and Minister for Health and Children Mary Harney TD in May 2005, a design team has been appointed and designs have been developed. The process of appointing key staff has now also begun. We look forward to commencing screening in the South and West in 2007.

Since publication of our last Annual Report, the National Breast Screening Board has been re-established as part of the health service reform programme. The Board was not subsumed into the Health Service Executive (HSE). A new statutory instrument led to the appointment of a new Board with effect from 1st January 2005.

I thank all members of the first Board of BreastCheck for their contribution to the programme. They have played a key role in guiding the programme through its early stages of development.

The new Board is a mixture of former and new members. I am delighted to have been asked to continue in my role as Chairperson. I am confident that the high level of expertise on the new Breast Screening Board will guide the programme safely in its national expansion.

The programme has been well supported both by the former Minister for Health and Children, Micheál Martin TD and by the Tánaiste and Minister for Health and Children, Mary Harney TD, who has expressed her strong commitment to BreastCheck becoming operational as a fully national service in 2007.

I offer a warm thanks to the staff of BreastCheck under the leadership of the Director, Tony O'Brien. They show great pride in belonging to an organisation that continues to be a model of excellence within the health service.

I would also like to thank the many supporters of BreastCheck in primary healthcare, community organisations and the media who play a vital role in supporting the uptake of screening, but lastly and most importantly, the women who avail of the screening programme.

Dr. Sheelah Ryan,



Chairperson, National Breast Screening Board.

Ba mhaith liom fáilte a fhearadh romhat chuig Tuarascáil Bhliantúil 2004/2005 BreastCheck, an Clár Náisiúnta Cíoch-Scrúdaithe. Cuimsíonn an tuarascáil sonraí d'fheidhmíocht an chláir don bhliain 2004 agus forbairtí eile an chláir suas go ham an fhoilsithe i mí na Samhna 2005.

- Bliain ab ea 2004 inar lean BreastCheck dá dhul chun cinn, mar a shonraítear i dTuarascáil an Stiúrthóra agus i Staitisticí an Chláir. Ba mhór an sásamh don Bhord é gur tugadh cuireadh chun scagthástála cíoch do mhná i Loch Garman don chéad uair.
- Sa bhliain 2005 tháinig pleananna an Bhoird faoi fhorleathnú na scagthástála ó dheas agus siar ar an saol le ceart. Is fíorthábhachtach é an forleathnú seo agus, de bhun an cheada ón Tánaiste agus Aire Sláinte agus Leanaí, Mary Harney TD, i mí na Bealtaine 2005, táthar tar éis foireann dearaidh a cheapadh agus dearáí a shaothrú; táthar anois tar éis tús a chur le próiseas cheapadh na foirne croíláir chomh maith. Táimid ag súil le cromadh ar an scagthástáil cíoch sa bhliain 2007.

Ó fhoilsíodh ár dTuarascáil Bhliantúil dheireanach athbhunaíodh an Bord Náisiúnta Cíoch-Scrúdaithe mar chuid den chlár um athchóiriú na seirbhíse sláinte. Níor cuireadh an Bord isteach i bhFeidhmeannacht na Seirbhíse Sláinte (FSS). Thug ionstraim reachtúil nua údarás chun Bord nua a cheapadh le héifeacht ó 1 Eanáir 2005.

Gabhaim buíochas leis na baill go léir den chéad Bhord ar BreastCheck as a gcion d'obair an chláir a rinne siad. Bhí feidhm shuntasach acu i dtaca leis an gclár a threorú trí na céimeanna tosaigh dá fhorbairt.

Is meascán d'iarbhaill agus de bhaill nua é an Bord nua. Tá áthas orm gur iarradh orm leanúint ar aghaidh mar Chathaoirleach. Tá muinín agam as leibhéal ard an tsaineolais ar an mBord Cíoch-Scrúdaithe nua agus táim cinnte go dtreorfaidh sé seo forleathnú náisiúnta an chláir go socair suaimhneach.

The members of the National Breast Screening Board, as re-established in January 2005.

Members L-R include:

Dr. Sheelah Ryan (Chairperson),
Seán Hurley, Dr. Ailís Ní Riain,
Dr. Tony Holohan, Edel Moloney,
Professor Niall O'Higgins, Professor
Peter Dervan and
Olivia O'Leary (Not present,
Pat McLoughlin).



Tá an clár tar éis tacaíocht mhaith a fháil ón iar Aire Sláinte agus Leanaí, Micheál Martin TD, agus ón Tánaiste agus Aire Sláinte agus Leanaí, Mary Harney TD, a nocht a tiomantas láidir do BreastCheck a bheith ag feidhmiú mar sheirbhís lán-náisiúnta sa bhliain 2007.

Gabhaim buíochas ó chroí le foireann BreastCheck faoi cheannaireacht an Stiúrthóra, Tony O'Brien. Is mór an bród atá orthu as bheith bainteach le heagraíocht a leanann de bheith mar shamhail fheabhais laistigh den tseirbhís sláinte.

Ba mhaith liom freisin mo bhuíochas a ghabháil leo siúd is cúl taca le BreastCheck sa phríomhchúram sláinte, sna heagraíochtaí pobail agus sna meáin chumarsáide a bhfuil feidhm ríthábhachtach acu ó thaobh tacú leis an méid úsáide a bhaintear as an scagthástáil cíoch, agus níos tábhachtaí fós, leis na mná a bhaineann sochar as an gclár scagthástála.

Dr. Sighle Ní Riain,

Cathaoirleach, An Bord Náisiúnta Cíoch-Scrúdaithe.

A middle-aged man with short, graying hair and glasses is smiling. He is wearing a dark navy blue suit jacket, a white dress shirt, and a patterned tie with purple, green, and yellow geometric shapes. He is standing outdoors in front of a light-colored building with architectural details like columns and windows. The background is slightly blurred.

Programme Statistics for 2004 show that BreastCheck's performance, measured against the standards set in our Women's Charter, was the best annual performance so far. In May 2005 the process of expanding BreastCheck's area of operation nationwide finally got underway.

Director's Report

- This Annual Report covers Clinical and Women's Charter performance data for women invited to screening in 2004, together with information about programme developments up to publication in November 2005.

OVERALL PERFORMANCE

During 2004 BreastCheck maintained a high volume of screening activity with 68,046 women invited for screening and 50,540 women attending. An increased proportion of women attending for screening were being invited for subsequent screening (as opposed to initial screening) which resulted, as expected, in a lower number of cancers detected. 309 cancers were diagnosed resulting in a cancer detection rate of 6.1 cancers per 1,000 women screened, as compared to 7.2 in 2003.

The overall uptake rate for 2004 of 73.1% continues to exceed the target of 70%. While the overall rate was marginally lower than in 2003, this results from a much higher number of Previous Non- Attenders (PNAs) being invited for screening in 2004 (9,225) as compared to 2003 (4,834) – and this group is the least likely to attend screening. It remains very important that our communications and health promotion efforts continue to target this group in information campaigns.

The uptake rate among the other categories of invitees remained impressive. The uptake rate for eligible initial women (women invited to BreastCheck for the first time) increased from 74.5% in 2003 to 78% in 2004. The uptake rate for eligible subsequent women remained high at 89.8%, as compared to 91.1% in 2003.

