

ORACLE CANCER TRUST

ANNUAL REPORT

2021-22





Contents

Our impact 2021/22

Thanks from our Chair	3
Welcome from our CEO	4
Peter Rhys-Evans	5
Who we are	7
Robert's story	8
Working in Partnership	9
Our Research Impact	10
Janet's story	13
Our fundraising approach	14
Looking ahead	15

Report from the trustees

Financial Review 2021/2022	16
Structure, Governance and Management	17
Legal and administrative details	20
Statement of Trustee' responsibilities	21

Independent auditor's report 22

Financial statements 25

Notes to the financial statements 27

Thanks from our Chair

This year I was warmly welcomed as the new Chair of Oracle Cancer Trust, which was bittersweet as it was with great sadness that we saw the passing of Oracle's founder Peter Rhys-Evans. It has been a difficult year and resilience and adaptability have been key. We will continue to build on the foundations that Peter set out and ensure that his legacy lives on. He was particularly keen that Oracle operate and be seen as a national charity, helping to bring the community closer together through greater collaboration, addressing the growing inequalities facing patients and the clinical profession, fostering more exchange of best practice and opportunities for international cooperation, improving patient outcomes and raising awareness.

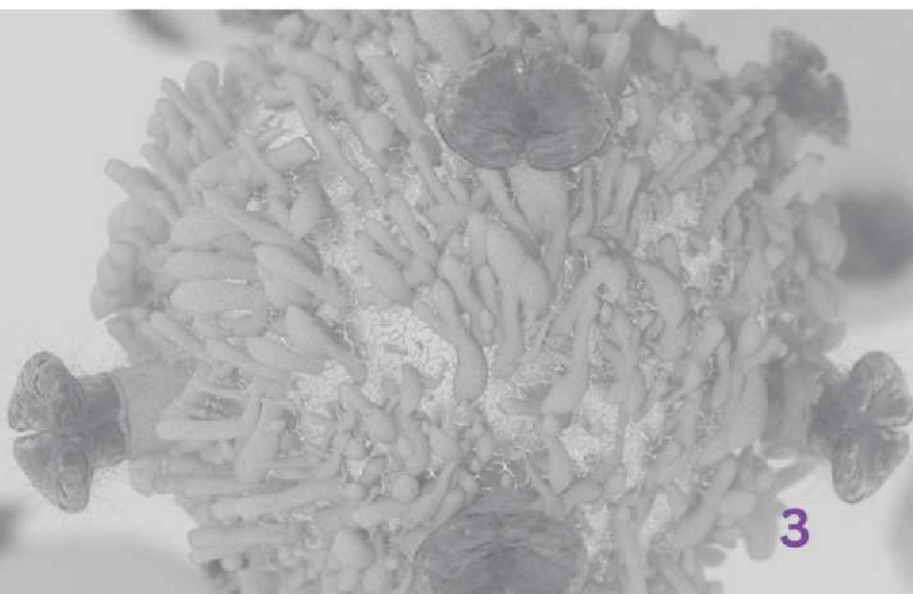
Head and Neck cancers are seeing one of the fastest growth in incidence rates, especially amongst the younger population. Across the UK there is little recognition of this ticking time bomb, and it is an area that continues to remain underfunded. Our ambitions for Oracle are critical to ensure that this dire situation is reversed.

This year we have made great strides, strengthened our management team and board of trustees. We have welcomed Tamara Kahn as CEO and further strengthened our management team with the appointment of Gemma McKnight as Head of Fundraising and Communications. Also in 2022, Ali Hansford, Dr Mehmet Sen and Prof. Gus Alusi joined our Board of Trustees, each bringing key experience and perspective. We are actively seeking additional trustees to achieve balance across all key focus areas.

We became the founding member of the Head and Neck Coalition, uniting key Head and Neck cancer charities and organisations, with the ambition of improving the care, experience and outcomes for everyone affected by Head and Neck cancer in the UK. Underpinning our work going forward will be 4 pillars of activity; improving the patient experience, increasing awareness and understanding, funding research that have the potential to improve outcomes and collaboration and improving best practice.

I am so proud of where we are today as a charity and excited to see what the future holds. Thank you to every one of our supporters, corporate partners, volunteers, researchers and staff who help us improve Head and Neck Cancer outcomes in the UK. We simply could not have done it without you.

Keith Jones,
Chair, Oracle Cancer Trust



Welcome from our CEO

The last 12 months have been some of the most challenging of our time, but they have also presented us with some of the greatest opportunities. We have heard from many of our diverse stakeholders who have helped us identify where the greatest unmet needs are where we can have the greatest impact.

What I have realised over the last year is how many people are part of the Head and Neck cancer community and how many people are involved in the patient journey. From researchers who are unlocking kinder and more effective treatments, to GPs and dentists that can drive early diagnosis to ENT specialists, surgeons, oncologists, radiologists, nurses, physios, speech and language therapists, dieticians, restorative dentists and many more who support the patient journey.

And of course the carers, families, communities, charities and patients themselves.

My top reflections from my first full year as CEO

As a charity we are coming out of a difficult time after the pandemic and the loss of our amazing Founder and Chairman, Peter Rhys Evans - but we have a plan. Head and Neck cancers in healthcare is in a bit of a crisis. I was surprised at how little awareness there is about this area of disease that is disproportionate to the number of cases and those affected. As a daughter of a sinus cancer patient and a wife of an ENT Surgeon I knew about these cancers a bit more than most I suppose. I knew that these cancers were less common than the other big cancers but that those that get them can have some really difficult realities post treatment. I knew about HPV and I knew that it took quite a few specialists to support a patient through treatment. But over the course of this year I have been somewhat alarmed by the lack of recognition, funding, coordination and support Head and Neck cancers receive compared to other areas of disease. There are many GPs and Dentists that don't know much about these cancers, there is no national audit for Head and Neck cancers and the number of people getting diagnosed late stage is rising not declining. And that is before you even start considering the inequalities that exist.

It has also really hit me that improving early-stage diagnosis is one side of the crisis at the moment. The other side is the post treatment support. I think often the most difficult part for a patient is once the treatment is over, the adrenalin goes and you are left with digesting what has just happened, how your life has been impacted and how you will now have to live going forward. This can be a very lonely and difficult place.

My hopes and vision for Oracles future

One of my main hopes is that we can continue the work that Peter Rhys Evans started with Oracle Cancer Trust. I was lucky enough to spend quite a few hours with Peter in the first 6 months of my joining; discussing where the needs were, how we could make the most impact and what Oracle should be focusing on if we could get the funding. Becoming a national charity, helping to bring the community closer together through greater collaboration, addressing inequalities, fostering more exchange of best practice and opportunities for international cooperation, improving patient outcomes, raising awareness are probably the main themes we covered. And as a charity we are actively working across all these areas.

Finally, I'd like to take this opportunity to thank our small team for their hard work and perseverance in challenging times. Through their efforts, the charity has continued to improve the chances of survival and quality of life for Head and Neck cancer patients everywhere.

Tamara Kahn
CEO, Oracle Cancer Trust

Peter Rhys-Evans

On June 3 2022 we lost a widely recognised and respected ENT/Head and Neck Surgeon, Mr Peter Rhys-Evans. Peter worked most of his recent Consultant career at the Royal Marsden Hospital as well as the Lister Hospital, Cromwell Hospital, King Edward VII Hospital and St Luke's Hospital. He was also an Honorary Civilian Consultant ENT Surgeon to the Royal Navy.

Peter was modest by nature and so his varied contributions and achievements across numerous fields was not something he widely shared. He not only had an eminent career as a leading UK and international Head and Neck surgeon but he was also very prolific and highly regarded for his research and publications, charity work and appreciation for music and musicians.

Peter Rhys-Evans was born in May 1948, the third of six children. His parents met while both working at St Bartholomew's Hospital where his mother Jean was a nurse and his father Rhys was a surgeon. His father went on to become an ENT Consultant at The Royal Infirmary in Sunderland and as we know Peter enthusiastically followed in his footsteps becoming a widely respected and highly regarded ENT/Head and Neck Surgeon in his own right.

