Annual Report
2005/2006

"BreastCheck has enhanced the quality of our lives and given us peace of mind"

BreastCheck
The National Breast Screening Programme

Women's Charter

Screening commitment

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

We aim

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

If recall is required we aim

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

If breast cancer is diagnosed we aim

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

Tell us what you think

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

You can help by

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

Let us know

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

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An Bord Náisiúnta Cíoch-Scrúdaithe

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Chairperson's Statement

Welcome to the 2005/2006 Annual Report of BreastCheck, the National Breast Screening Programme. This Report includes Programme performance data for women invited in 2005 and other developments up to the time of publication in November 2006.

2005 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 Carlow and Kilkenny were invited for screening for the first time.

The Board's plans for the expansion of screening to the South and the West of the country are progressing rapidly during 2006. Clinical Directors *Designate* have been appointed and a number of other key staff appointments are underway. Contracts have been awarded for the development of the facilities that we need to deliver the Programme.

In my last Chairperson's Statement I spoke of the pride that the staff of BreastCheck show in belonging to an organisation that continues to be a model of excellence within the Health Service. This has been underlined by the recent decision of the Minister for Health and Children, Mary Harney TD, to establish a National Cancer Screening Service to take forward the BreastCheck Programme, the existing pilot Cervical Programme and a possible future Colorectal Screening Programme. The governance, quality assurance and business models developed by BreastCheck have been recognised as key to the success of the Programme thus far. The Minister's decision to allow this model to be shared by other existing and potential future cancer screening programmes is to be welcomed.

The existing National Breast Screening Board will be expanded to form the Board of the new organisation. I am delighted to have been asked to chair that organisation and I look forward to working with Tony O'Brien, the current Director of BreastCheck who will be Chief Executive of the National Cancer Screening Service, in taking the organisation and its screening programmes forward.

Dr. Sheelah Ryan
Chairperson

In a wider sense BreastCheck is now playing a larger role in relation to the development of cancer services through the involvement of key staff members in a number of important initiatives.

I wish to thank all members of the National Breast Screening Board for their contribution to the programme since the Board was re-established in January 2005. This is the first report reflecting the work of the organisation during their term of office. I also wish to thank the Audit Committee, independently chaired by David Flood, for its work and for its contribution to our governance arrangements.

The Programme has been well supported by the Minister for Health and Children, Mary Harney TD and her officials and I thank them for their ongoing commitment to the roll-out of BreastCheck as a national service in 2007.

I offer warm thanks to the staff of BreastCheck under the leadership of the Director Tony O'Brien for their continued, demonstrable commitment to taking the programme forward and to continuing 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 such a vital role in supporting the uptake of screening. Lastly and most importantly I wish to acknowledge the women who avail of the screening programme – almost 60,000 women who were invited in 2005 took up their invitations.

Dr. Sheelah Ryan
Chairperson
National Breast Screening Board

"They cared for me through every step. I never felt I was going through it alone."

Director's Report

Breast screening service provided to 59,960 women in 2005 – highest number of women screened to date.

Programme Statistics for 2005 show that BreastCheck's performance, measured against the standards set in our Women's Charter, are consistently high.

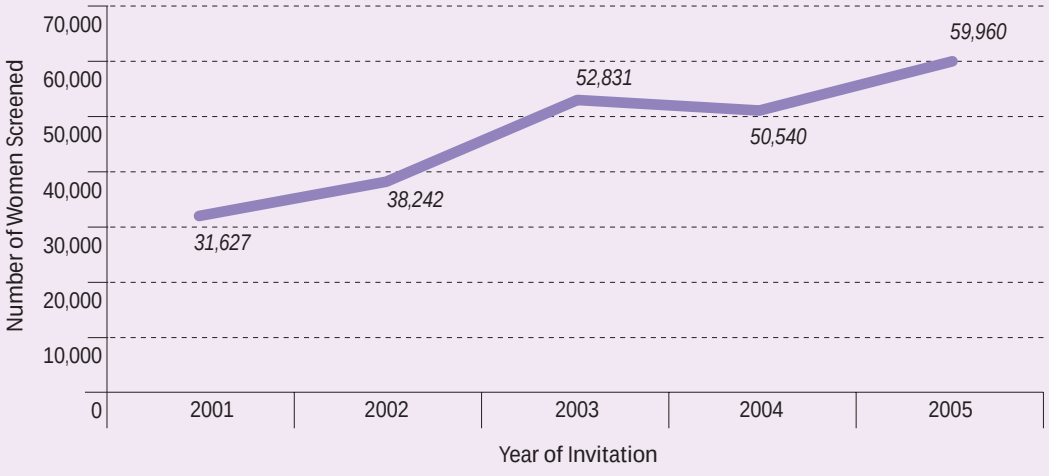
Significant progress made with extension of BreastCheck to Southern and Western areas.

Overview

BreastCheck, The National Breast Screening Programme, maintained a high volume of screening activity in 2005 with 79,262 women invited for screening and 59,960 women attending. This compares to 68,046 invited and 50,540 screened during the previous year.