A full and detailed analysis of the programme's screening performance is provided on pages 16 to 27 of this Report.

Overall 2004 was characterised chiefly by:

- BreastCheck's best performance against Women's Charter parameters.
- A solid performance measured against clinical quality assurance performance parameters.
- Extension of the service to Wexford (this was followed by Carlow in 2005, with Kilkenny to follow in 2006).
- Submission of a detailed Capital Project Brief for the National Expansion to the Department of Health and Children (December 2004).



In my 2003 Report I highlighted two key areas for improvement and I now wish to provide an update on progress:

In 2003 we had fallen short of our objective of offering hospital admission within three weeks in 90% of cases. This had been achieved in only 85.6% of cases as compared with 89.5% in 2002. This area of performance is not entirely within our control and with the assistance of our host hospitals a significant improvement has been made.

- In 2004 in 91.2% of cases hospital admission was offered within three weeks, exceeding the target for the first time since the programme began. We are conscious of the pressures faced by acute hospitals and of the need to maintain vigilance in respect of this standard.

In 2003 we also experienced a significant problem with screening intervals. Our aim is to offer subsequent screening within 21–27 months of invitation in a previous round. In 2003 we achieved this in only 60% of cases. The 90% target was not achieved until 31 months had elapsed. This is a major problem which risks undermining the potential benefits of BreastCheck and correcting it is therefore a major priority. Ultimately the only sustainable solution is an increase in the number of radiographers which BreastCheck is permitted to employ. We are in discussions with the Department of Health and Children in this regard and have requested an increase in the ratio of radiographers from 1.5 per 10,000 eligible women to 2.25 per 10,000. In the meantime we have prioritised a reduction in screening interval above other considerations.

- In 2004 a 21–27 month screening interval was achieved in 82.4% of cases. This is a major achievement, but is still short of what is required. This improvement has been achieved by prioritising subsequent screening and reducing the emphasis on initial screening. First round screening in Carlow was deferred from 2004 to 2005 with a consequential deferral of first screening in Kilkenny, which might otherwise have been possible in 2005. In this context the required increase in radiographic staffing is now a critical issue. This situation cannot be allowed to continue if BreastCheck is to meet its objectives.

Quality Assurance:
Dr. Susan Pender, Consultant Radiologist, the new Chairperson of the BreastCheck Quality Assurance Committee.



GOVERNANCE

As outlined in The Chairperson's Statement, The Tánaiste and Minister for Health and Children, Mary Harney TD, has provided BreastCheck with new arrangements for governance and a new Board. In completing this exercise a high degree of continuity and focus has been ensured for the programme during its critical national expansion phase. Six members of the new Board were also members of the former Board and Dr. Sheelah Ryan has been re-appointed as Chairperson. This emphasis on continuity is a very welcome and important development, which helps in ensuring the continuation of the BreastCheck culture and ethos, which underpin all that is reported here.

QUALITY ASSURANCE

In 2004 BreastCheck commissioned *NHS Quality Improvement Scotland (QIS)* to conduct an independent external audit of our service. This audit was carried out in 2005 and I am grateful to NHS QIS for the work they carried out.

The audit found that BreastCheck was reaching all critical standards. A summary of the findings is included in this report from pages 28-35. Our primary treatment model, which integrates surgical assessment, planning and primary treatment into our service, is regarded as a particular strength. The evaluation team identified a shortage of radiographic resources as a key impediment to delivering and sustaining a two-year screening interval.

For the past three years Dr. Fidelma Flanagan, the Clinical Director of the Eccles Screening Unit, has chaired our internal Quality Assurance Committee and she has now retired from this role on rotation, having done an excellent job. I thank her for her important contribution. Dr. Susan Pender will now chair the Committee for the next three years and I wish her well in this key role.



Communications:

BreastCheck's For the life you love communications campaign including TV, radio and outdoor advertising.



Website:

Screen grab of the home page of the redesigned BreastCheck website.

COMMUNICATIONS

Public Information

During 2005 a new BreastCheck advertising campaign was launched. We decided to refresh our media communications in order:

- To tackle a decline in uptake of the programme by Previous Non-Attenders and by Initial Women (younger women who are turning 50) in urban areas.
- To apply lessons from the research reported in our 2003 Annual Report *Evaluating Women's Awareness, Understanding and Experience of BreastCheck*.

A key lesson from the research was that one of the strongest potential motivators to change the behaviour of non-attenders would be encouragement from families and loved ones. For this reason our new imagery features a youthful looking 50+ year old, pictured with her husband, daughter and grandchild. This is a warm family image with the slogan giving emphasis to our campaign message: *BreastCheck. For the life you love.*

A further key development in this campaign was our first ever use of TV as an advertising medium. All available evidence supports the view that TV provides the best approach to encourage attendance rates among certain groups. Early indications suggest that this campaign is having a positive impact on screening attendance and this will be monitored closely.

I wish to acknowledge the important contribution of Ronan Cavanagh who left his position as Communications Manager in October 2005 to take up a new role in the voluntary sector. We wish him well.

Website

In August 2005, BreastCheck, launched a new website. Features of the site include:

- Improved design and navigation.
- A timeline giving details to the public of progress on the national expansion project.
- A permanent recruitment feature for radiographers.
- More general information on breast cancer.
- More downloadable documents.
- More links.

*Digital Mammography:
Reading digital mammograms
on a PACS system.*



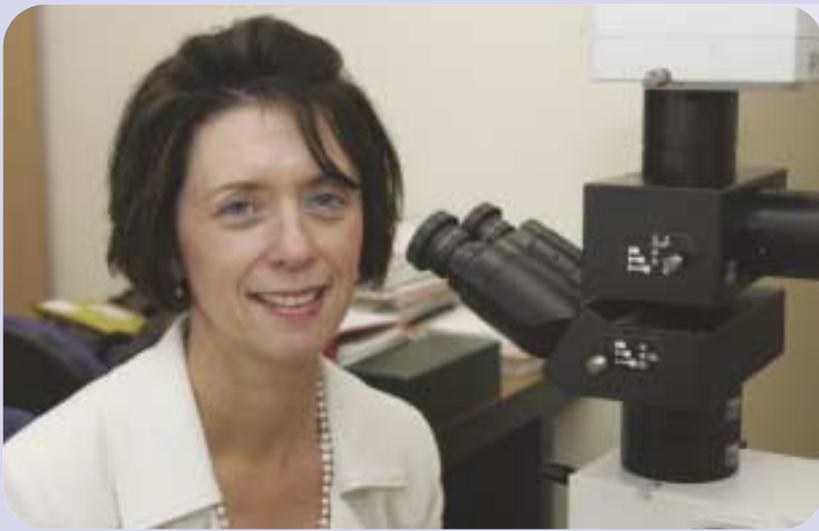
PACS & DIGITAL MAMMOGRAPHY PROJECT

Digital imaging technology for mammography is at an advanced stage of development and has been implemented in a large number of centres throughout the US and Europe. This technology allows mammograms to be acquired directly in digital form without a requirement for film and film processing as in conventional mammography. PACS (picture archiving and communications system) refers to the part of the system responsible for managing and storing the clinical image data and for presenting the images to the radiologists for reporting.