Rhys-Evans qualified from St Bartholomew's Hospital in 1971 and his ENT training included a few years at the Royal National ENT Hospital Otolaryngology and roles at Dudley Road Hospital and Queen Elizabeth Hospital in Birmingham. He became a Fellow of the Royal College of Surgeons in 1978 and in 1980 he started a Head and Neck Fellowship at the University of Paris French Gustave-Roussy Institute. His knowledge and proficiency of the French language was something that he never forgot according to close friends and colleagues.

In fact Peter maintained international links and sought out sharing and exchange of best practice with specialists from other countries

throughout his career. He was a member and elected fellow of a number of international societies and associations including the Cartesian Society, the American Head and Neck Society, American College of Surgeons, the Colombian Society of Otolaryngology, European Academy of Facial Surgery, European Laryngological Society and Rhinological Association and the South African Society of Otolaryngology. And he held visiting professorships in the West Indies, South Africa and in the United States. Peter's US fellowship was with Mark Singer and Eric Blom where he studied the tracheo-oesophageal voice restoration puncture, a revolutionary technique at that time that he brought back to London to restore speech to laryngectomy patients.

Colleagues share that what made Peter particularly special was the rare combination of not only surgical excellence but also his progressive approach to multi-disciplinary team working, his ability and dedication to developing patient trust and rapport, a strong focus on research, and a real skill and interest in training.

Peter's former patients share often similar stories of feeling particularly listened to and safe in his care. Indeed he went on to establish close friendships with a number of his patients many of whom also became advocates and supporters of his charity work with Oracle Cancer Trust.

As a researcher he was prolific. He authored over 200 publications, including 5 books and a prize winning textbook "Principle and Practice of Head and Neck Surgery and Oncology" published in 2003 with a second edition in 2009. He gave over 250 national/international lectures, was Assistant Editor of the Journal of Laryngology and Otology for 9 years and Examiner for the Royal College of Surgeons for 12 years.

Peter's energy towards information exchange was reflected in his training. Previous trainees

share that they felt he was genuinely interested and focused on imparting his knowledge and supporting the next generation of up-and-coming surgeons. He enabled the theoretical knowledge in writing the textbook itself but was also very present and involved in the practical and human side of training as well. He is remembered as being encouraging and enabling of trainees' own development and progress but also always ensuring they felt that they were in a safe and supportive environment.

The boundaries of Peter's research extended beyond the medical sphere too. He authored the book *The Waterside Ape: An Alternative Account of Human Evolution* which was praised by Sir David Attenborough and built on the Aquatic Ape Hypothesis initially proposed by Sir Alister Hardy in 1964. The subject is somewhat controversial but Peter's book was seen as balanced and well researched, providing a medical perspective on an alternative evolutionary journey for humans coming from more watery habitats and having important aquatic characteristics (eg. Ear canal and sinus structures and how the larynx functions).

In 1999, the Royal Marsden's hospital data

manager retired and there were not funds to hire a replacement. Peter was worried that without this role vital data for research studies would not be available and so he decided to try his hand at fundraising. His primary focus was getting enough to pay for a new data manager but he had other areas of research to fund in mind as well. Although it went through an interim name change, Oracle Cancer Trust was born. Peter helped raise over £8m over the last twenty years for Oracle and set up an independent research committee that has funded over 50 projects.

Peter also became involved with an Indian charity raising money for patients to pay for cancer treatment. Peter was particularly keen on addressing the inequalities and inequities that exist in Head and Neck Cancers. He saw how in many areas of the UK and in countries of the world there were very bright and keen young Head and Neck trainees who were desperate to have the opportunity to come to move to UK centres of excellence to train and do research. Just prior to his death he was exploring how to create more exchange and opportunities for senior trainees. Oracle is establishing a memorial fund in his name to try and ensure that his legacy and this project are taken forward.

Finally, it would not be a well rounded obituary if Peter's love of music was not recognised. He listened to many different genres of music but was perhaps most widely known for his love of classical music and opera. Peter was an active supporter and helped organise the annual Petworth Music Festival for many years and he was also very involved in the annual Oracle Cancer Trust Glory Christmas concert.

Peter Rhys-Evans' death is a great loss and he will be missed by the Head and Neck Cancer community. He leaves behind his wife Fran and their three children who he was very proud of.

Who we are

Our mission

Ensuring everyone has the best chance of surviving Head and Neck cancers across the UK

We will do this by

Enabling greater understanding, knowledge and awareness of Head and Neck Cancers.

Head and Neck cancer in the UK

- **12,400** new cases are diagnosed every year in the UK and numbers are rising
- **1 in 42** men and **1 in 97** woman will develop Head and Neck Cancer in their lifetime.
- **34%** increase in total cases diagnosed across the four nations from 2011-2018.
- **58.5%** of Head and Neck cancers are diagnosed at stage III or IV
- Over **50%** of cases of Head and Neck Cancers have been associated with HPV in the UK with other risk factors being smoking and drinking.
- By 2030 the incidence of Head and Neck cancers are expected to increase by **30%**, to over **16,000** people per year
- There are around **4,100** Head and Neck cancer deaths in the UK every year, that's **11** every day

Our year in numbers

- **27,591** page views for our website of which 9,185 were new users
- We saw the number of donations increase from 1,212 in 2020/21 to **2,770**
- Our patient stories were accessed by **1,971** users from around the world
- Information about Head and Neck cancers on our website was accessed by **697** users
- Our first in-person Glory, Christmas Concert, following Covid was attended by **227** people
- We held **2** webinars, giving supporters the opportunity to hear from Oracle's researchers
- **1** incredible community made all of this possible – our supporters

Robert's story

NHS worker diagnosed with cancer urges men to talk to each other about worrying symptoms.

An NHS worker forced to endure months of painful treatment after being diagnosed with cancer at a late stage has urged men to open up earlier about their worrying symptoms to friends and family. Robert Shaw, 54, has been joined by his young son, George, 11, in his mission to get men to talk about their feelings and any health concerns they have, to mark International Men's Day (19th November).

Rob believes that if we start encouraging young boys at an early age to talk openly about any concerns amongst friends, we will remove the stigma around men needing to 'man up' and will save countless lives in the long run.

Rob who was diagnosed with Head and Neck cancer in 2018 and most recently again in July 2022, has sent an urgent plea urging men to not ignore symptoms and reach out to loved ones and health professionals as soon as possible.

Recent research suggests that 85% of men don't open up about their struggles to friends* and Rob wants to use the day to encourage men to confide in each other and their families.

There are over 12,500 people a year diagnosed with Head and Neck cancer in the UK. It is the 4th most common cancer that affects men and in particular those of working age, yet it has no national profile. If caught early, depending on the type and location of the tumour the survival rate significantly increases.

Rob said: "Facing cancer for a second time, I am determined to beat it and carry on living life. This time I didn't wait, and I got help straight away, received a diagnosis within 12 days of seeing my consultant and started much less invasive treatment weeks later. Getting cancer is very scary, and having to tell my family especially my children, that Dad

had cancer for a second time was very difficult and emotionally took me to the cleaners and back again.

"Talking about my cancer and the support of my family, friends and work colleagues has helped me tremendously, I couldn't cope without them - it's that simple. My youngest son, George, has joined me in my campaign appearing on my Instagram page, @robscancercheck, as well as on a recent podcast interview with Lads Talk Health. He will also join me at a special Christmas Service for Oracle Cancer Trust in December.

"It's so brave of George, an 11-year-old boy, to go through this for a second time and have the courage to speak about it. He's a great example of a young man who isn't afraid to talk about his feelings and is a role model to me, and I hope to others too.

"I want to give Head and Neck cancer a national profile and do everything I can, through the support of Oracle Cancer Trust, to ensure everyone knows the signs and symptoms to seek help straight away."

Symptoms differ from individual to individual but can include a painless lump, persistent sore throat, difficulty swallowing, white or red patches in your mouth, sore tongue and ulcers that don't heal. If you experience any one of these symptoms for more than 3 weeks see your GP or Dentist. The quicker head and neck cancer is diagnosed, the higher chance of a successful outcome.

Rob has recently started new and ground-breaking immunotherapy treatment (Pembrolizumab) at University College Hospital, London. This treatment reprogrammes elements of the immune system and the body goes on the attack to kill the cancer, which has eliminated the need for Rob to undergo invasive surgery.

Working in Partnership

Head and Neck Coalition has been established to help improve the care, experience and outcomes for everyone affected by head and neck cancer in the UK, now the 8th most common type of cancer.