The overall rate of acceptance of invitation to the screening programme of eligible women of 76.6% remains relatively consistent and is in excess of the target of 70%. During 2005 the number of cancers diagnosed was 318, resulting in a cancer detection rate of 5.3 cancers per 1,000 women screened, as compared to 6.1 in 2004 and 7.2 in 2003.

Figure 1: Number of women screened by Year of Invitation – showing a steady increase in screening activity since 2001



Tony O'Brien
Director

An increased proportion of women attending for screening were invited for subsequent screening (45,591 in 2005 compared to 33,051 in 2004). This resulted, as expected, in a lower number of cancers detected. Once screened, performance figures show that almost nine out of every ten women take up a subsequent invitation for screening. This has been a recurring feature of the programme since subsequent screening began in 2002.

In 2005 the uptake rate for eligible initial women (women invited to BreastCheck for the first time) was 72.2% and represents an increase on last year's figure. Previous non-attenders (PNAs) are those women who failed to respond to an invitation to attend a first screening appointment in a previous round. These women continue to receive invitations to attend screening and are the least likely group to attend their screening appointment. In 2005 over a quarter of PNAs invited actually availed of their screening appointment. Again throughout 2006 and 2007 it will be vital that our advertising, communications and health promotion work focuses on this audience.

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

Overall 2005 was characterised by:

- The highest number of women screened to date
- A solid performance measured against clinical quality assurance performance parameters
- BreastCheck's consistently high performance against Women's Charter parameters
- Extension of the service to women in Carlow and Kilkenny
- Progress made towards national expansion of the Programme.

PACS and Digital Mammography Project

In 2005 digital mammography imaging and a PACS (Picture Archiving and Communications System) were installed for evaluation in BreastCheck's existing clinical screening units – the Eccles Screening Unit adjacent to the Mater Misericordiae University Hospital and the Merrion Screening Unit adjacent to St. Vincent's University Hospital, Dublin.

The technology allows mammograms to be acquired directly in digital form without the requirement for x-ray film and film processing as used in conventional mammography. PACS 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.

Our ongoing evaluation of the technology has highlighted the prospective benefits of digital imaging in breast screening, including improved image quality and consistency, more efficient workflow and administration, client acceptance and satisfaction and the potential for reduced radiation dose. Additionally, significant work has taken place and continues with regard to the integration and interface with BreastCheck's existing information systems which is essential to achieve the most efficient use of the system and to ensure the optimum levels of data quality.

Later in 2006 a mobile digital mammography unit will be added to BreastCheck's existing fleet of six mobile screening units. The use of digital imaging in a mobile setting should benefit image quality assurance and may offer greater flexibility in the deployment of mobile screening units.

As part of the national expansion of BreastCheck into Southern and Western areas, digital imaging technology will be used from the beginning. Following installation of this state-of-the-art digital imaging technology, the BreastCheck programme is likely to be the first screening programme internationally to be entirely converted to digital mammography.

National Expansion

Since the Minster for Health and Children, Mary Harney TD, gave her approval for the €25m capital expansion project to the Southern and Western areas, significant progress has been made to achieve the earliest possible commencement of screening. Construction is progressing for the two new BreastCheck Clinical Units based at the South

Demolition and preparation of site for screening unit in Cork

Screening mobile unit in construction

Infirmary Victoria University Hospital in Cork and University College Hospital, Galway. The project also includes a new €3m symptomatic breast facility in Galway. Since appointment, the selected design team has worked on the project, and planning approval has been received in respect of both facilities. A contractor has been appointed and the 48-week construction period will commence in autumn 2006.

Clinical Directors *Designate* have been appointed – Dr. Alissa Connors in the Southern area and Dr. Aideen Larke in the Western area – and will commence employment in November 2006. The process of advertising and appointing multidisciplinary team members is underway and recruitment of lead Consultant General Surgeons, Consultant Radiologists, Consultant Histopathologists, other clinical roles and administrative staff has begun. As part of BreastCheck's Human Resources strategy, a major recruitment drive is underway in Ireland, the UK and internationally to ensure a maximum number of staff to fulfil the national expansion requirements. The construction of screening units and ongoing recruitment will continue in parallel until screening commences.

Age Range Extension

The Department of Health and Children requested the Board to examine the benefits and impact of extending the breast screening service beyond the current 50-64 year age range. The Board has agreed to extend the BreastCheck screening programme to the upper age limit of 69 years following the roll out of BreastCheck nationally.

National Cancer Control Strategy

BreastCheck contributed to the Department of Health and Children's Cancer Control Strategy 2006. This strategy sets out recommendations regarding the screening, detection, treatment and management of cancer in Ireland in coming years. At the launch of the Strategy in June 2006, The Minister for Health and Children, Mary Harney TD announced her intention to bring BreastCheck and the pilot Cervical Screening Programme together under one entity – The National Cancer Screening Service. The existing membership of the National Breast Screening Board will be expanded to reflect this increased remit, which also extends to

Majella Byrne,
Chief Operations Officer

Dr. Fidelma Flanagan,
Clinical Director,
Eccles Screening Unit

Dr. Ann O'Doherty,
Clinical Director,
Merrion Screening Unit

Dr. Alissa Connors,
Clinical Director Designate,
Southern Area

Dr. Aideen Larke,
Clinical Director Designate,
Western Area

examining the possible implementation of a Colorectal Screening Programme. BreastCheck is a successful and established screening programme with a well developed business and governance model. It is a logical development for this model to be extended to other screening domains. I look forward to this evolution with confidence that it will be an effective and efficient way to organise cancer screening in Ireland.