From the point of view of our programme, particularly in respect of mobile service provision, the use of digital imaging technology offers a number of significant advantages such as improved imaging quality and consistency, increased imaging efficiency, potentially lower radiation dose and greater flexibility in the deployment of mobile screening units

In light of these potential benefits and with the National Expansion of the programme in mind, BreastCheck has been evaluating the use of this technology in the screening setting. I established a project group in 2004, led by Chief Physicist Niall Phelan, to specify and procure digital imaging and PACS equipment for this evaluation.

This equipment is now in use and by the beginning of 2006, we expect to have a well-developed view of the utility and quality of this new imaging technology as it applies to breast screening. An enormous amount of learning has already been achieved. This will enable us to be in a position to make informed decisions concerning the procurement of imaging equipment for our new units in Cork and Galway and their associated mobiles.



*Medical Advisory Group:
Dr. Cecily Quinn, Consultant
Histopathologist, Chairperson
of the newly established
Medical Advisory Group.*

MEDICAL ADVISORY GROUP

In early 2005 a new Medical Advisory Group was established. The remit of the group is:

- a) Consideration of all medical policy issues related to the delivery of clinical care in the National Breast Screening Programme.
- b) Formulation of advice to the Programme Director, Executive Management Team, and Board of the programme.
- c) Assisting and advising the Director of the programme in programme management and development issues which have clinical implications, and on any other matter referred by the Director.

Consultants in Radiology, Pathology and Surgery employed by the programme are represented on the group, which is chaired by Dr. Cecily Quinn, Consultant Histopathologist, Merrion Unit.

PER CENT FOR ART SCHEME

During 2004 the Government's 'Per Cent for Art Scheme', under which a percentage of building costs is put towards developing an arts presence at publicly funded buildings, was implemented at BreastCheck's Merrion Unit. There was a budget of €38,100 that has been used to equip the building with works intended to enhance the experience of women who use it. This is an important scheme that enables new public spaces to provide enhanced comfort and amenity to those using them.

NATIONAL EXPANSION

In August 2005 BreastCheck signed and sealed contracts with members of the Design Team selected for the capital project. This completed Stage One of the project on schedule and represented the first significant milestone for the project since the Tánaiste and Minister for Health and Children, Mary Harney TD, gave her approval to proceed to tender for a Design Team in May 2005.

The Design Team will be responsible for designing the new BreastCheck facilities at the South Infirmary Victoria University Hospital in Cork and University College Hospital, Galway. The scope of the project also includes a new symptomatic breast facility in Galway. The hard work and active support of our colleagues in the Cancer Policy Unit and the Hospital Planning Office of the Department of Health and Children is key to the successful completion of this project and I wish to acknowledge their important contribution to date.

*Per Cent for Art:
Paintings commissioned under
the Government's Per Cent for
Art Scheme at the BreastCheck
Merriion Unit.*



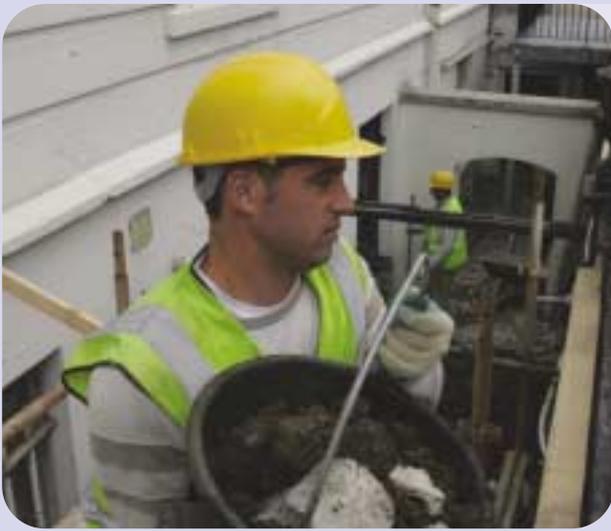
It is of course now vitally important that all parties remain focused on continuing to keep this project on, or ahead of, schedule.

The Design Team members are:

- ARCHITECTURE: Cullen Payne Architects, Dublin.
- CIVIL AND STRUCTURAL: Malachy Walsh & Partners, Cork.
- MECHANICAL AND ELECTRICAL: JV Tierney & Co., Dublin.
- QUANTITY SURVEYING: Davis Langdon PKS, Galway.

The next major milestone to be reached is the submission of applications for planning permission. If there are no planning delays it is hoped that planning permission will be received in the early part of 2006. The project would then enter its construction stage, with a tendering and procurement process followed by the physical construction of the buildings.

In parallel the process of appointing staff teams for Cork and Galway has begun and will be ongoing until screening commences. It is vital that these two key elements proceed side by side to enable the earliest possible commencement of screening.



*Radiography Training Centre:
Construction underway on the
National Radiographic Training
Centre in Breast Imaging.*

NATIONAL RADIOGRAPHIC TRAINING CENTRE IN BREAST IMAGING

Work on our new training centre will be completed by the end of 2005 and training activities will get underway in 2006. While the centre will seek to support mammography in both screening and symptomatic services, this centre will be vital to our efforts to recruit and train the large team of radiographers required for the national expansion and to improve radiography ratios in the phase one area.

PROGRAMME POSITION STATEMENTS

Screening Interval

I have outlined the key challenge that we face in achieving and sustaining a 21–27 month screening round interval. The priority we attach to this is based on evidence of the detrimental effect of allowing this interval to slip. BreastCheck has published a review of the evidence and this is available on our website.

Age Range

The age range for screening is a topic of wide debate. In this context we have published a review of the available evidence. While there is evidence that screening women aged 65–69 is of value, it is essential that the roll out of the national programme precedes any investment in screening for older ages, as early detection of breast cancer in the 50–64 years age group has much greater potential for improvements in years of potential life lost. Equity demands that all women aged 50–64 have access to breast screening as a priority.

These Position Statements can be viewed at www.breastcheck.ie.



CONCLUSION

I am very pleased that women in Wexford became included in the programme in 2004, followed by women in Carlow in 2005. I look forward to invitations being offered to women in Kilkenny in the near future.

I take this opportunity to say that I personally will leave no stone unturned in the effort to bring BreastCheck to women in the South and West of the country as soon as possible. At present we remain on target for a 2007 opening. At all times details of progress in this project will be available on the 'National Expansion Timeline' published on our website.

I would like to sincerely thank the Clinical Directors, Dr. Fidelma Flanagan and Dr. Ann O'Doherty, and all of my colleagues in BreastCheck, both clinical and administrative, across all disciplines for their continued commitment to delivering a world-class service.

Tony O'Brien

A handwritten signature in black ink that reads "Tony O'Brien". The signature is written in a cursive style with a horizontal line above the first name and a horizontal line below the last name.

Director, November 2005.



The figures reported relate to those women contacted by BreastCheck between 1st January and 31st December 2004. Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (3rd Edition).

TABLE 1: SCREENING ACTIVITY OVERALL

2004 saw sustained screening activity, with over 68,000 invited for screening and 50,540 attending. An increasing proportion of women attending are returning for a subsequent screening appointment, and so the expected number of cancers is lower in the screened population. The acceptance rates for the programme are in excess of the target of 70%. The standardised detection ratio, a measure of overall programme performance, remains well in excess of the standard of 0.75.