The coalition is chaired by Oracle's CEO Tamara Kahn and is joined by a team of Head and Neck Cancer experts with the aim of:

- Being the recognised Head and Neck Cancer collaborative in the UK that is seen to be proactive, responsive, impactful and ambitious.
- A recognised resource for all those affected by and working in Head and Neck Cancer so that individuals, groups, charities and organisations are able to access support and connect with those that have the expertise.

Coalition members will do this by working together on focused objectives and projects within the areas of patient and caregiver

support, awareness and education, research, policy, multidisciplinary team support and data.

We will take a collaborative, inclusive and multi-perspective approach to ensure that the complexity of Head and Neck Cancers are addressed. Working together will allow us to have greater alignment on messaging, ensure all voices are heard and collaborate on key priorities so that we have greater collective impact. Together we will improve the patient and caregiver experience and outcomes. The coalition have been actively involved with a formal response to the England and Scotland Ten Year Cancer Plan.



Cancer52 is an alliance of over 90 organisations, united in improving the future for everyone affected by rare and less common cancers. Oracle Cancer Trust joined the alliance and support their vision of seeing a better future for everyone affected by the rare and less common cancers, which account for more than half of all cancer deaths in the UK.

It's aim is to promote improved diagnosis, treatment and support for those affected by rare and less common cancers. Cancer52 works on matters that impact on the rare and less common cancer community – defined as all cancers outside the 'big four' of breast, prostate, lung and bowel. Current data shows that 47% of cancers diagnosed are rare and less common cancers, yet they account for 55% of cancer deaths.



Our research impact

New radiotherapy machine offers hope of reduced treatment time with impressive accuracy for head and neck cancer patients. The machine, based at The Royal Marsden Hospital in Sutton combines MRIs with X-rays to accurately detect the cancer's location and automatically adjust the radiotherapy beam.

Head and neck cancers are notoriously tricky to treat as the tumour and the patient's face often change shape during treatment due to the often significant weight loss.

"When I started training, we basically laid someone down on the bed, put a plastic mask on them and took some x-rays from the front and the side," Prof Kevin Harrington, Head of Radiotherapy and imaging at the Institute of Cancer Research.

"We would then blast away at them every day for six or seven weeks, treating the same area irrespective of the fact that during the treatment the patient would lose up to 10 per cent of their body weight.

"Their body would shrink, the shape of the area we were radiating would shrink and as they subsided and lost weight the position of their head would slightly change and we wouldn't adjust one iota to that, we just carried on the way we were."

In an ideal world, Prof Harrington said, scans would be done every day to create a bespoke programme overseen by a doctor, but this is extremely time and labour intensive, needing up to two hours per session.

The team of researchers at the Institute of Cancer Research, sought to find a middle ground between the time-consuming fully

customisable method and the antiquated, inflexible approach. This automation of the adjustment process, Prof Harrington says, can cut the treatment down from as two hours to as little as 30 minutes without any drop-off in the quality of care.

"The technique cuts out a very laborious, time-consuming step without any detriment to our ability to target the cancer, as we found it to be 99.9 per cent as good as a fully bespoke programme,"

"The failure rate of the old approach was as high as seven per cent, which means that there was a significant risk of either missing the tumour target, and therefore reducing the chance of curing the disease, or overdosing the normal organs and increasing the risk of toxicity," Prof Harrington said.

"We believe the new approach means we maximise the opportunities to cure the cancer while minimising the risk of toxicity."

Oracle Cancer Trust have funded two PhD students who have been working on computational models for the MR-Linac specifically for head and neck cancer patients. These studies have been running alongside Prof Harrington's main CRUK grant and we are delighted that these results are benefiting head and neck cancer patients.

In May, Oracle announced a new research funding initiative in collaboration with North West Cancer Research. The two charities announced grant funding for a new project to tackle inequalities in head and neck cancer and applications are open now.

North West Cancer Research are the only independent cancer research charity funding quality research to benefit local people in the North West of England and North Wales. the charity funds pioneering research to tackle the cause, improve the care and find the cure for cancer.

Together, North West Cancer Research and Oracle Cancer Trust are collaborating to jointly fund a Head and Neck Cancer research project. This will focus on the need for better data to highlight the inequalities in Head and Neck cancers.

The two charities will fund a research project that will provide data gathering, mapping and analysis on inequalities in Head and Neck Cancer in the UK's National Health Service.



Robotic surgery trial yields exciting results for Head and Neck cancer patients. Oracle jointly funded a new study that suggests robotic surgery can improve survival rates and reduce recovery for some Head and Neck cancer patients.

Professor Vinidh Paleri (pictured) is leading a new pioneering international study along with his team at The Royal Marsden NHS Foundation Trust. The study reveals that, following robotic surgery (TORS), the two year overall survival rate for recurrent Head and Neck cancer patients whose recurrence has been detected at an early stage is nearly three quarters. This improves on other treatments currently available to this patient group, which often includes further radiotherapy or open surgery, in combination or alone, or chemotherapy and/or immunotherapy with palliative intent.

Study lead Professor Vinidh Paleri, Consultant Head and Neck Surgeon at The Royal Marsden NHS Foundation Trust, said:

"These exciting results demonstrate that TORS, a cutting-edge robotic surgical procedure, offers durable survival for patients with recurrent Head and Neck cancer compared with current standard treatments, such as open surgery.

"Until now, there was little evidence that robotic surgery could improve outcomes for patients with this disease. Recurrent Head and Neck cancer can be incredibly difficult to manage as patients have already been treated, often with surgery and radiotherapy, which can cause anatomical changes, scarring, and impaired healing. For these patients, the very latest in surgical technology and treatment is vital for successful treatment, so TORS is an extremely welcome innovation.

"Crucially, this study also suggests that TORS can improve the quality of life of people with the disease. Treatment for recurrent Head and Neck cancer can have a devastating impact on the ability to speak and eat, which are so fundamental to our enjoyment of life, and this minimally invasive technique can offer patients faster recovery times, with reduced need for medical equipment to support breathing and eating."

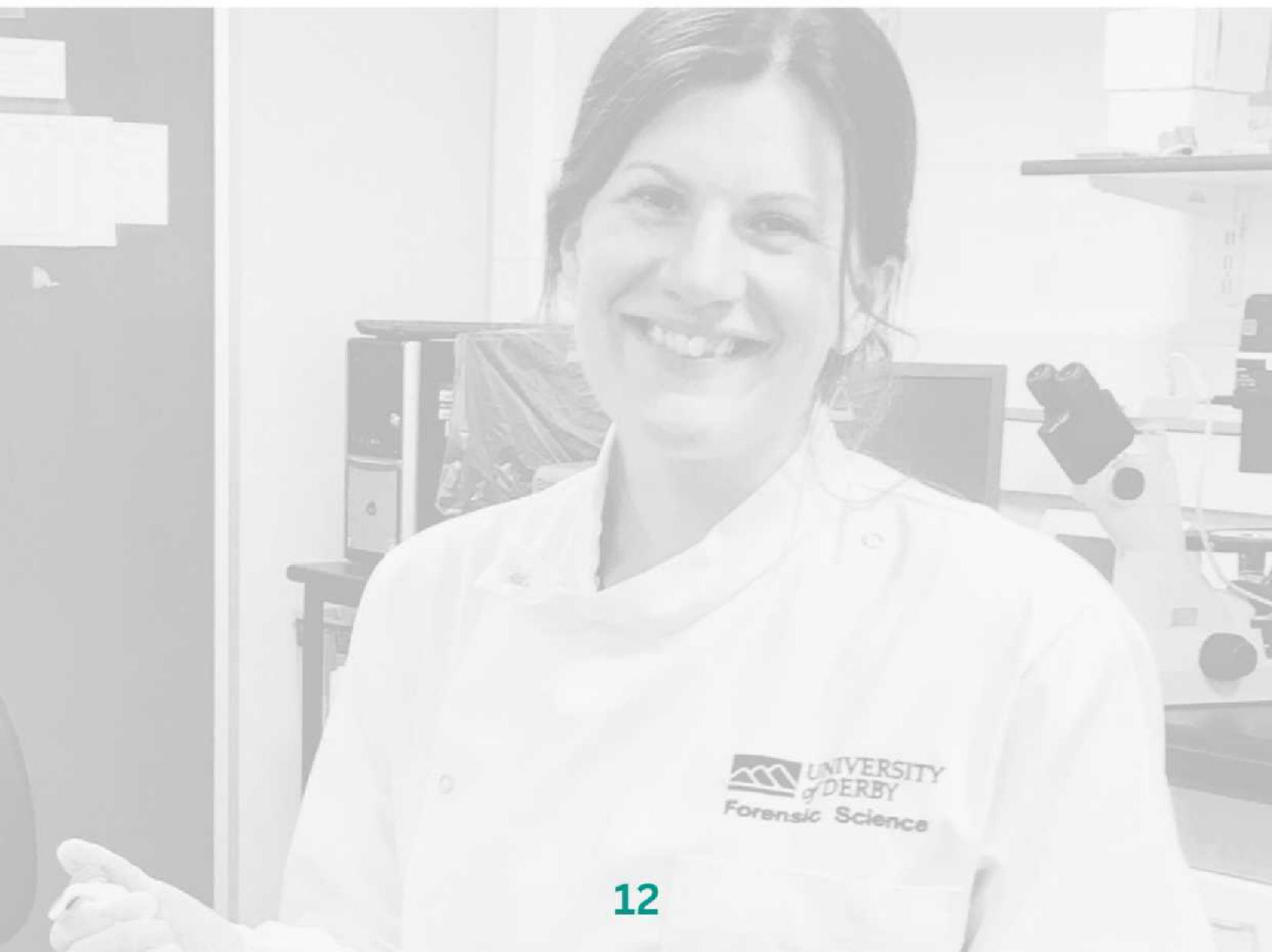
Human Papillomavirus (HPV) predominantly causes cervical cancer. However, we know that HPV also causes a subset of Head and Neck cancers, particularly in younger men. The disease is often diagnosed very late, and treatment is difficult.