Conclusion

I am very pleased that we have increased the numbers of women availing of the invitation to screening in 2005 by over 9,400 in 2005 compared to the previous year. Additionally, in keeping with the national expansion of the Programme, women in Carlow became included in the Programme from April 2005, followed by women in Kilkenny from May 2006.

As Director of the Programme I am committed to the ongoing delivery of the service and to bringing BreastCheck to women in the South and West of the country as soon as possible. At present we remain on target to roll out at the end of 2007.

I would like to sincerely thank the Chairperson, the Board of the National Breast Screening Programme, the Clinical Directors Dr. Ann O'Doherty at the Merrion Screening Unit and Dr. Fidelma Flanagan at the Eccles Screening Unit, Majella Byrne, Chief Operations Officer, the management team, clinicians and staff across all disciplines of BreastCheck for their continued commitment to delivering an excellent service in our current screening areas and enthusiasm and determination to deliver the national expansion plan.

I wish to pay tribute to board member Professor Peter Dervan who will retire from the Board this year. He has been a member of the Board since the establishment of BreastCheck and has made an enormous contribution to the programme.

Finally, I wish to acknowledge the hard work of our colleagues at the Cancer Policy Unit and the Hospital Planning Office of the Department of Health and Children.

Tony O'Brien
Director
November 2006

"They provided clear information at each stage."

The National Breast Screening Programme

Programme Statistics

The figures reported relate to those women contacted by BreastCheck between 1 January and 31 December, 2005. Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (Fourth Edition).

Table 1 : Screening Activity Overall

The number of women screened has increased, with over 79,000 women invited for screening and 59,960 attending, representing an increase in efficiency of the Programme. The overall rate of acceptance of invitation to screening remains relatively consistent and is 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	2005
Number of women who deconsented following receipt of consent form	1,617
Number of women invited	79,262
Number of eligible women invited	78,297
Number of women attending for screening	59,960
Eligible women acceptance rate (includes deconsented women)	76.6%
Known target population acceptance rate	74.1%
Number of women recalled for assessment	1,923
Number of open benign biopsies	80
Number of women with cancer	318
Cancers detected per 1,000 women screened	5.3
Number of in situ cancers	48
Number of invasive cancers < 15mm	131
Standardised Detection Ratio	1.01

Details of the ineligible categories

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

Suspended – extended vacation or working abroad, previous mammogram < 1 year, woman wished to defer appointment or wait until next round, unwilling to reschedule.

The number of women screened by year of invitation is shown in Figure 2 over the five full years of operation of the Programme demonstrating the relatively steady growth in activity since the Programme commenced.

Figure 2 : Number of Women Screened by Year of Invitation

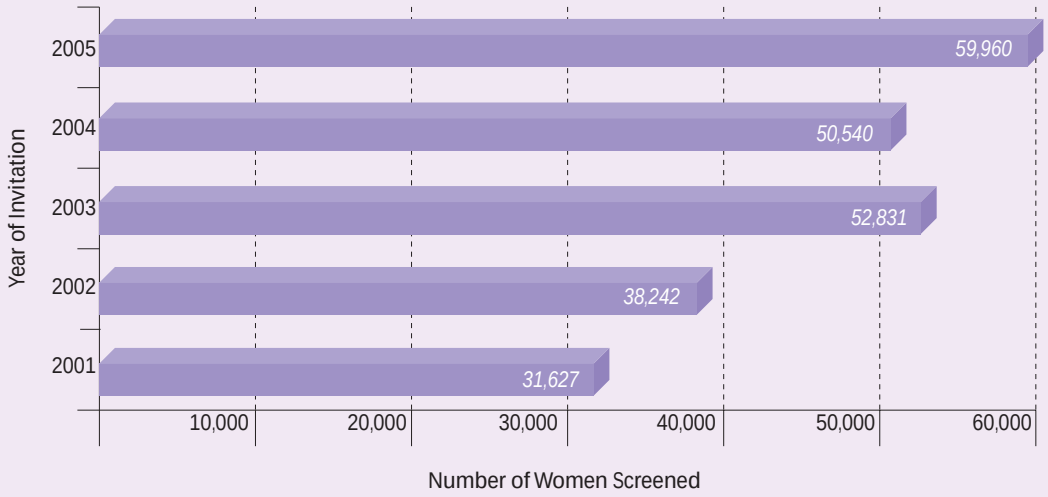


Table 2 : Screening Activity by Type of Screen

Once screened, almost nine out of every ten women take up a subsequent invitation for screening. This has been a constant feature of the Programme since subsequent screening began in 2002. The uptake among those invited for the first time is lower but represents an increase on last year's figure. Previous non-attenders are those women who failed to respond to an invitation to attend a first screening appointment in a previous round; these women continue to receive invitations to attend screening and over a quarter take up this further invitation.

