

Annual Review

For the year ended 31 March 2022



NCRI Partners

NCRI is a UK-wide partnership between research funders working together to maximise the value and benefits of cancer research for patients and the public. A key strength of NCRI is its broad membership with representation across both charity and Government funders, as well as all four nations of the United Kingdom.



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Introduction



NCRI is a partnership of cancer research funders working together to deliver better outcomes for all those affected by cancer.

NCRI uses data provided by its Partners to identify gaps in cancer research and convenes the research community to address them. We bring together the brightest minds to advance cancer research in the UK through our groups. We look out for unnecessary, expensive duplication of effort through our uniquely impartial position and guard against it. We tirelessly search for new ways and means to accelerate the progress of cancer research.

In 2021 NCRI celebrated its 20th anniversary. To mark the occasion, we have looked back at some of NCRI's most significant achievements and asked some of our supporters to explain the impact they have had on the cancer research community.

2000

The Consumer Liaison Group is established, a precursor to the NCRI Consumer Forum.

2001

The first NHS Cancer Plan is published, leading to the creation of NCRI.

2002

NCRI begins collecting cancer research funding data allowing it to identify areas of need.



2014

The NCRI Consumer Forum hosts its first Dragons' Den at the NCRI Cancer Conference.

2012

NCRI establishes a formal collaboration with the International Cancer Research Partnership (ICRP).

2012

NCRI establishes the Screening, Prevention and Early Diagnosis Group.

2010

The NCRI Groups evolve from being clinically focused to include other research disciplines .

2009

NCRI establishes the Clinical and Translational Radiotherapy Research Working Group (CTRad).

2005

NCRI hosts the first NCRI Cancer Conference.

2015

NCRI becomes an independent charity.

2016

NCRI establishes the Cellular Molecular Pathology Initiative (CMPath).

2018

NCRI launches its living with and beyond cancer initiative.

2018

The NCRI Strategy Advisory Group (SAG) is established.

2019

NCRI forms a partnership with the British Society for Immunology (BSI).

2021

NCRI launches the Early Career Researcher Forum.

Chair's statement



The past year has continued to be challenging for NCRI Partners and the cancer research community as we recover from the initial impacts of the Covid-19 pandemic and adjust to our new environment. We understand the challenges, including financial, that are impacting the community, but I am convinced that NCRI has a lot to offer in our shared desire to advance cancer research for the benefit of patients.

The changes that have happened as a result of the pandemic have offered many opportunities. The wave of positivity for research seen in the public and government will have a favourable impact on the whole community and provide opportunities for NCRI. We are looking to rethink our priority areas and show leadership as the only UK independent convenor of cancer researchers and funders, including driving, influencing, and participating in policy work.

A clear focus is the earlier diagnosis of cancer, an area where NCRI is well-positioned to drive better research and show leadership. Our Screening, Prevention and Early Diagnosis Group has recruited eminent researchers Professor Peter Sasieni and Professor Emma Crosbie as Chair and Deputy Chair. I am looking forward to the group publishing its strategic priorities later this year and seeing the working groups demonstrating progress towards them.

Through digital innovations and new ways of working, NCRI continues to become more efficient. Virtual technology continues to enable us to convene the NCRI Groups, NCRI Consumer Forum and the newly formed NCRI Early Career Researcher Forum. The NCRI Networks launched in November 2021 now have over 1500 members and will be the basis of much work going forward. Delivering events virtually has allowed NCRI to remain connected to the community.

I'm looking forward to the year ahead, working with NCRI's Partners and the community to identify where we can add the most value and demonstrate this to our stakeholders.

Fiona Driscoll
Chair, NCRI

CEO's statement



This year, NCRI celebrated its 20th anniversary after being established in 2001 following the publication of the first NHS Cancer Plan. While much has changed in these 20 years, NCRI continues to evolve and adapt to advance cancer research for the benefit of all those affected by cancer.

In the past 12 months the NCRI Groups have adopted a new model which will enable them to be more agile and wide-reaching, driving change against specific strategic priorities. This can be seen in the work of the NCRI Brain Group, the first of the 19 groups to identify their strategic priorities as part of the new process. The group's six specific priorities have been identified to address the challenges faced in brain tumour research and improve outcomes for patients. Working groups to address these priorities are being established from the pool of experts that have joined the NCRI Brain Network.