We do not know how HPV causes Head and Neck cancer. We are currently funding a research project at Derby University we intend to understand the lifecycle and development of HPV infections within the mouth to determine how HPV causes Head and Neck cancer, in order to develop new treatments.

The project hosts have a clinical study with University Hospitals Derby and Burton that recruits patients who are routinely having their tonsils removed, and collects both tonsils, a mouth swab and a questionnaire relating to lifestyle behaviours thought to be risk factors for this disease. The research team will examine tonsils (the site of HPV positive

cancer) for HPV infections and disease, and identify any pre-cancerous changes which may act as predictive biomarkers of dangerous HPV infections that could influence the development of cancer.

This research will enable a greater understanding of the HPV lifecycle and characterise the disease with the tonsil to examine how infections lead to cancer, whether biomarkers can be identified which predict cancer, and whether infections are influenced by lifestyle. This work will inform intervention strategies for the disease, and may also identify new candidates for treatment, leading to improved outcomes for patients.





Janet's story

Janet West has had a varied career including being a former commercial airline pilot before turning her hand to broadcasting.

Says Janet, "I have worked all over the world and enjoyed a fantastic career in broadcasting. My most recent role was a TV presenter for a US broadcaster hosting chat shows in Las Vegas and Amsterdam discussing technology and the environmental impact of broadcasting. I have been fit and active my whole life and everyday enjoy going to the gym as well as hiking and skiing.

In February 2019 I was diagnosed with tongue cancer and was operated on at The Churchill Hospital in Oxford on my birthday, the 1st May 2019. The tumour was removed successfully with no sign of having spread to my lymph glands. I even surprised the surgeons by talking almost straight after the surgery. I have worked hard to get back to full fitness and

enjoy keeping fit, surrounding myself with good friends - my stubborn determination has got me through my cancer journey and am delighted that I am now cancer-free.

"BBC South Today documented my cancer journey from diagnosis, the surgery itself and my life afterwards. Please do take a moment to watch my story which I hope will raise awareness about the growing prevalence of tongue cancer in both men and women."



**Please scan here to
watch Janet's story**

Our fundraising approach

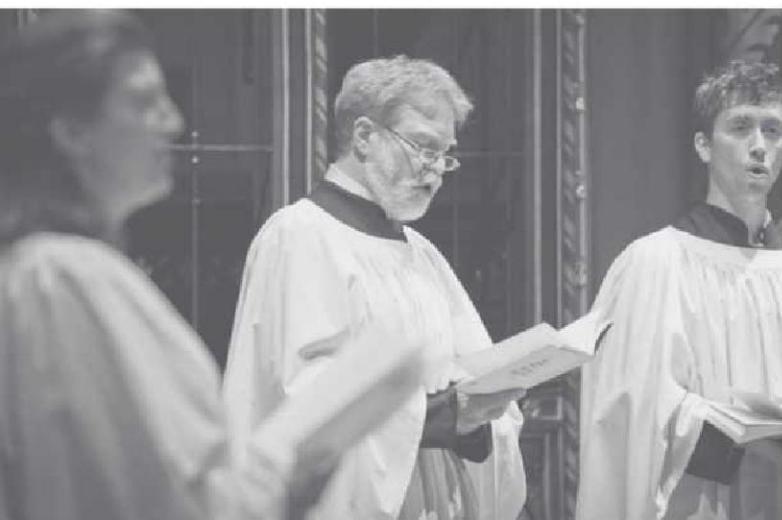
In 2021/22, 2,770 donations were made to support our work from 821 amazing people, organisations and trusts – all to help Head and Neck cancer patients. We thank every single one of our supporters; because of them we raised £465,691 to help Head and Neck cancer patients.

Covid saw communities coming together and funders going above and beyond to support charities, but this giving behaviour can't be relied upon during the latest crisis impacting the charity landscape.

To achieve our strategic ambitions, Oracle appointed Gemma McKnight as Head of Fundraising and Communications in the year. A new fundraising and communications strategy was implemented in 2022, which involves diversifying our portfolio and aiming for a more sustainable fundraising approach. Growing awareness and communicating our impact will be vital towards us realising our impact and fundraising ambitions; as will acquiring new supporters, to expand our donor base.

Thank You

Oracle Cancer Trust relies almost entirely on public support to continue our work - whether this be through financial donations, fundraising, donating time, or donating skills and services. We would like to thank every single person who has supported us for 2021/22 – without you, we could not do what we do for Head and Neck cancer patients!

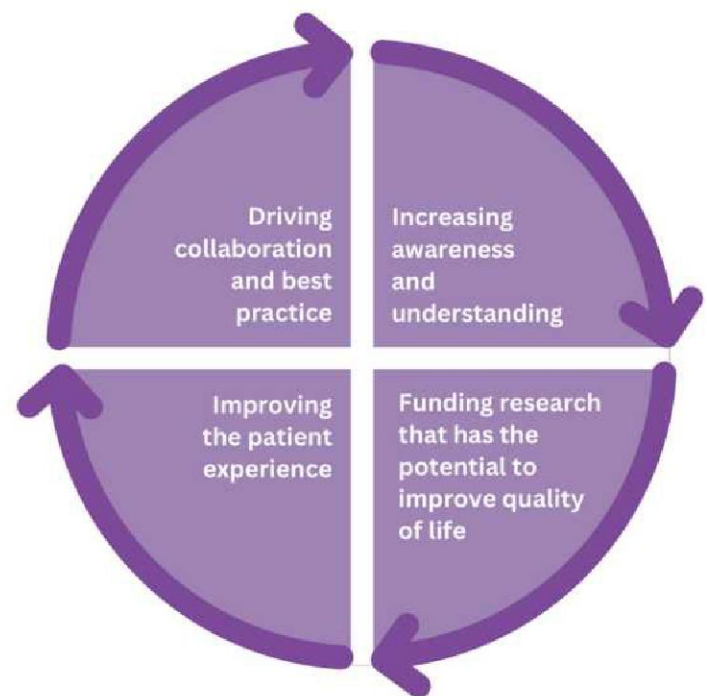


Looking forward

We are at a pivotal point of the Charity's history, and are moving beyond only early stage research. We are actively engaging and working across UK Head and Neck cancer multidisciplinary teams to identify and address gaps in achieving earlier diagnosis, better treatment and more successful outcomes.