PERFORMANCE PARAMETER	2004
Number of women who deconsented following receipt of consent form	984
Number of women invited	68,046
Number of eligible women invited	65,552
Number of women attending for screening	50,540
Eligible women acceptance rate (includes deconsented women)*	77.1%
Known target population acceptance rate	73.1%
Number of women recalled for assessment	1,687
Number of open benign biopsies	57
Number of cancers detected	309
Cancers detected per 1,000 women screened	6.1
Number of in situ cancers	52
Number of invasive cancers <15mm	125
Standardised Detection Ratio	1.05

* DETAILS OF THE INELIGIBLE CATEGORIES

Excluded - in follow up care for breast cancer, An Post not contactable, physically/mentally incapacitated or terminally ill.

Suspended - Extended vacation / working abroad, previous mammogram < 1 year, wishes to wait until next round, or unwilling to reschedule.

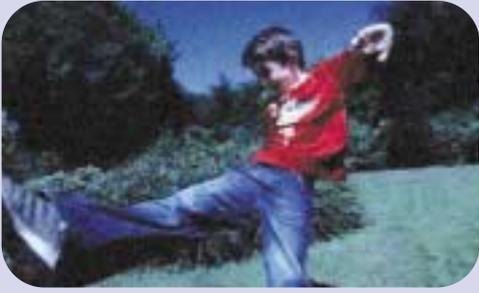


TABLE 2: SCREENING ACTIVITY BY TYPE OF SCREEN

A greater proportion of women invited and screened were returning for a subsequent screening with BreastCheck; again we see that the acceptance of invitation for such screening remains high. The acceptance rate among first invited women is lower, just marginally short of the target of 70%. Previous non-attenders are those women who failed to respond to an invitation to screening in a previous round; these women continue to receive invitations to screening and a much smaller proportion take up this further invitation. The acceptance rate for previous non-attenders of 29% is similar to that observed in other screening programmes.

PERFORMANCE PARAMETER	First Invited Population	Previous non-attenders	Subsequent Population
	2004	2004	2004
Number of women who deconsented	122	N/A	862*
Number of women invited	25,770	9,225	33,051
Number of eligible women invited	23,166	9,225	33,161
Number of women screened	18,069	2,676	29,795
Eligible women acceptance rate (including deconsents)	78.0%	29.0%	89.8%
Known target population acceptance rate	69.8%	29.0%	87.9%

*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

Again in 2004 we saw highest acceptance rates in the younger age group, a pattern seen in other programmes.

PERFORMANCE PARAMETER	Age Group		
	50-54	55-59	60-64
Number of women who deconsented	44	36	27
Number of women invited	15,834	5,344	4,092
Number of eligible women invited	14,833	4,508	3,422
Number of women screened	11,808	3,449	2,514
Eligible women acceptance rate (including deconsents)	79.6%	76.5%	73.5%
Known target population acceptance rate	74.4%	64.1%	61.0%

Table 3(ii) Previous Non-Attenders

Among previous non-attenders the highest acceptance rates are again seen in the lowest age group, but the numbers are relatively small throughout.

PERFORMANCE PARAMETER	Age Group		
	50-54	55-59	60-64
Number of previous non-attenders invited	1,397	4,164	3,499
Number of women screened	570	1,200	832
Known target population acceptance rate	40.8%	28.8%	23.8%



Table 3(iii) Subsequent Invite

Acceptance rates are similar and high in each of the three age groups among women who are returning for a subsequent screen.

PERFORMANCE PARAMETER	Age Group		
	50-54	55-59	60-64
Number of women who deconsented in previous round*	181	315	365
Number of ineligible women**	178	372	328
Number of eligible women invited	7,474	14,386	10,904
Number of women screened	6,697	13,054	9,762
Eligible women acceptance rate (including deconsents)	89.6%	90.7%	89.5%
Known target population acceptance rate	87.5%	88.5%	86.9%

* 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



TABLE 4: SCREENING QUALITY: FIRST SCREEN

Table 4 gives the main screening quality parameters measured among women attending for screening for the first time. The percentage of women with small cancers (less than 15mm) is just short of the target of 40%. All other standards are met or exceeded. A greater proportion of women attending for screening are in the youngest age group, with a correspondingly lower overall expected cancer rate. This year we include invasive cancer detection rates for women in the 50-51 and 52-64 age ranges. The standards for these rate have been calculated in accordance with international best practice.

PERFORMANCE PARAMETER	2004	Standard
Number of women screened for first time	20,745	
Number of women recalled for assessment	1,025	
Recall rate	4.9%	<7%
Number of benign open biopsies	35	
Benign open biopsy rate per 1,000 women screened	1.7	<3.6
Number of women diagnosed with cancer	154	
Cancer detection rate per 1,000 women screened	7.4	
Number of women with in situ cancer (DCIS)	28	
Pure DCIS detection rate per 1,000 women screened	1.4	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	18.2%	10-20%
Number of women diagnosed with invasive cancer	126	
Invasive cancer detection rate per 1,000 women screened	6.1	
Invasive cancer detection rate per 1,000 women aged 50-51 screened	4.7	>2.9
Invasive cancer detection rate per 1,000 women aged 52-64 screened	6.5	>5.2
Number of women with invasive cancers <15 mm	47	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	37.3%	≥40%
Standardised Detection Ratio	0.96	0.75



TABLE 5: SCREENING QUALITY: SUBSEQUENT SCREEN

Among women returning for subsequent screening, recall rates and benign open biopsy rates remain low, and well within the standards. As in previous years invasive cancers made up a large proportion of all detected cancers and the invasive cancer detection rate exceeds the standard. Almost two-thirds of invasive cancers detected are very small, less than 15mm; this rate is similar to previous years. The standardised detection ratio remains high and well in excess of the standard.

PERFORMANCE PARAMETER	2004	Standard
Number of women screened for subsequent time	29,795	
Number of women recalled for assessment	662	
Recall rate	2.2%	<5%
Number of benign open biopsies	22	
Benign open biopsy rate per 1,000 women screened	0.7	<2
Number of women diagnosed with cancer	155	
Cancer detection rate per 1,000 women screened	5.2	
Number of women with in situ cancer (DCIS)	24	
Pure DCIS detection rate per 1,000 women screened	0.8	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	15.5%	10-20%
Number of women diagnosed with invasive cancer	131	
Invasive cancer detection rate per 1,000 women screened	4.4	>2.4
Number of women with invasive cancers <15mm	78	
Number of women with invasive cancers <15mm as % of all women with invasive cancers	59.5%	≥40%
Standardised detection ratio	1.16	0.75



TABLE 6: SCREENING OUTCOME: FIRST SCREEN BY AGE GROUP

For women screened for the first time the numbers recalled for further assessment are well within the standard of <7% in all age groups. The benign open surgical biopsy rate remains very low in all age groups. Due to the fact that BreastCheck was returning for a subsequent screening round in most locations a much greater proportion of our first screened women are in the youngest age group of 50-54. In this age group we do not expect to find as many cancers, since cancer risk rises sharply with age. Some new women continue to enter the programme at older ages, either due to residence in a new screening area e.g. South Eastern Health Board area, or because they move into an active screening area and become known to the Programme.