I was delighted to see the establishment of the NCRI Early Career Researcher Forum this

year. Built on the past success of our trainee programme, the Forum will enable early career researchers to build collaborative networks in their field of interest whilst enhancing their skills and supporting career development through training, mentoring, networking and research involvement opportunities.

Throughout the year, we have been able to support our Partners in several ways, including utilising data from the Cancer Research Database (CaRD) to help Brain Tumour Research in their campaigning work, conducting proposal guidance meetings for researchers applying to Prostate Cancer Research's racial disparities call and working with the National Institute for Health and Care Research on developing a bone metastases programme. We will continue to support our Partners in the year ahead, including our newest Partner, Children's Cancer and Leukaemia Group.

I must say a big thank you to everyone at NCRI for their dedication and hard work over the past year and a warm welcome to Fiona Driscoll who joined us in June 2021 as Chair and to Cameron Millar and Dr Ian Walker, who have joined the Board of Trustees. I would like to thank Baroness Delyth Morgan and Mary Basterfield, whose terms have come to an end this year.

Dr Iain Frame
CEO, NCRI

Patients at the heart of research



“It has been another busy year for the NCRI Consumer Forum. We have expanded our membership, bringing in new views and experiences, strengthening our reach within the UK and beyond, and adding depth to our diversity and representation.

The Forum continues to play a pivotal role in the activities of the NCRI. Our members have been critically involved in discussions around how cancer research might move forward in the post-Covid world, how we can get research back 'online' and how we should leverage new technologies and discoveries.

Our collaborative work as Forum members beyond the NCRI includes sitting on Trial Management Groups and Steering Committees, working with strategic bodies and responding to consultations, drafting papers and working with industry.

As always, it has been a privilege to work with and lead this group of outstanding individuals, 100% committed to improving outcomes for those affected by cancer through another successful year.”

Emma Kinloch, NCRI Consumer Lead

Improving access to early phase trials for teenagers and young adults

Cancer Research UK's Experimental Cancer Medicine Centre (ECMC) Network is working on a project to ensure teenagers and young adults can benefit from experimental medicines via early phase clinical trials. They came to an NCRI Dragons' Den to understand the key challenges teenagers and young adults face in accessing early phase trials.

“Taking part in a Dragons' Den was an invaluable experience that I gained so much from and would certainly recommend to other researchers. We were able to get a perspective from people who had been affected by cancer as teenagers and

young adults, and we now understand the unique and complex challenges they face in accessing early phase trials much better. These insights helped shape the national workshops we organised to discuss how we can work together to address these challenges. Fourteen focus areas came out of the workshops, and we'll be looking to prioritise these and develop an action plan to implement them to serve teenagers and young adults better.”

Caroline-May Huxley, Children and Young People Manager, CRUK

What is the NCRI Dragons' Den?

Dragons' Den provides the opportunity for researchers to present their research ideas to people directly affected by cancer. Researchers apply to attend a session and Consumers with experience in a particular topic or issue are assigned to the session. In the 'Den' participants discuss research proposals with patients and carers who provide feedback.

[Find out more about NCRI Dragons' Den](#)



Patient priorities influencing research focus

“I was involved in several meetings to develop the NCRI Brain Group's strategic priorities. Being involved in these meetings enabled me to bring research closer to the person with the lived experience and vice versa. I have always felt privileged to be part of this group. The researchers understand the value of the patient and carers' voice and actively seek input from those of us who are living with brain tumours. The result is that the strategic priorities that we agreed on represent everyone's needs; they are meaningful and relatable and are therefore more likely to be achieved.”

Dr Helen Bulbeck, NCRI Consumer Forum member



Lived experience improving the quality and relevance of research

“Including patients like myself in Proposal Guidance meetings has meant that our lived experiences really can shape clinical trials, improving their quality and relevance and ultimately the lives of others with cancer. I was able to explain to researchers how age and location can impact a young cancer patient's journey. This is really important, and it is great to see the impact of what my fellow Consumers and I can contribute to research proposals.”