Our 5-year vision is that by 2027:

- Head and Neck cancers and their symptoms will be more widely recognised;
- The rates of late-stage diagnoses will show signs of levelling off and all key stakeholders will have a common plan we are collaboratively working towards;
- We will have better data and will have made some visible progress in addressing the inequalities within Head and Neck cancers;
- There will be more consistent and visible support for patients and their caregivers pre, during and post treatment;
- There will be recognised resources and opportunities for knowledge and experience sharing to improve treatment options and quality of life outcomes for Head and Neck cancer patients.



How we are going to do this

We will do this and deliver on our 5-year vision by;

1. Raising and funding an additional £2m in new grants across our four pillars of focus.
2. Engaging with individuals and communities across the UK to make sure that they have the information they need at whatever stage and whenever they feel they need it.
3. Providing support and funding for projects that result in better data and improved patient outcomes for Head and Neck cancers
4. Promoting greater attention to quality of life outcomes support pre, during and post treatment for Head and Neck cancer patients
5. Supporting Patients and Caregivers by improving access to information, and creating opportunities to alleviate pressures within the NHS for Head and Neck cancer patients
6. Encouraging collaboration and best practice sharing across the Head and Neck cancer community.

Report from the Trustees

Financial Review 2021/22

2021/22 was a year when we built back from the toughest of times, re-launched our research programme, innovated and moved forward at pace with our plans. Our supporters and partners, galvanised by the stark inequalities faced by Head and Neck cancer patients, stepped forward in support of our mission. This is reflected in the results for the year which have shown progress in returning to pre-pandemic levels. Total income for the year was £465,691 (2020/21: £319,335).

Even though we have increased our funds, we still need to raise more income to substantially grow our income to achieve our vision. Costs of generating income were £132,478 for the year (2020/21: £96,968). We re-launched our research programme following covid and invested in building capacity and efficiency for longer term income growth and sustainability. These costs represented 28.4% of our total income and 25.8% of our total expenditure.

Research Grants

New grants are charged to the accounts in full at the date they are awarded, which is when the charity is committed to payment for the duration of the grant. During 2021/22 no new grants were awarded and we paid out £504,805 (2020/21 £392,128) in cash in respect of grant awards made in 2020/21 and earlier. The charity has ongoing grant funding commitments of £298,037 being grant accruals on our balance sheet (Note 11) plus commitments that are approved but not yet committed of £159,480 (Note 18). Expenditure on research in 2021/22 included costs of managing our research programme, including working with research institutions and other funders, gathering data, promoting grant investment opportunities, working with our Research and Funding Board, and co-ordinating reviews ahead of making grant awards for following years. Proposals for new grants undergo a robust process of review before being awarded, which can take over a year, and grant awards normally have a duration of 1-3 years.

Investments

At present Oracle does not have any

significant investments and any reserves are presently held in a current account. The Trustees will establish an investment strategy if we sustainably secure over six months of operating cash requirement in reserve.

Reserves

Restricted funds at the end of the year totalled £163,168 (2020/21: £285,842). At present, Oracle does not have significant unallocated freely available reserves. However, our objective is to significantly grow and improve our current reserves position. This will allow us to have required resource capacity to spend with patients, carers, clinicians, fellow charity and healthcare association leaders and other key stakeholders to ensure that we know where the unmet needs are and that those that need support have their voices heard.

The charity's policy is to maintain the following reserves:

- **Restricted funds** – funds that have been donated to the charity for a specific project or stream of work,
- **Designated funds** – funds identified and already committed for expenditure of research, awareness, partnership development and key operational commitments
- **General funds** – funds used towards operations, project management and delivery of Oracle's strategic pillars and key objectives with oversight by the CEO and Board of Trustees.

The benchmark for the Charity's general funds has been set at 6 months of operating expenditure. Once this level of reserves has been achieved, the Trustees will review the policy again, re-considering the long-term funding needs of our work

Structure, Governance and Management

Organisational structure

The organisation is a charitable company limited by guarantee, incorporated on 14th January 2010 and registered as a charity on 20th May 2011. The company was established under a Memorandum of Association which established the powers and objects of the charitable company and is governed under its Articles of Association of the same date.

Continuing the activities previously carried out by the unincorporated charity called the Head and Neck Cancer Research Trust (HNCRT), which had been established in 1979. The assets of the HNCRT were transferred to the Trust on 1st June 2011.

Related parties

The Trustees of Oracle Cancer Trust (who are also Directors for purposes of Company Law) are listed on page 22. Board Directors and Trustees are leading industry figures and have varied backgrounds including finance, media, learning, retail and banking.

The Board meets monthly and take overall responsibility for ensuring that the financial, legal and contractual responsibilities of the charity are met, and that there are satisfactory systems of financial and other controls. All decisions are currently ratified by the Board.

New Trustees are selected by a two stage process. When required, a Nominations Committee examines a wide array of possible candidates that are reviewed by the Board. The Board then selects the candidate/s to formally approach by majority decision. All Trustees, key management personnel and independent members of committees are required to sign a Conflicts of Interest Policy on an annual basis.

The charity has a Research and Funding committee that helps direct the work of the charity by providing expert advice to the Chief Executive Officer (CEO) and Trustees on:

- providing input, opinion and perspective on funding applications that the charity receives with regards to their potential to benefit and/or improve the Head and Neck Cancer patient pathway in the UK;
- helping source independent expert advice that helps direct and decide funding;
- providing recommendations to the Charity Board on suitability of applications for funding;
- overseeing the monitoring, governance and impact reporting of all research/impact funding at Oracle Cancer Trust.

The Charity has developed a robust peer-review process and are members of to AMRC (Association of Medical Research Charities).

The day-to day management of the charity is delegated to the CEO, a part-time consultant appointed in September 2021.

Risk statement

The Trustees have considered the major risks to which the charity may be exposed. The principal risks that we face in the charity are:

- that we might choose to allocate funds to programmes of work that are unlikely to succeed or are, at worst, fraudulent. The charity has established a Research and Funding Committee and robust set of procedures to ensure that there is independent review and process around all significant research expenditure.
- that we may not meet our annual income targets and not be able to resource our planned activities. To this end the Charity develops an annual budget in support of its operational plan which is approved by Trustees. This forms the basis for financial monitoring. Management accounts and financial forecasts are reviewed monthly by the Trustees, on a monthly basis.
- that we might lose key members of staff. The Board has a succession plan, going forward all staff contracts ensure sufficient notice periods to allow recruitment and handover.

- that the impact on the economy from the Covid-19 pandemic, the cost of living increase and the global economic impact of the conflict in Ukraine will materially reduce the charity's annual income from 2022 onwards, and increase costs. The charity's budgeting and monitoring process in (b) above mitigates this risk.

Public benefit

The Trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the public benefit guidance published by the Commission in determining the activities undertaken by the charity. The Trustees' Report section sets out how the charity addresses the public benefit requirement, and this is also explicit in our Charity's aims.

In this way we fulfill the charitable objects to fund pioneering research into all matters connected with or bearing upon the causes, prevention, treatment and care of cancer to include research into and to advance the art and science of surgery as applied to cancer of the head and neck and for the publication and dissemination of the results of such research. We are in the process of updating our Charitable Objectives in line with current context and unmet needs of Head and Neck cancers in the UK.

Our approach to fundraising

As a supporter-focused charity, we recognise that the progress we make for people affected by Head and Neck cancers would not be possible without our supporters' generosity and passion. That is why our Fundraising Promise remains at the heart of how we fundraise.

If you choose to support us, you can be certain that we will:

- never put you under pressure to donate - be clear with you about our charity's aims and objectives
- respect your choices to opt in or out of our fundraising communications
- never share or sell your details to other charities or third parties for their own marketing purposes

- comply with all relevant data protection laws
- listen and learn – you can provide feedback about our fundraising at any time
- communicate with you in a way that suits you best

We are registered with the regulatory body for fundraising in the UK, the Fundraising Regulator, and pay an annual levy to support its work. We adhere to the standards outlined in the regulator's Code of Fundraising Practice (the code).

We fundraise in diverse ways to tell as many people as possible know about our work. We are currently focused on Individual, Corporate and Trust and Foundations and our activities include direct mail, email direct marketing, sponsored running, challenge and community-led events, and cash collections. We also host fundraising events and other social activities.