Performance Parameter	First Invited Population 2005	Previous non-attenders 2005	Subsequent Population 2005
Number of women who deconsented	65	N/A	1,552*
Number of women invited	24,202	9,469	45,591
Number of women eligible for invitation (including deconsents)	22,523	9,469	46,305
Number of women screened	16,262	2,595	41,103
Eligible women acceptance rate (including deconsents)	72.2%	27.4%	88.8%
Known target population acceptance rate	67.0%	27.4%	87.2%

*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

The acceptance rate of screening for the first time is highest among younger women; this is commonly observed in breast screening programmes.

Table 3(i) : First Invited Population

Performance Parameter	Age Group *50-54*	*55-59*	*60-64*
Number of women who deconsented	40	10	12
Number of women invited	16,784	4,012	2,994
Number of eligible women invited	16,030	3,540	2,592
Number of women screened	12,189	2,285	1,555
Eligible women acceptance rate (including deconsents)	76.0%	64.5%	60.0%
Known target population acceptance rate	72.5%	56.8%	51.7%

Table 3(ii) : Previous Non-Attenders

The uptake among previous non-attenders is low. This is typical of what is observed in other breast screening programmes. This group of women require targeted interventions to help them overcome the barriers to screening.

Performance Parameter	Age Group *50-54*	*55-59*	*60-64*
Number of previous non-attenders invited	1,625	4,358	3,374
Number of women screened	612	1,172	740
Known target population acceptance rate	37.7%	26.9%	21.9%

Table 3(iii) : Subsequent Invite

Once again we find that uptake for first screening is highest in the younger age groups, where the numbers invited are naturally highest. For subsequent screening uptake is consistently high throughout the age groups.

Performance Parameter	Age Group *50-54*	*55-59*	*60-64*
Number of women who deconsented in previous round*	158	439	488
Number of ineligible women**	156	350	331
Number of eligible women invited	8,714	20,842	16,189
Number of women screened	7,822	18,721	14,426
Eligible women acceptance rate (including deconsents)	89.8%	89.8%	89.1%
Known target population acceptance rate	88.2%	88.3%	87.3%

*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

Table 4 : Screening Quality: First Screen

Table 4 gives the main screening quality parameters measured among women attending for screening for the first time. For these women all the key clinical screening standards are surpassed. Almost half of all women diagnosed with an invasive cancer at first screening had a very small cancer, less than 15mm in diameter, which is an excellent prognostic indicator.

Performance Parameter	2005	Standard
Number of women screened for first time	18,857	
Number of women recalled for assessment	1,037	
Recall rate	5.5%	<7%
Number of benign open biopsies	52	
Benign open biopsy rate per 1,000 women screened	2.8	<3.6
Number of women diagnosed with cancer	130	
Cancer detection rate per 1,000 women screened	6.9	
Number of women with in situ cancer (DCIS)	20	
Pure DCIS detection rate per 1,000 women screened	1.1	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	15.4%	10-20%
Number of women diagnosed with invasive cancer	110	
Invasive cancer detection rate per 1,000 women screened	5.8	
Invasive Cancer detection rate per 1,000 women screened for women aged 50-51	4.0	>2.9
Invasive cancer detection rate per 1,000 women screened for women aged 52-64	6.7	>5.2
Number of women with invasive cancers <15 mm	51	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	46.4%	≥40%
Standardised detection ratio	0.98	0.75

Table 5 : Screening Quality: Subsequent Screen

Similarly for women returning for subsequent screening all the important clinical parameters are surpassed. An even greater proportion of women diagnosed with invasive cancer had a very small tumour. The standardised detection ratio remains high and well in excess of the standard.

Performance Parameter	2005	Standard
Number of women screened for a subsequent time	41,103	
Number of women recalled for assessment	886	
Recall rate	2.2%	<5%
Number of benign open biopsies	28	
Benign open biopsy rate per 1,000 women screened	0.7	<2
Number of women diagnosed with cancer	188	
Cancer detection rate per 1,000 women screened	4.6	
Number of women with in situ cancer (DCIS)	28	
Pure DCIS detection rate per 1,000 women screened	0.7	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	14.9%	10-20%
Number of women diagnosed with invasive cancer	160	
Invasive cancer detection rate per 1,000 women screened	3.9	>2.4
Number of women with invasive cancers <15mm	80	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	50.0%	≥40%
Standardised Detection Ratio	1.03	0.75

Table 6 : Screening Outcome: First Screen by Age Group

A growing proportion of our first screened women are in the youngest age group of 50-54. As in previous years we again find that recall rates fall and cancer detection rates rise as age increases. Age is a recognised important risk factor for breast cancer.

Some new women continue to enter the Programme at older ages, either due to residence in a new screening area e.g. Southern HSE Region, 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	12,801	3,457	2,295
Percentage of women recalled for assessment	5.7%	5.0%	4.7%
Benign open biopsy rate per 1,000 women screened	3.20	1.74	2.18
Overall cancer detection rate per 1,000 women screened	5.7	9.0	10.0

Table 7 : Screening Outcome: Subsequent Screen by Age Group

When women return for repeat screening recall rates for further assessment are consistent across the age groups; as expected the numbers of women found to have a cancer at assessment rise with increasing age.