Kyle Blain, NCRI Consumer Forum member



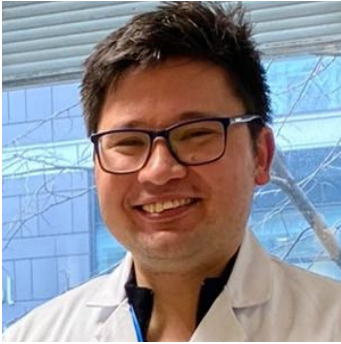
Bringing the patient voice to panel discussions

“I took part in the NCRI Festival session 'What is the gut microbiome and why does it matter in cancer?'. I represented the patient voice during the session, asking the questions that most patients have asked themselves but have not had the opportunity to put to the experts at the cutting edge of the field. Patients must be involved in these discussions to ensure their concerns and questions are addressed.”

Marbellys Bayne-Azcarate, NCRI Consumer Forum member

140 NCRI Consumer
Forum members

Early career researchers flourishing



“The NCRI Early Career Researcher Forum was launched in June 2021 to enable early career researchers to build collaborative networks in their field of interest, enhance their skills and support their career development. Early career researchers embody the future health and prosperity of our research community, and their career development opportunities have been particularly impacted by the Covid-19 pandemic. I was delighted to be appointed as Chair of the Advisory Committee in February this year.

Since the Forum's launch, we have attracted over 400 members from a diverse range of backgrounds and specialities. We have recruited an advisory committee and have begun to plan the Forum's first meeting. Early career researchers are being incorporated into NCRI Groups, Proposal Guidance panels and contributing to setting the NCRI Groups' strategic priorities. As the Forum develops, we are looking forward to providing training, mentoring and networking opportunities for Forum members as well as seeing them take on new opportunities across NCRI and beyond."

Dr Matthew Fok, NCRI Early Career Researcher Forum Chair

[Watch an interview with Matthew](#)





Providing skills in developing successful research proposals

“Taking part in the screening, prevention and early diagnosis Proposal Guidance meeting was a great way to engage with researchers who are active in the field. I was able to provide feedback including clinical insights and highlighting the importance of patient involvement. I was also able to hear a wide range of views as experts from multiple disciplines fed back to the researchers on how they could develop their ideas and improve their chances of receiving funding. As an early career researcher, this knowledge is invaluable, as turning an idea into a project suitable for funding can be a challenging prospect.”

Dr Sam Khan, Academic Clinical Lecturer in Medical Oncology, University of Leicester



Mentoring early career researchers to become the next cancer research leaders

“I first started working with the NCRI Breast Group in 2016 as a trainee. I had completed my PhD and was starting to develop ideas around new clinical trial designs and wanted to become more involved in multi-centre clinical research. Being a member of the group has enabled me to lead a national audit on the management of pregnancy-associated breast cancers in the UK, outputs from which we have been able to publish and present at national conferences. Since then, I have developed and won the trust of my colleagues as a clinician-scientist, taking on leadership positions within my institution. This year I have been appointed as Deputy Chair of the group and I hope to be able to help drive the national research portfolio in the UK, establishing and maintaining productive collaborations with multi-disciplinary colleagues including international leaders in cancer research.”

Dr Sheeba Irshad, Senior Clinical Lecturer & Breast Cancer Medical Oncologist, King's College London and Guy's & St Thomas NHS Trust

Identifying and addressing gaps in research

The NCRI Networks were launched in November 2021 and now have over 1500 members. The establishment of the NCRI Networks will allow the NCRI Groups to benefit from a multidisciplinary pool of skills and expertise to deliver focused activities against key priorities with specific tangible outcomes.

Identifying strategic priorities for the NCRI Brain Group

The NCRI Brain Group was the first to adopt the new model for the NCRI Groups, which involved identifying strategic priorities in brain tumour research. The group held four virtual meetings, attracting over 60 participants from various sectors and disciplines, including NCRI staff, NCRI Partners, patients and carers, early career researchers and the broader cancer community.

The meetings allowed for discussion on the overarching challenges, opportunities and gaps in brain tumour research and covered specific issues and areas of unmet need in the field.