We review all of our fundraising campaigns to ensure they fully comply with the code, do not place an unreasonable intrusion on anyone's privacy or put undue pressure on them to donate. Our fundraising activities are also closely monitored by our Board of Trustees.

We encourage and learn from feedback from our supporters. In accordance with disclosure guidance from the Fundraising Regulator, we received no complaints relating to our fundraising activity in 2021/22, (2020/21:0). With the diversification of income streams and increased focus on acquisition this may change, as a result of increased activity.

Our people

We aim to ensure that the infrastructure that supports our work and governance remains fit for purpose, while retaining our positive attributes and aspiring to be a leading charity in employee support and benefits.

Our headcount as of 31st May 2022 was 4, which equated to less than 2 full time equivalents.

- freelance Fundraising consultant
- freelance Research Lead
- freelance administrator
- Part time CEO

In 2022 a resource review took place which resulted in a restructure. In April 2022 a full-time permanent Head of Fundraising and Communications was appointed to aid in the future sustainability of the charity.

We also recognise that whilst our employees and those freelancers retained by the charity are incredibly motivated about our cause, we still need to treat them fairly and compensate them accordingly for their efforts and provide other ways to keep them feeling invested by the organisation. An annual pay review will take place, and we also know that in time our non-financial benefits can be enhanced to retain and recruit the calibre of employees we need to drive the charity forward.

As the charity looks forward, we have seen the impact of the volatility of the employment market across the sector, which may affect

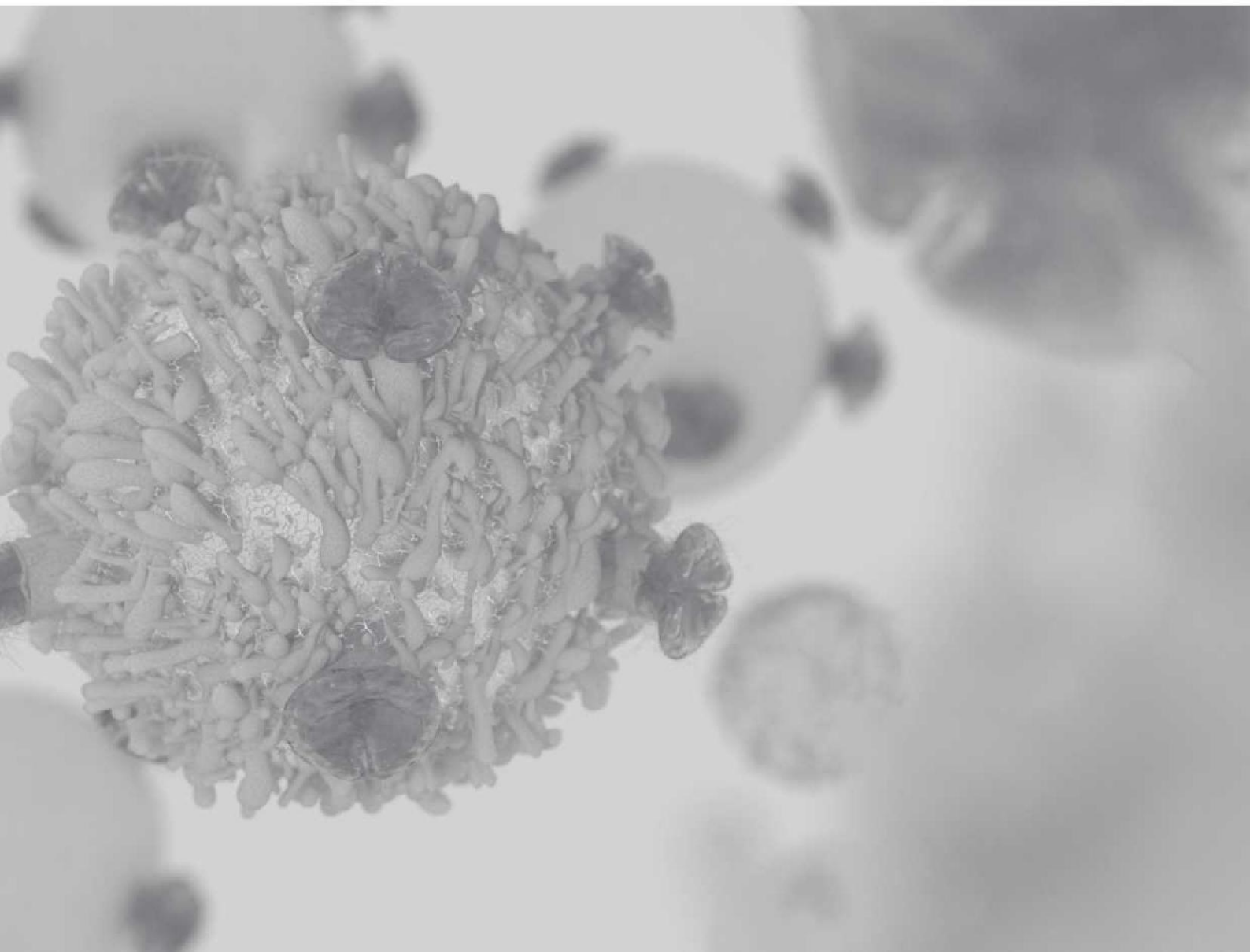
our turnaround time to hire and with some roles struggle to hire and have had to adjust our recruitment practices accordingly.

Database and data management

A new fundraising database was implemented, making it easier for the charity to remain compliant, help us engage with our donors in the right way and make decisions based on data available. improve . We continue to streamline some necessary processes and is already allowing us to use staff time more efficiently.

Marketing and communications

Oracle currently operates an “opt in” communications policy for all new supporters, this policy is being updated to ensure that we are reaching the maximum amount of people enabling us to meet our strategic objectives in the next Financial Year.



Legal and Administrative Information

Charity Name	Oracle Cancer Trust
Trustees	Mr Peter Rhys-Evans, MB, BS, LRCP, FRCS, DCC (<i>resigned 17 May 2022</i>) Sir Michael Lockett, KCVO (<i>resigned 21st March 2023</i>) Mr John Fallon (<i>resigned 14 December 2022</i>) Mr Keith Jones Mr James Robertson Mrs Nicola Ridges-Jones Prof. Gus Alusi (<i>appointed 1 September 2022</i>) Mrs Ali Hansford (<i>appointed 1 September 2022</i>) Dr Mehmet Sen (<i>appointed 1 September 2022</i>)
Honorary Trustees	Prof. Kevin Harrington, BSc MBBS MRCP FRCR FRCP PhD DIC Prof. Christopher Nutting, BSc MBBS MD PhD FRCP FRCR MedFIPeM Dr Kate Newbold, MBChB MRCP FRCPE FRCR MD Prof. Vinidh Paleri MBBS MS FRCS (CSiG) FRCS(ORL-HNS)
Patron	Sir Michael Morpurgo Tony Matharu
President	Jimmy Mulville
Vice-Presidents	Nigella Lawson Jenny Pitman OBE
Charity Number	1142037
Company Number	07125497
Principal address	85 Great Portland Street, London, W1W 7LT
Registered Office of Charity	80 Coombe Road, New Malden, KT3 4QS
Auditors	Goldwins, 75 Maygrove Road, West Hampstead, London, NW6 2EG
Bankers	CAF Bank Limited, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 1BE
Solicitors	Dorsey & Whitney LLP, 199 Bishopsgate, London, EC2M 3UT

Statement of trustees responsibilities

The Trustees, who are also the directors of Oracle Cancer Trust for the purpose of company law, are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

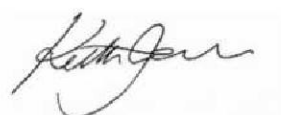
In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the Board of Trustees:

Date:



24th February 2023

Keith Jones
Chair, Trustee
Oracle Cancer Trust

Independent auditor's report

Opinion

We have audited the financial statements of Oracle Cancer Trust (the 'charity') for the year ended 31 May 2022 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 May 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report (incorporating the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' report (incorporating the directors' report) have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the Charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of the trustees

As explained more fully in the Trustees' Responsibilities Statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the Charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the Charity or to cease operations, or have no realistic alternative but to do so.

Our responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.

- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities]. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

Anthony Epton

.....
Anthony Epton (Senior Statutory Auditor)

for and on behalf of Goldwins Limited

Statutory Auditor

Chartered Accountants

75 Maygrove Road

West Hampstead

London

NW6 2EG

27 February 2023

Goldwins Limited is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

Statement of Financial Activities for the year ending 31 May 2022

(Incorporating the Income and Expenditure Account)

	Notes	Restricted Funds 2022 £	Unrestricted Funds 2022 £	Total Funds 2022 £	Total Funds 2021 £
INCOME					
Donations and legacies	1	211,783	226,004	437,787	255,704
Government grants received		-	-	-	2,933
Fundraising events		-	27,730	27,730	39,300
Investment income	2	-	174	174	4,471
Other income		-	-	-	16,927
Total Income		211,783	253,908	465,691	319,335
EXPENDITURE					
Costs of raising funds					
• costs of generating voluntary and fundraising income	3	2,200	130,278	132,478	96,968
Expenditure on charitable activities and Governance costs	4	203,767	175,987	379,754	249,671
Total expenditure		205,967	306,265	512,232	346,639
Net gains on investments		-	-	-	-
Net Expenditure for the year		5,816	(52,357)	(46,541)	(27,304)
Reconciliation of Funds					
Total Funds brought forward 1 June 2021		285,842	(113,294)	172,548	199,852
Transfer between funds		(128,490)	128,490	-	-
Total funds carried forward at 31 May 2022		163,168	(37,161)	126,007	172,548

The statement of financial activities includes all gains and losses recognised during the year.

All income and expenditure derives from continuing activities.

The attached notes form part of these financial statements

Balance Sheet at 31 May 2022

	Notes	2022		2021	
		£	£	£	£
FIXED ASSETS					
Tangible	9	-	-	-	-
CURRENT ASSETS					
Debtors	10	5,666		40,908	
Cash at bank and in hand		470,285		714,156	
		<u>475,951</u>		<u>755,064</u>	
CREDITORS: Amounts falling due within one year	11	<u>349,944</u>		<u>582,516</u>	
NET CURRENT ASSETS			<u>126,007</u>		<u>172,548</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			126,007		172,548
NET ASSETS			<u>126,007</u>		<u>172,548</u>
FUNDS					
Restricted funds	12		163,168		285,842
Unrestricted funds	13		(37,161)		(113,294)
TOTAL FUNDS			<u>126,007</u>		<u>172,548</u>

These financial statements were approved by the Trustees on the
and are signed on their behalf by:



Keith Jones
Chair and Trustee

24th February 2023

Company registration No: 07125497

Notes to the Financial Statements

Accounting Policies

a) Accounting convention

These financial statements are prepared on a going concern basis, under the historical cost convention. The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) including Update Bulletin 1. The Company is a public benefit entity for the purposes of FRS 102 and a registered charity established as a company limited by guarantee and therefore has also prepared its financial statements in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP) and the Companies Act 2006.

Oracle Cancer Trust meets the definition of a public benefit entity under FRS 102.

The financial statements have been prepared in sterling, which is the functional currency of the entity. Monetary amounts in these financial statements are rounded to the nearest pound.

b) Going concern

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charitable group to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charitable company's forecasts and projections and have taken account of pressures on donation and investment income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charitable company has adequate resources to continue in operational existence for the foreseeable future. The charitable company therefore continues to adopt the going concern basis in preparing its financial statements. At the date of sign off, the Trustees confirm there are no material uncertainties in relation to the going concern assumption.

c) Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity is entitled to the income, the receipts is probable and the amount can be quantified with reasonable accuracy. The following specific policies are applied to particular categories of income:

- Legacies are recognised following probate and once there is sufficient evidence that receipt is probable and the amount of the legacy receivable can be measured reliability. Where entitlement to a legacy exist but there is uncertainty as to its receipt or the amount receivable, details are disclosed as a contingent asset until the criteria for income recognition are met.
- Bank interest is accounted for on an accruals basis.
- Voluntary income by way of donations and gifts is included in full in the Statement of Financial Activities when receivable.

d) Resources expended and irrecoverable VAT

Resources expended including grants are included in the Statement of Financial Activities on an accruals basis. Commitment to fund future grants are recognised as liabilities once the obligation has been communicated to the grant recipient. Where there is an annual review or other performance review related conditions which means that the charity may withdraw a commitment if the conditions are not met, the liability is not recognised until the conditions have been fulfilled, and the commitment can no longer be revoked.

Expenditure includes VAT which is not recoverable by the charity. The majority of costs are attributable to specific charitable activities. Support costs include central functions and are allocated to cost categories on the basis of staff time spent on those cost categories. Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity.

Notes to the Financial Statements

Accounting Policies

e) Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the Trusts artistic programmes and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. Further detail can be found in Note 5.

f) Operating leases

The charity classifies the leasing of office equipment as operating leases, the title remains with the lessor. Rental charges are charged on a straight line basis over the lease period.

g) Tax status

Oracle Cancer Trust has suffered no tax charge, as it is not subject to UK Corporation tax on its charitable activities.

h) Fund Accounting

Funds held by the charity are either:

- **Unrestricted general funds** - these are funds that can be used in accordance with the charitable objectives at the discretion of the trustees.
- **Designated funds** - these are funds that are set aside by the trustees out of unrestricted general funds for specific future purposes or projects.
- **Restricted funds** - these are funds that are subject to restrictions on their expenditure imposed by the donor.

i) Fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life. Computer equipment - Straight line over 3 years.

j) Government grants - job retention support scheme

Government grant income related to Job Retention Support Scheme is recorded in the period to which the claim relates and all conditions required have been completed.

k) Financial instruments

- **Cash and cash equivalents** - Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.
- **Debtors and creditors** - Debtors and creditors receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

Notes to the Financial Statements (Continued)

1. Donations and Legacies

		2022 £	2021 £
Project related donations	Restricted	-	-
	Unrestricted funds	-	5,000
General donations	Restricted	67,555	132,280
	Unrestricted funds	224,791	106,854
Grant funding	Restricted	144,228	-
	Unrestricted funds	-	-
Legacies	Restricted	-	-
	Unrestricted funds	1,213	11,570
		<u>437,787</u>	<u>255,704</u>

The Trust benefits greatly from the involvement and enthusiastic support of its many volunteers, details of which are given in our annual report. In accordance with FRS 102 and the Charities SORP (FRS 102), the economic contribution of general volunteers is not recognised in the accounts.

2. Investment Income

		2022 £	2021 £
Bank interest receivable	unrestricted funds	174	4,471
		<u>174</u>	<u>4,471</u>

3. Costs of generating voluntary and fundraised income

		2022 £	2021 £
Unrestricted			
Fundraising Costs	Salaries	40,291	32,697
	Events	11,003	9,391
Support costs allocated (Note 5)		78,984	54,880
		<u>130,278</u>	<u>96,968</u>
Restricted			
Printing, Postage and stationery (from Mercers' Fund)		<u>2,200</u>	-

Notes to the Financial Statements (Continued)

4. Charitable activities and governance costs

	2022 £	2021 £
Research grants	321,109	199,705
Support costs (Note 5)	31,377	20,292
Governance costs (Note 6)	27,268	29,674
	<u>379,754</u>	<u>249,671</u>

All grants are payable to a range of research organisations to cover salaries and expenses of researchers.

5. Support costs

	2022 £	2021 £
Sub-contractors	69,838	36,115
PR consultancy	7,065	6,563
Printing, postage, stationery and website	12,403	14,887
Other office, travel and sundry Recruitment	18,887	19,752
Legal	3,600	-
Allocated to Charitable activities (Note 4)	-	-
Allocated to Governance costs (Note 6)	(31,377)	(20,292)
	(1,432)	(2,145)
	<u>78,984</u>	<u>54,879</u>

Sub-contractors includes the Chief Executive and Operations Manager

The Trust identifies its support costs, it then identifies those costs relating to Governance. The remaining support costs are allocated between Cost of Generating Funds and Governance Staff and related costs are allocated on a time basis, overheads are allocated in proportion to staff time.