PERFORMANCE PARAMETER	Age Group		
	50-54	55-59	60-64
Number of women screened	12,378	4,649	3,346
Percentage of women recalled for assessment	5.2%	4.7%	4.4%
Benign open biopsy rate per per 1,000 women screened	2.0	1.7	0.6
Overall cancer detection rate per 1,000 women screened	5.3	9.7	10.5



TABLE 7: SCREENING OUTCOME: SUBSEQUENT SCREEN BY AGE GROUP

In women returning for a subsequent screening the recall rates are very low in all age groups and, as in previous years, well within the standard of <5%. Very small numbers of women in each age group underwent benign open surgical biopsy. As expected the cancer detection rate rises with age.

PERFORMANCE PARAMETER	Age Group		
	50-54	55-59	60-64
Number of women screened	6,697	13,054	9,762
Percentage of women recalled for assessment	2.1%	2.3%	2.1%
Benign open biopsy rate per 1,000 women screened	0.6	0.8	0.6
Overall cancer detection rate per 1,000 women screened	3.9	4.6	6.8

TABLE 8: CANCERS WITH NON-OPERATIVE DIAGNOSIS

The number of women diagnosed without the need for an open surgical procedure continues to rise each year. The use of core biopsy and fine needle aspiration techniques means that women can know their diagnosis and make informed decisions regarding treatment options prior to any surgical intervention.

PERFORMANCE PARAMETER	Initial screening	Subsequent screening	Overall	Standard
Percentage of women with non-operative diagnosis of cancer	92.9%	97.4%	95.1%	≥70%



TABLE 9: OUTCOME OF FIRST SCREENS BY REGION

2004 saw the start of screening in the South Eastern Health Board area, with a great response in terms of uptake of first screening invitations. The acceptance rates were somewhat lower among women resident in the Eastern Regional Health Authority area and the North Eastern Health Board area.

Region of residence	Number of women screened	Acceptance rate		Number of cancers detected	Number of cancers detected per 1,000 women screened
		Eligible invited population	Known target population		
Eastern Regional Health Authority	10,476	59.1%	53.6%	77	7.4
Midland Health Board	203	74.4%	58.7%	0	0.0
North Eastern Health Board	3,696	53.7%	49.3%	35	9.5
South Eastern Health Board	6,366	86.1%	82.1%	42	6.6



TABLE 10: OUTCOME OF SUBSEQUENT SCREENS BY REGION

The majority of women invited for subsequent screening were resident in the former Eastern Regional Health Authority area and the North Eastern Health Board; uptake rates were high in both regions. The very small numbers of women invited from the Midland and South Eastern Health Board areas makes these rates less reliable.

Region of residence	Number of women screened	Acceptance rate		Number of cancers detected	Number of cancers detected per 1,000 women screened
		Eligible invited population	Known target population		
Eastern Regional Health Authority	21,784	90.4%	87.7%	106	4.9
Midland Health Board	205	83.0%	73.0%	2	9.8
North Eastern Health Board	7,785	91.3%	88.2%	47	6.0
South Eastern Health Board	17	53.1%	51.5%	0	0.0



TABLE 11: WOMEN'S CHARTER PARAMETERS

In 2004 BreastCheck's performance in relation to Women's Charter parameters was the best of all reported years to date. In particular the figure of 91.2% of women offered hospital admission for treatment represents a major increase and now exceeds the target for the first time. We see a much greater proportion of women receiving an invitation for repeat screening within the target of 21-27 months since previous screen. Although we fall short of the target, a further 4% of women were invited before 21 months, while 90% of women were invited within 28 months of the previous round.

PERFORMANCE PARAMETER	2004	Women's Charter Standard
% women who received 7 days notice of appointment	97.8%	≥90%
% women who were sent results of mammogram within 3 weeks	98.3%	≥90%
% women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result	99.4%	≥90%
% women given results from Assessment Clinic within 1 week	96.2%	≥90%
% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	91.2%	≥90%
% women re-invited for screening within 21-27 months of invitation at previous round	82.4%	≥90%

Summary of NHS Quality Improvement Scotland Report on BreastCheck



INTRODUCTION

In May 2005 I was fortunate to lead the review team from the Scottish NHS Quality Improvement Service (NHS QIS). The format of the review encompassed the principles of peer review of a service which has undergone an intensive self-assessment against agreed evidence-based standards.

Standards for the Breast Screening Service in Scotland were compiled in 2002 and were based on the established Pritchard Standards against which the UK Breast Screening Programme is judged. Additional standards were derived by a multi-disciplinary project board which included lay input.

The aim of these standards is to provide evidence that the service has recognised lines of accountability and responsibility, is staffed by individuals who are adequately trained not only at their induction into the service, but also maintain an appropriate programme of continuing professional education and that the equipment in use is fit for purpose. The public wish to be reassured that waiting times are acceptable and that clinical outcomes are being achieved.

This in-depth review took account of the Irish Breast Screening Programme's performance against the six UK standards, namely:

- **STANDARD 1:**
General - covering general matters relating to management, communication, audit and confidentiality.
- **STANDARDS 2 & 3:**
Call/Recall and the safeguarding of the screening process.
- **STANDARDS 4 & 5:**
Assessment process and surgical referral.
- **STANDARD 6:**
Cancer yield.
- **BREAST CANCER STANDARD 11:**
A subsection relating to surgical management of screen detected cancers.



From the outset the review teams were impressed by the commitment, enthusiasm and professional approach of all the staff involved in managing and providing breast screening services in whatever capacity. Clearly, due to national differences in some instances, the standards to which the UK Programme is operating are different from those in the Irish Programme. The public can be reassured that standards laid out in BreastCheck's Women's Charter are being met.

Of particular credit to the Irish Breast Screening Programme is the innovative approach to funding which has included the treatment of screen detected cancers which is of undoubted benefit to the women of Ireland. This practice is the envy of those whose funding peters out at the point of diagnosis.

The staff of the Irish Breast Screening Programme should take great credit for the quality of the service which they provide.

Dr Hilary M Dobson



THE REVIEW PROCESS





SUMMARY OF FINDINGS AGAINST THE STANDARDS

Standard 1: General

This standard covers general matters relating to management, communication, audit and confidentiality.

The NHS QIS Review Team commended the professionalism, commitment and enthusiasm observed from the quality of the self-assessment documentation submitted by BreastCheck prior to the review.

The review team found robust arrangements in place between central administration and the static and mobile units - and strong multidisciplinary working between the units and the host hospitals.

There are good arrangements in place for managing the service with clear lines of accountability. There are standards in place to monitor clinical and non-clinical activity, and audit is reviewed on an ongoing basis.

The service has an excellent communication strategy to promote the breast screening service to eligible women and also to ensure that the service works effectively with primary care teams to help them provide women with relevant information and support throughout the screening process.

The service has also commissioned independent research on women's awareness, understanding and experiences of BreastCheck.

While there is not a GP database, a comprehensive Population Register has been developed which the review team highlighted as one of many strengths of BreastCheck.

The review team commended the quality of the breast screening information provided for women. While there is not yet a requirement for this to be made available in other formats, the review team would encourage the service to make information available in a variety of languages when the demand arises.