Performance Parameter	Age Group *50-54*	*55-59*	*60-64*
Number of women screened	7,822	18,721	14,426
Percentage of women recalled for assessment	2.3%	2.0%	2.3%
Benign open biopsy rate per 1,000 women screened	0.77	0.69	0.62
Overall cancer detection rate per 1,000 women screened	3.7	4.6	5.0

Table 8 : Cancers with Non-operative Diagnosis

A key feature of the Programme to date is the extremely high rate of non-operative diagnosis of cancer; i.e. breast tissue is sampled by a Radiologist under local anaesthetic in the outpatient assessment setting, allowing a definitive diagnosis in almost all women without the need for surgical intervention.

Performance Parameter	Initial Screening	Subsequent Screening	Standard
Percentage of women with cancer with non-operative diagnosis	93.1%	95.7%	≥70%

Figure 3 shows the percentage of women with cancer with non-operative diagnosis over the years of the Programme to date, demonstrating a sustained high level of non-operative diagnosis.

Figure 3 : Non-Operative Diagnosis Rate by Year

Table 9 : Outcome of First Screens by Region

This year we present data by women resident in the new Health Service Executive regions. It is important to note that cancer detection rates can fluctuate from time to time particularly when there are smaller numbers involved. BreastCheck currently screens women in three regions, Dublin and North East region, Dublin and Mid Leinster region and the Southern Region (counties Wexford, Carlow and Kilkenny).

Region of Residence	Number of Women Screened	Acceptance Rate		Number of Cancers Detected	Number of Cancers Detected per 1,000 Women Screened
		Eligible	*Target Population*		
Dublin and North East Region	4,002	67.8%	63.3%	22	5.5
Dublin and Mid Leinster Region	11,591	54.4%	50.6%	83	7.2
Southern Region	3,290	82.3%	77.3%	25	7.6

Figure 4 : Map indicating Health Service Executive regions

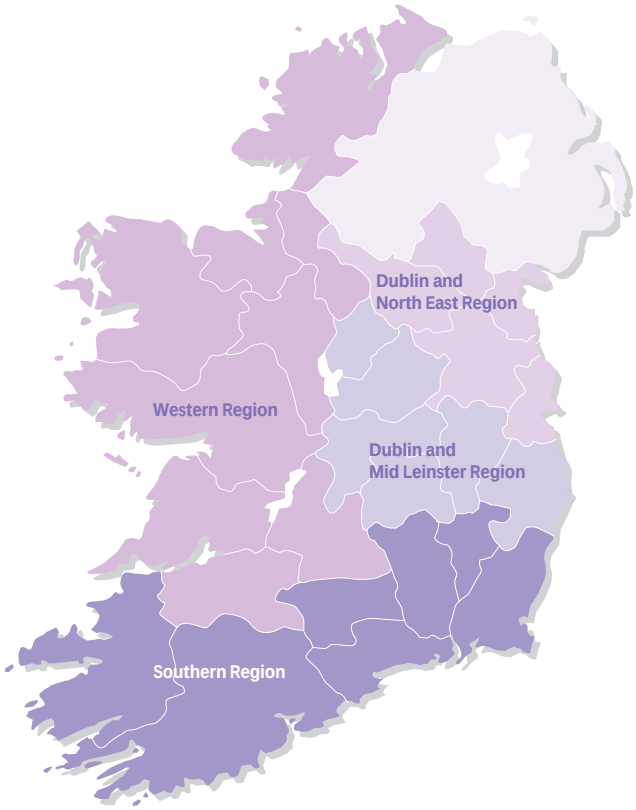


Table 10 : Outcome of Subsequent Screens by Region

Almost all women returning for screening were from the Dublin and North East and Dublin and Mid Leinster regions. The very small number of women invited from the Southern Region makes the cancer detection rate unreliable.

Region of Residence	Number of Women Screened	Acceptance Rate		Number of Cancers Detected	Number of Cancers Detected per 1,000 Women Screened
		Eligible	*Target Population*		
Dublin and North East Region	13,146	89.0%	86.9%	73	5.6
Dublin and Mid Leinster Region	27,935	90.6%	88.7%	115	4.1
Southern Region	44	75.9%	75.9%	0	0.0

Table 11 : Women's Charter Parameters

The Women's Charter parameters are consistently high in the main. Although we are slightly short of the target for the percentage of women re-invited for screening, a further 6% of women were re-invited during the 28th month, giving a total of 95.8% of women re-invited within 28 months. We aim to invite eligible women for screening within two years of becoming known to the Programme, and for 83.6% of women first invited in 2005 we achieved this.

The percentage of women offered hospital admission for primary surgical treatment within three weeks of diagnosis of breast cancer is close to the target and for this we are grateful for the co-operation of our associated hospitals.

Performance Parameter	2005	Women's Charter Standard
% women who received 7 days notice of appointment	97.9%	≥90%
% women who were sent results of mammogram within 3 weeks	96.5%	≥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	96.0%	≥90%
% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	84.6%	≥90%
% women re-invited for screening within 27 months of invitation at previous round	89.6%	≥90%
% women eligible for screening invited for screening within 2 years of becoming known to the Programme	83.6%	≥90%

"The staff were friendly and the screening service very discreet."