6. Governance costs

	2022 £	2021 £
Bookkeeping and external scrutiny	25,836	27,529
Support costs allocated (Note 5)	1,432	2,145
	<u>27,268</u>	<u>29,674</u>

Notes to the Financial Statements (Continued)

7. Net expenditure for the year

	2022 £	2021 £
This is stated after charging (net of VAT):		
Fees payable to the Auditor Audit services	4,500	4,500
Depreciation charge for the year	-	-
	<u>4,500</u>	<u>4,500</u>

The above figures exclude VAT in accordance with accounting reporting requirements. The actual cost to the charity was £5,400 (2021 : £5,400)

8. Staff costs, trustee remuneration and key management personnel

	2022 £	2021 £
Salaries	-	3,872
Employer NI	-	130
Pension costs	-	28
	<u>-</u>	<u>4,030</u>

During the year the average numbers of employees was nil (2021 : 1)

Additional support has been provided throughout the year in administering and running the Charity.

In both 2021 and 2022 no employee earned more than £60,000 in that year.

The key management personnel of the charity comprise the trustees and the operations manager. The total compensation paid to key management personnel amounted to £58,775 (2021 : £26,138)

No trustee was remunerated in the current or preceeding year. Total key management personnel

Notes to the Financial Statements (Continued)

9. Tangible fixed assets

	2022 Computer Equipment £
Cost or Valuation	
At 31 May 2021	1,180
Additions	-
At 31 May 2022	1,180
Depreciation	
At 31 May 2021	1,180
Charge for the year	-
At 31 May 2022	1,180
Net Book Value	
At 31 May 2022	-
At 31 May 2021	-

10. Debtors

	2022 £	2021 £
Grant and event debtors	-	17,555
Other debtors and prepayments	5,666	18,902
Accrued income:	-	4,451
• Gift Aid and bank interest accrued	5,666	40,908

11. Creditors - Due within 1 year

	2022 £	2021 £
Grant accruals	298,037	481,733
Deferred Income and other accruals	12,370	11,752
Trade creditors	39,537	89,031
	349,944	582,516

Notes to the Financial Statements (Continued)

12. Restricted funds

	Balance 1 June 2021 £	Income £	Expenditure £	Transfers £	Gains / (losses) £	Balance 31 May 2022 £
• CHK Charities	39,533		(27,500)			12,033
• Swire - Pioneers of Discovery (Fleming and Melake)	130,000		(77,338)			52,662
• Beaumont / Terradace / AMRC (Patin)	56,438	71,457	(76,150)	(20,225)		31,520
• Beaumont/Terradace (Marsh)		50,000	(25,558)	9,637		34,079
• AMRC (Lin)		72,770	1,589	(43,535)		30,824
• Chellaram (Hobart)	37,311	17,556	1,190	(56,057)		0
• The Worshipful Company of Mercers	4,050		(2,200)			1,850
• Pennycress Trust	200					200
• Big Give Immunotherapy appeal	18,310			(18,310)		0
	285,842	211,783	(205,967)	(128,490)	-	163,168

	Balance 1 June 2020 £	Income £	Expenditure £	Transfers £	Gains / (losses) £	Balance 31 May 2021 £
• Bender Foundation	-	-	-	-	-	-
• CHK	69,883	-	(22,500)	(7,850)	-	39,533
• Karsten Schubert	-	-	-	-	-	-
• Mark Donegan Fellowship	-	-	(1,791)	1,791	-	-
• The Swire / Adrian Swire Charitable trust	-	-	-	-	-	-
• Swire Robotic Surgical	-	-	11	(11)	-	-
• Swire - Pioneers of Discovery	156,000	-	-	(26,000)	-	130,000
• Robinson / Lepicard	-	5,569	(8,824)	3,255	-	-
• Julian's Journey	-	-	2,679	(2,679)	-	-
• Bob Howes (Patin)	-	-	-	-	-	-
• Beaumont / Terradace (Patin)	-	50,000	6,438	-	-	56,438
• Robert Luff (Fleming)	-	-	(26,000)	26,000	-	-
• Chellaram (Hobart)	-	73,711	(36,400)	-	-	37,311
• Worshipful Company of Mercers	4,050	-	-	-	-	4,050
• Pennycress Trust	200	-	-	-	-	200
• Big Give Immunotherapy appeal	15,310	3,000	-	-	-	18,310
	245,443	132,280	(86,387)	(5,494)	-	285,842

Notes to the Financial Statements (Continued)

Additional details

- **CHK Charities** are supporting PhD student, Jennifer Kieselmann, to undertake a cutting-edge computational project at the ICR's Division of Radiotherapy and Imaging.
- **Swire – Pioneers of Discovery** Match funding initiative to support PhD fellows in establishing their careers in the field, while directing more innovative research towards head and neck cancer.
- **Beaumont / Terradace / AMRC (Patin)** The aim of this project is to use drugs to make radiation more effective in killing cancer cells, but also to alert the immune system to their presence. In this way, the study aims to make radiation work better against hard-to-treat head and neck cancers (eg HPV-negative tumours), but also to reduce the side effects of treatment by needing to use less radiation dose to control more sensitive cancers (eg HPV-positive tumours).
- **Beaumont/Terradace (Marsh)** This project intends to understand the lifecycle and development of HPV infections within the mouth to determine how HPV causes head and neck cancer, in order to develop new treatments.
- **AMRC (Lin)** The work of Daniel Lin will study baseline IDO activity in patients and map this throughout head and neck cancer (HNC) treatment to establish IDO as a biomarker for HNC and support a more personalised therapeutic approach to improve patient outcomes.
- **Chellaram (Hobart)** PhD project looking at how medical imaging can be used to predict how likely a head and neck cancer patient is to respond to immunotherapy treatment.
- **The Worshipful Company of Mercers** Funding to support the production of awareness materials.
- **Pennycress Trust** Match funded by Pioneers of Discovery fund, supporting PhD fellows.

Any negative fund balances are rectified in the following financial year through the receipt of further income into the relevant fund.

13. Unrestricted funds

	Balance 1 June 2021 £	Income £	Expenditure £	Transfers £	Gains £	Balance 31 May 2022 £
Designated funds						
• Blair Hesketh Memorial	67,664	50	(1,421)	-	-	66,293
General unrestricted funds	(180,958)	253,858	(304,843)	128,490	-	(103,454)
	(113,294)	253,908	(306,264)	128,490	-	(37,161)

	Balance 1 June 2020 £	Income £	Expenditure £	Transfers £	Gains £	Balance 31 May 2021 £
Designated funds						
• Blair Hesketh Memorial	68,864	-	(1,200)	-	-	67,664
General unrestricted funds	(114,455)	187,055	(259,052)	5,494	-	(180,958)
	(45,591)	187,055	(260,252)	5,494	-	(113,294)

The Blair Hesketh Memorial Fund has been set up to provide funds for the Blair Hesketh lectures.

Notes to the Financial Statements (Continued)

14. Trustees' remuneration and expenses

No trustee received any remuneration or reimbursement for expenses in respect of the current year or preceding period.

15. Related Party Transactions

Three medical Trustee Directors sit on the Research Sub-Committee. Consequently they make recommendations upon the direction of the research, allocation of funding and Trustee Directors, for example, where the funded appointee delivers a partial clinical role which may alleviate their own clinical responsibilities. To mitigate this risk of related party benefit, the Research Sub-Committee is chaired by an independent Non Executive Director and it formally passes any funding proposals to the Finance & Investment Sub-Committee (whose members are non-medical) for review and necessary approval before onwards submission for a final Board decision.

Disclosures relating to Key Management Personnel are detailed in Note 8

16. Analysis of net assets between funds

	Unrestricted £	Fund designated £	Restricted £	2022 Total £
Tangible fixed assets	-	-	-	-
Debtors	5,666	-	-	5,666
Cash at bank and in hand	54,807	66,293	349,185	470,285
Creditors due within one year	(163,927)	-	(186,017)	(349,944)
Creditors due 1 - 2years	-	-	-	-
Balance on fund	(103,454)	66,293	163,168	126,007

17. Control

The Charity is controlled by the Trustees under the terms of the Trust Deed.

18. Grants approved but not committed to

At the year end the charity has agreed to provide research grants over subsequent years as follows

22/23	£78,160
23/24	£81,320
24/25	£0

Since the year end the following grants have been approved in addition to the above £nil (2021 : £nil)

These amounts are subject to annual reviews and reporting requirements of the grant recipient. The amounts are funded from reserves and fund-raising activities.

These amounts are not provided for in the financial statements as they are subject to annual financial and scientific review.



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