Standard 2: *Call Recall*

This standard covers the arrangements in place to ensure that eligible women are invited for breast screening once every three years, and that those who require further investigation, or who do not attend are followed up. Monitoring of attendance rates and issuing of results are also included in this standard.

While the NHS Quality Improvement Scotland Standard is that women are invited for breast screening every three years, BreastCheck invites women to attend for screening every two years. The service audits every aspect of women's attendance for screening and there is a good system in place to identify women who do not attend for screening. The review team considered the service to have effective arrangements in place to ensure that all eligible women are invited for screening and considered the service to have excellent documentation to safeguard its procedures.

The main challenge the review team highlighted is the slippage rate, which appears to be due to a shortage of radiography resources at local level. The review team acknowledged that this is a particularly difficult challenge as it is caused by external circumstances which are outwith the programme's control and may take some time to rectify.

The second challenge highlighted is that at one of the Screening Units, the uptake rate for the percentage of invited women who attend for breast screening is less than 70%. The review team acknowledge the efforts made to encourage all eligible women to attend screening appointments.



Standard 3: The Screening Process

This standard covers the arrangements in place for communicating with women prior to, during and after the mammography process as well as radiographer training, equipment, radiation levels, film reading and technical recalls.

Women are given good standard information about breast screening as part of the invitation process. This is followed up by a verbal explanation by the radiographer on attendance for screening. There is a process in place to issue results to women in a standard format. The review team commended the service on its excellent performance on issuing result letters.

All radiography staff have undertaken accredited training and participate in performance audit in accordance with quality assurance. The review team highlighted the high standard of radiography practice, excellent team working and enthusiasm in embracing technical advances as a major strength.

There are robust arrangements in place for the quality assurance of equipment and radiation dosage is within recommended limits. All mammographic films are double read and the service has excellent technical recall and repeat rates.

Mammography training is delivered from outside the service. Plans are in place to establish service based mammography training.

The review team acknowledge that it is not a requirement for Consultant Radiologists in Ireland to participate in PERFORMS (Personal Performance in Mammographic Screening). However, a challenge for the service is to establish an equivalent system to support radiologists.



Standard 4: *The Assessment Process*

This standard assesses how many eligible women are called to assessment, how quickly they receive their appointment and the actual assessment process.

The review team commended BreastCheck on the level of its operating practice in this area. In particular, for meeting the essential and desirable criteria for the percentage of women attending for incident and prevalent screening who are recalled for assessment. Assessment is carried out by a specialist multidisciplinary team and there are clearly defined clinical protocols in place for this process.

More than 90% of women requiring surgery receive a confirmed diagnosis prior to surgery and over 95% of women undergoing assessment received results within five working days. The review group commended the excellent pathology reporting time and highlighted this level of working as good practice.

The review team also noted the good working practice demonstrated from the various professional groups of staff involved in the assessment process. Continuity of care provided by breast care nurses was highlighted as a strength as well as all 11 screening pathologists' participation in the NHS National Breast Screening Histopathology External Quality Assessment Scheme.

The only challenge the review team could identify in this area was to maintain this level of working when BreastCheck undergoes nationwide expansion.



Standard 5: Surgical Referral

This standard covers the working process in place for women who, on receiving their assessment results, are referred to the surgical team.

There is an efficient system in place for women who require surgery following their screening results and all women referred discuss their results with the surgical team within five working days. The review team noted the good practice of women seeing the surgeon early and the continuity of this surgical care.

BreastCheck meets the essential and desirable criteria for the rate of surgical benign biopsies for women undergoing prevalent and incident screening. The review team highlighted the good practice outlined in the programme protocol in relation to the use of biopsy techniques.

Standard 6: Cancer Yield

The purpose of this standard is to establish how early breast cancer is detected.

BreastCheck has high detection rates which were commended by the review team. The only challenge identified in this area is for the service to continue achieving these high detection rates.

Breast Cancer Standard 11: Surgical Management

In addition to the NHS Quality Improvement Scotland (NHS QIS) Standards for Breast Screening, NHS QIS has also developed standards for Breast Cancer. The review team was invited to assess the Service in respect of Standard 11 from these standards while conducting the review for breast screening. The purpose of this standard, in this context, is to assess surgical management for women with breast cancer referred from the screening programme.

There is a well-established system for the referral of women from the screening programme to surgery and this is reflected in each hospital's accomplishment of both the essential and desirable criteria. Women referred from the screening service have immediate access to surgical beds and are treated quickly. Most breast reconstruction is delayed and in view of this, the review team would encourage the practice of immediate reconstruction, where appropriate.



Financial Statements 2004

Composition of the Board and Other Information

The National Breast Screening Board was established under the National Breast Screening Board (Establishment) Order 1998 (as amended).

With effect from 1 January 2005, the Board was re-established under the National Breast Screening Board (Establishment) Order 2004.

MEMBERSHIP OF BOARD

In accordance with the provision of the National Breast Screening Board (Establishment) Order, 2004, a new board, comprising of the following members was appointed by the Minister for Health and Children for a period of 3 years from 1 January 2005 to 31 December 2007.

Dr. Sheelah Ryan (Chairperson)	Ms. Edel Moloney
Professor Peter Dervan	Dr. Ailís Ní Riain
Dr. Tony Holohan	Professor Niall O'Higgins
Mr. Sean Hurley	Ms. Olivia O'Leary
Mr. Pat McLoughlin	

OUT GOING BOARD MEMBERS AT 31 DECEMBER, 2004.

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

DIRECTOR/CHIEF OFFICER

Mr. Tony O'Brien

BANKERS

AIB Bank
Bank Centre
Ballsbridge
Dublin 4

SOLICITOR

Arthur Cox
Earlsfort Centre
Earlsfort Terrace
Dublin 2

AUDITOR

Comptroller and Auditor General
Dublin Castle
Dublin 2

HEAD OFFICE

89-94 Capel Street
Dublin 1

National Breast Screening Board

Statement of Board Members' Responsibilities

The Board is required by the National Breast Screening Board (Establishment) Order 2004 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:-

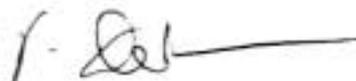
- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- Disclose and explain any material departures from applicable accounting standards;
- Prepare the financial statements on the going concern basis unless it is inappropriate 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

National Breast Screening 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.

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 being compiled.
- A budgeting system with an annual budget which is reviewed and agreed by the Board.
- Reviews by the Board of annual financial reports which indicate financial performance against forecasts.
- The use of reputable accounts and payroll packages with appropriate maintenance and backup procedures.
- The appropriate selection and training of staff involved in the finance function.
- The Board also initiated a review of procurement procedures in 2004.
- The Board have established an Audit Committee and an Audit Charter and have established an Internal Audit Service.

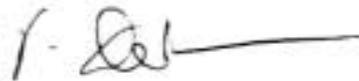
ANNUAL REVIEW OF CONTROLS

The Board has carried out a review of the effectiveness of the system of internal financial controls for the period ending 31 December 2004.

On behalf of the Board:



Chairperson



Member of the Board

National Breast Screening Board

Report of the Comptroller & Auditor General

I have audited the financial statements on pages 38 to 49 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 37. 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 the system of internal financial control on page 38 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 properly 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 2004 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, 10 September, 2005.