Financial Statements 2005
Composition of the Board and Other Information

The National Breast Screening Board was established under the National Breast Sreening 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)*

Prof. Peter Dervan

Dr. Tony Holohan

Mr. Sean Hurley

Mr. Pat McLoughlin

Ms. Edel Moloney

Dr. Ailís ní Riain

Prof. Niall O'Higgins

Ms. Olivia O'Leary

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:
BreastCheck
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:

Member of the Board

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, we 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 has been completed.
- A budgeting system with an annual budget which is reviewed and agreed by the Board.
- Reviews by the Board of annual financial reports which indicate financial performance against forecasts.
- The use of reputable accounts and payroll packages with appropriate maintenance and backup procedures.
- The appropriate selection and training of staff involved in the finance function.
- In the area of procurement, a computerised and integrated Purchase Order System was implemented in 2005.
- The Board have established an Audit Committee and an Audit Charter and an Internal Audit Service. The Board reviews the reports of the Internal Auditor and of the Audit Committee.

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 31st December 2005.

On behalf of the Board:

Member of the Board

Member of the Board

National Breast Screening Board

Report of the Comptroller and Auditor General

I have audited the financial statements of the National Breast Screening Board for the year ended 31 December 2005 under Article 14 of the National Breast Screening Board (Establishment) Order, 2004.

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

Respective Responsibilities of the Board and the Comptroller and Auditor General

The National Breast Screening Board is responsible for preparing the financial statements in accordance with the National Breast Screening Board (Establishment) Order 2004 and for ensuring the regularity of transactions. The Board prepares the financial statements in accordance with Generally Accepted Accounting Practice in Ireland as modified by the directions of the Minister for Health and Children in relation to accounting for superannuation costs. The accounting responsibilities of the Members of the Board are set out in the Statement of Board Members' Responsibilities.

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

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

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

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

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

Basis of Audit Opinion

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

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

Opinion

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

Except for the failure to recognise the Board's superannuation costs and liabilities in accordance with Financial Reporting Standard 17, the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Principles in Ireland, of the state of the Board's affairs at 31 December 2005 and of its income and expenditure for the year then ended.

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

Gerard Smyth

For and on behalf of the Comptroller and Auditor General, 14 July 2006

National Breast Screening Board

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 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, except as disclosed below.

b) Income and Expenditure

(i) The allocation from the Department of Health and Children is the amount for the year 2005 as determined by the Department of Health and Children.

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

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

c) Fixed Assets and Depreciation

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

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

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

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

The following rates and methods of depreciation apply:

Buildings	2%	Straight Line
Leasehold Improvements	Over term of lease	
Office Furniture	10%	Straight Line
Office Equipment	20%	Straight Line
Medical Equipment (Incl Mobiles)	20%	Straight Line

Computer Equipment

• Acquired pre 1st Jan 2005	20%	Straight Line
• Acquired post 1st Jan 2005	25%	Straight Line

d) Capitalisation Account

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

e) Superannuation

The Board 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 and Children. Contributions for employees who are members of the scheme are credited to the income and expenditure account when received. Pension payments under the scheme are charged to the income and expenditure account when paid. By direction of the Minister for Health and Children no provision has been made in respect of benefits payable in future years.

Revenue Income and Expenditure Account
Year Ended 31 December 2005

	Notes	Euro	2005 Euro	Euro	2004 Euro
Income					
Department of Health and Children			10,606,000		
North Eastern Health Board					8,356,000
Superannuation Contributions			367,148		311,393
Superannuation Purchases			37,739		18,415
Bank Interest Earned			13,524		53,708
Miscellaneous Income			147		1,482
Proceeds from Trade in of Fixed Assets			5,000		56,870
Transfer to Capitalisation Account	9		(28,759)		(2,467,180)
			11,000,799		6,330,688
Expenditure					
Pay Costs	3	6,419,295		5,420,346	
Non Pay Revenue Costs	4	4,584,490		3,762,988	
			11,003,785		9,183,334
Surplus/(Deficit) for the year			(2,986)		(2,852,646)
Statement of movement in Accumulated Surplus					
Opening Balance 1 January			1,126,018		3,978,664
Surplus /(Deficit) for the year			(2,986)		(2,852,646)
Accumulated Surplus at 31 December			1,123,032		1,126,018

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

On behalf of the Board:

Member of the Board

Member of the Board

The accounting policies on pages 26 and 27, and the notes on pages 32 to 35 form part of the financial statements.

Capital Income and Expenditure Account
Year Ended 31 December 2005

	Notes	Euro	Euro	2005 Euro	Euro	Euro	2004 Euro
Income							
Department of Health and Children Capital Grants			1,280,877				407,291
Less Funding re Symptomatic Unit Galway	15		(105,127)				
Less Funding re Galway Theatre and Lab	15		(48,313)				
Net Department of Health and Children Grant	15			1,127,437			
HSE Funding re construction of Permanent Facility at Merrion				106,623			228,467
Surplus carried forward				394,573			393,445
Fixed Assets: Sale Proceeds/ Insurance Claim							1,128
				1,628,633			1,030,331
Expenditure							
- Permanent Facility Merrion		107,702			95,671		
- Permanent Facility Galway		141,414					
- Permanent Facility Cork		163,807					
- Furniture and Fittings		40,908			76,807		
- Equipment Purchases		442,101			67,830		
Facilities Development			895,932			240,308	
Information Technology			310,649	1,206,581		166,983	407,291
Plus Capital Funded Assets not Capitalised				27,479			
ERHA Funding re construction of Permanent Facility at Merrion							228,467
				1,234,060			635,758
Surplus/(Deficit) on Capital Income and Expenditure				394,573			394,573

On behalf of the Board:

Member of the Board

Member of the Board

The accounting policies on pages 26 and 27, and the notes on pages 32 to 35 form part of the financial statements.