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 original order has been superseded by the National Breast Screening Board (Establishment) Order, 2004 with effect from 1 January, 2005.

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.

b) Income and Expenditure

- (i) The allocation from the Department of Health and Children is the amount for the year 2004 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.

(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.

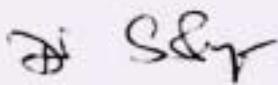
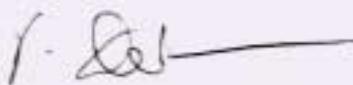
Revenue Income and Expenditure Account

Year Ended 31 December 2004

	Notes	Euro	2004 Euro	Euro	2003 Euro
Income					
North Eastern Health Board			8,356,000		9,065,091
Superannuation Contributions			311,393		266,265
Superannuation Purchases			18,415		43,764
Bank Interest Earned			53,708		55,069
Miscellaneous Income			1,482		5,697
Proceeds from Trade in of Fixed Assets			56,870		5,801
Transfer to Capitalisation Account	9		(2,467,180)		(788,045)
			6,330,688		8,653,642
Expenditure					
Pay Costs	3	5,420,346		4,683,458	
Non Pay Revenue Costs	4	3,762,988		3,269,261	
			9,183,334		7,952,719
Deficit for the year			(2,852,646)		700,923
Statement of movement in Accumulated Surplus					
Opening Balance 1 January			3,978,664		3,277,741
Deficit for the year			(2,852,646)		700,923
Accumulated Surplus at 31 December			1,126,018		3,978,664

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/(deficit) of income over expenditure.

On behalf of the Board:

Chairperson

Member of the Board

The accounting policies on pages 40 and 41, and the notes on pages 46 to 49 form part of the financial statements.

Capital Income and Expenditure Account

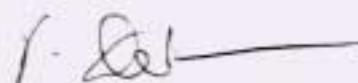
Year Ended 31 December 2004

	Euro	Euro	2004 Euro	Euro	Euro	2003 Euro
Income						
Department of Health & Children Capital Grants			407,291			303,429
ERHA Funding re Construction of Permanent Facility at Merrion National Cancer Research Donation re: Western Region mobile			228,467			3,526,539
Surplus carried forward			-			340,000
Fixed Assets: Sale proceeds/Insurance Claim			393,445			393,395
			1,128			50
			1,030,331			4,563,413
Expenditure						
- Permanent Facility Merrion	95,671			69,682		
- Furniture & Fittings	76,807			-		
- Equipment Purchases	67,830			88,077		
Facilities Development		240,308			157,759	
Information Technology		166,983	407,291		145,670	303,429
ERHA funding re construction of Permanent Facility at Merrion			228,467			3,526,539
Refund of Donation			-			340,000
			635,758			4,169,968
Surplus/(Deficit) on Capital Income & Expenditure			394,573			393,445

On behalf of the Board:



Chairperson



Member of the Board

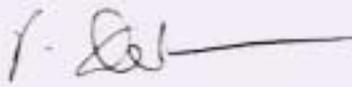
The accounting policies on pages 40 and 41, and the notes on pages 46 to 49 form part of the financial statements.

Balance Sheet

As at 31 December 2004

	Notes	2004 Euro	2003 Euro		
Fixed Assets	5	8,510,032	8,048,064		
Current Assets					
- Debtors and Prepayments	6	411,693	1,397,454		
- Cash in Hand	7	3,040,195	4,223,624		
		<u>3,451,888</u>	<u>5,621,078</u>		
Current Liabilities					
- Creditors and Accruals	8	1,931,297	1,248,969		
		<u>1,931,297</u>	<u>1,248,969</u>		
Net Current Assets		1,520,591	4,372,109		
Fixed Assets Plus Net Current Assets		<u>10,030,623</u>	<u>12,420,173</u>		
Financed By		Euro	Euro	Euro	Euro
Capitalisation Account	9	8,510,032		8,048,064	
Surplus on Revenue Income and Expenditure Account		1,126,018		3,978,664	
Surplus on Capital Income and Expenditure Account		<u>394,573</u>	<u>10,030,623</u>	<u>393,445</u>	<u>12,420,173</u>
		<u>10,030,623</u>		<u>12,420,173</u>	

On behalf of the Board:

Chairperson

Member of the Board

The accounting policies on pages 40 and 41, and the notes on pages 46 to 49 form part of the financial statements.

Cash Flow Statement

Year Ended 31 December 2004

Reconciliation of Operating Surplus to Net Cash Inflow From Operating Activities

	2004 Euro	2003 Euro
Operating (Deficit)/Surplus	(2,852,646)	700,923
Revenue funded Capital Expenditure	2,467,180	788,045
Interest received	(53,708)	(55,069)
Miscellaneous Income	(1,482)	(5,697)
(Increase)/Decrease in Debtors	985,761	(160,649)
(Decrease)/Increase in Creditors & Accruals	682,328	(373,826)
Net cashflow from Operating Activities	1,227,433	893,727

Cash Flow Statement for the year ended 31 December 2004

Cash Flow Statement

Net Cashflow From Operating Activities	1,227,433	893,727
Interest Received	53,708	55,069
Miscellaneous Income	1,482	5,697
Donations Received	-	340,000
Refund of Donation	-	(340,000)
Capital Expenditure (Note 1)	(3,101,810)	(4,617,963)
	(1,819,187)	(3,663,470)
Management of Liquid Resources		
Payments to Acquire Liquid Resources	908,654	131,356
	(910,533)	(3,532,114)
ERHA Funding re construction of Permanent Facility at Merrion	228,467	3,526,539
Capital Grant	407,291	303,429
Increase in Cash	(274,775)	297,854

Reconciliation of net cashflow to movement in cash

Increase in Cash in Period	(274,775)	297,854
Cash Used to Increase Liquid Resources	(908,654)	(131,356)
	(1,183,429)	166,498

Net Funds at 1 January	4,223,624	4,057,126
Net Funds at 31 December	3,040,195	4,223,624

Note 1 - Gross Cash Flows

Capital Expenditure

Proceeds from Sale of Fixed Assets	1,128	50
Construction Costs - EHRA Capital Funding for Merrion Unit drawn down by St. Vincent's University Hospital	(228,467)	(3,526,539)
Purchase of Fixed Assets	(2,874,471)	(1,091,474)
	(3,101,810)	(4,617,963)

Note 2 - Analysis of Changes in Net Cash

	At 1 Jan 2004 Euro	Cashflows Euro	At 31 Dec 2004 Euro
Cash in Hand and at Bank	309,959	(274,775)	35,184
Overdrafts	-	-	-
	309,959	(274,775)	35,184
Current Asset Investments	3,913,665	(908,654)	3,005,011
	4,223,624	(1,183,429)	3,040,195

Notes to the Financial Statements

Year Ended 31 December 2004

- 1 These financial statements cover the year ended 31st December 2004 and relate to transactions of the National Breast Screening Board only.
- 2 The Board's screening services operate from two locations - the Merrion Screening Unit at St.Vincent's University Hospital and the Eccles Screening Unit at the Mater Misericordiae University Hospital.

3 Particulars of Employees and Remuneration

	2004	2003
The average number of employees during the year was:-	109	95
The salary expenses listed are net after deduction of Consultant and NCHD Salary Recharges based on sessional commitments to other Health Agencies.		