Balance Sheet
As at 31 December 2005

	Notes		2005 Euro		2004 Euro
Fixed Assets	5		7,747,547		8,510,032
Current Assets					
- Debtors and Prepayments	6		505,916		411,693
- Cash in hand	7		2,197,342		3,040,195
			2,703,258		3,451,888
Current Liabilities					
- Creditors and Accruals	8		1,185,653		1,931,297
			1,185,653		1,931,297
Net Current Assets			1,517,605		1,520,591
Fixed Assets Plus Net Current Assets			9,265,152		10,030,623
Financed By		Euro	Euro	Euro	Euro
Capitalisation Account	9	7,747,547		8,510,032	
Surplus on Revenue Income and Expenditure Account		1,123,032		1,126,018	
Surplus on Capital Income and Expenditure Account		394,573	9,265,152	394,573	10,030,623
			9,265,152		10,030,623

On behalf of the Board:

Member of the Board

Member of the Board

The accounting policies on pages 26 and 27, and the notes on pages 32 to 35 form part of the financial statements.

Cash Flow Statement
Year Ended 31 December 2005

	2005 Euro	2004 Euro
Reconciliation of operating surplus to net cash inflow from operating activities		
Operating (Deficit)/Surplus	(2,986)	(2,852,646)
Revenue funded Capital Expenditure	28,759	2,467,180
Interest received	(13,524)	(53,708)
Miscellaneous Income	(147)	(1,482)
(Increase)/Decrease in Debtors	(94,223)	985,761
(Decrease)/Increase in Creditors and Accruals	(745,644)	682,328
Net cashflow from operating activities	(827,765)	1,227,433
Cash Flow Statement for the Year Ended 31 December 2005		
Cash Flow Statement		
Net cashflow from operating activities	(827,765)	1,227,433
Interest received	13,524	53,708
Miscellaneous Income	147	1,482
Capital expenditure (Note 1)	(1,262,819)	(3,101,810)
	(2,076,913)	(1,819,187)
Management of liquid resources		
Cash withdrawn from deposits	949,734	908,654
	(1,127,179)	(910,533)
HSE Funding re construction of Permanent Facility at Merrion	106,623	228,467
Capital Grant	1,127,437	407,291
Increase/(Decrease) in Cash	106,881	(274,775)
Reconciliation of net cashflow to movement in cash		
Decrease/(Increase) in cash in period	106,881	(274,775)
Cash withdrawn from deposits	(949,734)	(908,654)
	(842,853)	(1,183,429)
Net funds at 1 January	3,040,195	4,223,624
Net funds at 31 December	2,197,342	3,040,195
Note 1 - Gross cash flows		
Capital Expenditure		
Proceeds from sale of fixed assets	-	1,128
Construction Costs - HSE Capital Funding for Merrion Unit drawn down by St. Vincent's Hospital	-	(228,467)
Purchase of fixed assets	(1,262,819)	(2,874,471)
	(1,262,819)	(3,101,810)

Note 2 - Analysis of changes in net funds	At 1 Jan 2005 Euro	Cashflows Euro	At 31 Dec 2005 Euro
Cash in hand, at bank	35,184	106,881	142,065
Overdrafts	-	-	-
	35,184	106,881	142,065
Current asset investments	3,005,011	(949,734)	2,055,277
	3,040,195	(842,853)	2,197,342

Notes to the Financial Statements
Year Ended 31 December 2005

			2005	2004
1	These financial statements cover the year ended 31st December 2005 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 Hospital and the Eccles Street Unit at the Mater Hospital.			
3	Particulars of Employees and Remuneration			
	The average number of employees during the year was:-		109	109
	The salary expenses listed are net after deduction of Consultant and NCHD Salary Recharges based on sessional commitments to other Health Agencies.			
	Breakdown of Remuneration:		Euro	Euro
	Management/Administration		2,414,552	2,106,251
	NCHD's	579,588		
	Less amounts recharged to other Health Agencies	(107,643)	471,945	417,689
	Consultants	2,292,051		
	Less amounts recharged to other Health Agencies	(957,670)	1,334,381	1,063,271
	Nursing		218,857	217,327
	Paramedical		1,868,025	1,551,826
	Support Services		62,876	51,189
	Superann Refunds/Lump Sum Payments		38,253	8,003
	Pensioners		10,406	4,790
			6,419,295	5,420,346
4	Non Pay Revenue Costs			
	Drugs and Medicines		888	(234,252)
	Medical and Surgical Supplies		34,966	3,259
	Medical Equipment Purchases		-	-
	Medical Equipment Supplies and Contracts		1,678	-
	X-Ray / Imaging Costs		611,677	629,639
	Laboratory Costs		6,128	(1,032)
	Catering		19,220	21,525
	Heat,Power and Light		49,231	38,495
	Cleaning, Washing and Waste		59,709	65,603
	Furniture, Hardware and Crockery		13,585	18,973
	Bedding and Clothing		4,270	2,150
	Maintenance Costs		919,823	43,648
	Transport and Travel		344,787	362,401
	Mobile Unit Costs		62,114	139,397
	Bank Charges/Interest Payments		1,051	8,007
	Insurance		108,987	188,141
	Audit		32,530	51,125
	Legal Costs		8,134	13,556
	Office Expenses		585,745	667,657
	Computer		392,493	363,267
	Professional Services		1,104,379	1,122,436
	Training Costs		158,513	186,445
	Miscellaneous Costs		64,582	72,548
			4,584,490	3,762,988

	Leasehold Improvements Building Euro	Office Furniture and Equipment Euro	Mobile Units Shell Only Euro	Medical Equipment Euro	X-ray Equipment Euro	Laboratory Equipment Euro	Computer Equipment Euro	Total Euro
5 Fixed Assets								
Cost								
At 1 January 2005	4,582,910	665,326	850,031	370,456	6,332,870	599,601	3,869,021	17,270,215
Additions								
- From Capital Funds	412,923	107,623			342,135	33,251	310,649	1,206,581
- From Revenue Funds		8,754			3,836	2,930	13,239	28,759
Transfers		(1,421)					1,421	-
Disposals		(202)			(422,637)		(673,384)	(1,096,223)
At 31 December 2005	4,995,833	780,080	850,031	370,456	6,256,204	635,782	3,520,946	17,409,332
Depreciation								
At 1 January 2005	361,556	215,997	607,131	298,920	3,758,763	362,131	3,155,685	8,760,183
Charge for the Year	140,945	206,600	119,751	38,301	875,527	98,028	413,167	1,892,319
Transfer		(995)					995	-
Less Disposals		(81)			(319,166)		(671,470)	(990,717)
At 31 December 2005	502,501	421,521	726,882	337,221	4,315,124	460,159	2,898,377	9,661,785
Net Book Value								
At 31 December 2005	4,493,332	358,559	123,149	33,235	1,941,080	175,623	622,569	7,747,547
At 31 December 2004	4,221,354	449,329	242,900	71,536	2,574,107	237,470	713,336	8,510,032

Notes to the Financial Statements
Year Ended 31 December 2005

			2005 Euro		2004 Euro
6	Debtors and Prepayments				
	- Department of Health and Children Capital Grants		66,859		20,446
	- Hospital Debtors (Consultant Salary and MDU recharges)		85,572		222,036
	- Sundry Debtors and Prepayments		353,485		169,211
			505,916		411,693
	Revenue Allocation receivable from DOHC/NEHB at 1 January				838,091
	Revenue Allocation North Eastern Health Board				8,356,000
	Revenue Allocation Department of Health and Children		10,606,000		
	Expenditure met by NBSB drawn down from DOHC		(10,606,000)		
	Expenditure met by NBSB drawn down from NEHB				(9,194,091)
	Revenue Allocation receivable from DOHC/NEHB at 31 December		-		-
7	Cash in Hand				
	Current - Bank Account		140,315		33,434
	Deposit Account		2,055,277		3,005,011
	Petty Cash Account		1,750		1,750
			2,197,342		3,040,195
8	Creditors and Accruals				
	Trade Creditors		554,087		1,663,877
	Sundry Creditors				6,023
	Pay Accruals		55,588		92,728
	Other Accruals		575,978		168,669
			1,185,653		1,931,297
9	Capitalisation Account				
	Balance at 1 January 2005		8,510,032		8,048,064
	Additions to Fixed Assets - met from Revenue Allocation	28,759		2,467,180	
	- met from Capital Allocation	1,206,581	1,235,340	635,758	3,102,938
			9,745,372		11,151,002
	Disposal of Fixed Assets		(1,096,223)		(1,047,924)
	Amortisation in line with Depreciation		(901,602)		(1,593,046)
	Balance at 31 December 2005		7,747,547		8,510,032

Notes to the Financial Statements
Year Ended 31 December 2005

10 Consultant Posts

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 2005	Euro
Authorised and contracted for:	-

12 Contingent Liabilities

There were no material contingent liabilities at 31 December 2005

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 2005 the Board had an accumulated revenue surplus totalling €1,123,032. During the year the accumulated surplus decreased by €2,986. The remaining revenue surplus is earmarked for strategic investment in the following areas:

(i) National Expansion to Cork and Galway, due for rollout in 2007

(ii) Continued investment in the development of the National Training Centre in Breast Imaging.

15 Capital Grants

The capital grants received by the Board from the Department of Health and Children (DOHC) in 2005 included grants to be paid on behalf of the DoHC to 2 projects at Galway Regional Hospital amounting to €153,440.

16 Approval of Financial Statements

The financial statements were approved by the Board on 22 June 2006.