Breakdown of Remuneration:

	2004 Euro	2003 Euro
Management/Administration	2,106,251	1,822,233
NCHDs	517,275	
Less amounts recharged to other Health Agencies	<u>(99,586)</u>	229,223
Consultants	1,888,373	
Less amounts recharged to other Health Agencies	<u>(825,102)</u>	1,028,114
Nursing	217,327	172,514
Paramedical	1,551,826	1,359,958
Support Services	51,189	49,895
Superann Refunds/Lump Sum Payments	8,003	16,912
Pensioners	4,790	4,609
	<u>5,420,346</u>	<u>4,683,458</u>

4 Non Pay Revenue Costs

	2004 Euro	2003 Euro
Drugs & Medicines	(234,252)	(88)
Medical & Surgical Supplies	3,259	11,548
Medical Equipment Purchases	-	2,809
Medical Equipment Supplies & Contracts	-	47,265
X-Ray/Imaging Costs	629,639	455,574
Laboratry Costs	(1,032)	-
Catering	21,525	19,990
Heat, Power & Light	38,495	86,997
Cleaning, Washing & Waste	65,603	29,693
Furniture, Hardware & Crockery	18,973	8,955
Bedding & Clothing	2,150	492
Maintenance Costs	43,648	207,133
Transport & Travel	362,401	345,611
Mobile Units Costs	139,397	29,287
Bank Charges/Interest Payments	8,007	467
Insurance	188,141	209,851
Audit	51,125	55,257
Legal Costs	13,556	16,264
Office Expenses	667,657	561,298
Computer	363,267	231,312
Professional Services	1,122,436	756,449
Training Costs	186,445	130,939
Miscellaneous Costs	72,548	62,158
	<u>3,762,988</u>	<u>3,269,261</u>

Notes to the Financial Statements

Year Ended 31 December 2004

5 Fixed Assets	Leasehold Improvements Buildings	Office Furniture & Equipment	Mobile Units Shell only	Medical Equipment	X-ray Equipment	Laboratory Equipment	Computer Equipment	Total
Cost								
At 1 January 2004	4,963,386	481,851	693,242	368,895	4,505,387	469,353	3,733,087	15,215,201
Additions								
- From Capital Funds	324,138	105,219	-	1,561	35,557	2,300	166,983	635,758
Perm Facility Merrion	324,138	-	-	-	-	-	-	324,138
- From Revenue Funds	-	86,529	156,789	-	1,865,318	127,948	230,596	2,467,180
Disposals	(704,614)	(8,273)	-	-	(73,392)	-	(261,645)	(1,047,924)
At 31 December 2004	4,582,910	665,326	850,031	370,456	6,332,870	599,601	3,869,021	17,270,215
Depreciation								
At 1 January 2004	933,482	154,037	437,125	224,831	2,522,536	242,212	2,652,914	7,167,137
Charge for the Year	132,687	66,533	170,006	74,089	1,266,869	119,919	762,135	2,592,238
Less Disposals	(704,613)	(4,573)	-	-	(30,642)	-	(259,364)	(999,192)
At 31 December 2004	361,556	215,997	607,131	298,920	3,758,763	362,131	3,155,685	8,760,183
Net Book Value								
At 31 December 2004	4,221,354	449,329	242,900	71,536	2,574,107	237,470	713,336	8,510,032
At 31 December 2003	4,029,904	327,814	256,117	144,064	1,982,851	227,141	1,080,173	8,048,064

Notes to the Financial Statements

Year Ended 31 December 2004

6 Debtors and Prepayments	2004	2003
	Euro	Euro
- North Eastern Health Board Revenue Allocation	-	838,091
- Department of Health & Children Capital Grants	20,446	18,026
- Eastern Regional Health Authority Capital Grant	-	88,077
- Hospital Debtors (Consultant Salaries)	222,036	170,885
- MDU Prepayments	-	155,409
- Sundry Debtors and Prepayments	169,211	126,966
	411,693	1,397,454
	Euro	Euro
Revenue Allocation receivable from NEHB at 1 January	838,091	697,559
Revenue Allocation Department of Health and Children provided to NEHB (DOHC via NEHB)	8,356,000	9,065,091
Expenditure met by NBSB drawn down from NEHB	(9,194,091)	(8,924,559)
Revenue Allocation receivable from NEHB at 31 December	-	838,091
7 Cash In Hand	Euro	Euro
Current - Bank Account	33,434	308,991
Deposit Account	3,005,011	3,913,665
Petty Cash Account	1,750	968
	3,040,195	4,223,624
8 Creditors and Accruals	Euro	Euro
Trade Creditors	1,663,877	465,858
Sundry Creditors	6,023	-
Pay Accruals	92,728	91,945
Other Accruals	168,669	691,166
	1,931,297	1,248,969
9 Capitalisation Account	Euro	Euro
Balance at 1 January 2004	8,048,064	5,699,760
Adjustment to Opening Balance		(5,884)
Additions to Fixed Assets		
- met from Revenue Allocation	2,467,180	788,045
- met from Capital Allocation	635,758	3,102,938
	11,151,002	3,829,968
Disposal of Fixed Assets	(1,047,924)	10,311,889
Amortisation in line with Depreciation	(1,593,046)	(90,840)
Balance at 31 December 2004	8,510,032	8,048,064

Notes to the Financial Statements

Year Ended 31 December 2004

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

11 Capital Commitments at 31 December 2004

	Euro
Authorised and contracted for: Merrion Permanent Facility - Design Team Fees	20,446

12 Contingent Liabilities

There were no material contingent liabilities at 31 December 2004.

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 2004 the Board had an accumulated revenue surplus totalling €1,126,018. During the year the accumulated surplus decreased by €2,852,646 due to expenditure incurred on strategic investment in the national expansion of BreastCheck including piloting of digitised 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.

The remaining revenue surplus is earmarked for strategic investment in the development of the National Training Centre in Breast Imaging.

15 Approval of Financial Statements

The financial statements were approved by the Board on 15th July 2005.

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NBSP Mission Statement

BreastCheck Aims to:

- ★ Reduce the number of deaths from breast cancer in Ireland amongst women aged 50-64.

The Objective of the Programme is to:

- ★ Provide an effective screening service to the highest possible quality, so that the maximum number of breast cancers can be detected at the earliest possible stage.

The Programme Aims to:

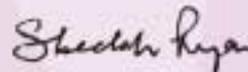
- ★ Protect the dignity and privacy of women; provide women with a choice and involvement in their own care; deliver a high quality programme dedicated to excellence and meeting the highest international clinical standards; be women centred, accessible and free of charge.

BreastCheck works with a team approach to the screening of women including mammography, diagnosis and treatment. It works in partnership with other healthcare providers. BreastCheck values the contribution and skill of its staff; it provides continuous training and development for staff and upgrading of equipment required in a screening programme.

BreastCheck currently provides screening to women in the eastern region of the country through a network of static and mobile units, and is expanding nationally to offer screening to all eligible women throughout the southern and western regions of the country. Screening is offered to eligible women by personal invitation every two years.



Mr Tony O'Brien
Director



Dr Sheelah Ryan
Chairperson



BreastCheck

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