[View the NCRI Brain Group's priorities](#)



NCRI Brain Group priorities

1. Produce and publish a position paper on the challenges faced in brain tumour research
2. Develop a window of opportunity study, early-phase trial or basket study for glioblastoma patients
3. Develop an innovative research trial to improve outcomes for brain tumour patients with unmet needs
4. Improve outcomes for elderly or frail patients, patients with poor prognosis
5. Build and strengthen links with international groups and prioritise opening international studies for UK patients with rarer brain tumours
6. Support and provide guidance for a broad range of research proposals across the brain cancer community



“It was fantastic to have so many new people participating in our four strategy sessions discussing the big challenges in developing more effective therapies for brain tumour patients. With the new NCRI Network and focused working groups, I do not doubt that we are in a strong position to develop innovative approaches to brain tumour research that will lead to patient benefit.”

Professor Michael Jenkinson, Professor of Neurosurgery, University of Liverpool and Chair, NCRI Brain Group

Addressing areas of unmet need

Lung cancer in never smokers

The NCRI Lung Group identified lung cancer in never smokers as a critical area of focus. The group hosted a virtual event to bring the community together and support them in building a research strategy for never smoker lung cancer patients.

During the event, delegates commented on the amount of research currently ongoing in this area and noted the sheer number of unanswered questions. It was clear that there is an opportunity to bring this research community together to learn from each other and develop a strategy to make progress for the benefit of never-smoking lung cancer patients.

Bone metastases

The treatment of bone metastases poses a significant health and economic burden. It is an area of need that cuts across many cancer types, where coordinated effort is required to improve patient outcomes.

To identify the issues behind the lack of progress in bone metastases research, NCRI designed a survey completed by over 100 researchers, clinicians, patients, and other key stakeholders to gain insight into key research questions that need answering to improve our understanding and management of bone metastases. NCRI has established a project group to develop research studies to address these research questions.

NCRI is also in discussion with cancer research funders with an interest in bone metastases research and is actively supporting them in scoping new grant calls and identifying high-quality research proposals eligible for their existing funding schemes.

“It has been great to see the interest this event generated. Our thanks go to the speakers that helped identify the gaps in our knowledge and to all the participants in helping identify the key research questions. The level of interest shown gives us confidence that the UK will support and deliver research studies that can improve outcomes for this group of patients.”

Matthew Hatton, Consultant and Honorary Professor in Clinical Oncology, University of Sheffield and Chair, NCRI Lung Group

“I have worked in the field of bone oncology for over two decades and I am committed to changing the outlook for patients diagnosed with bone metastasis. In order to ensure bone metastases become a manageable disease, a concerted effort is required at a multi-disciplinary level and the NCRI project group can provide a platform for this.”

Professor Claire Edwards, Associate Professor of Bone Oncology, University of Oxford and Project Lead

“As a clinician, I am acutely aware of the need to improve the quality of services for metastatic bone patients and improve outcomes. There are a lot of unanswered questions and this project group established by NCRI is ideal to bring together the right people to instigate projects that drive forward improvements in clinical care.”

Mr Jonathan Stevenson, Consultant Orthopaedic Oncologist, Royal Orthopaedic Hospital NHS Foundation Trust and Clinical Lead

Advancing research development and delivery

A crucial way in which NCRI advances the development of cancer research is by providing guidance on research proposals. Researchers apply to attend Proposal Guidance meetings where they are matched with relevant experts from the NCRI Networks who provide feedback on their research to improve the quality of the ideas before they are submitted for funding.



“I found the NCRI proposals guidance meeting an extremely valuable experience. The expert panels offered feedback on every aspect of the proposal, and we have been able to update plans for PPI, pre-clinical work, trial stopping rules, and even the name of the trial. I will definitely apply to the panels for guidance on future proposals.”

Dr Caroline McCarthy, Academic Clinical Lecturer in Oral Medicine, University of Liverpool

Supporting NCRI Partners in tackling racial disparities in prostate cancer

In 2021 NCRI Partner Prostate Cancer Research ran a grant call focused on combatting racial disparities in prostate cancer. To support Prostate Cancer Research and ensure they received the highest quality proposals, NCRI invited the applicants to attend a Proposal Guidance meeting.

Eight researchers presented their research ideas to expert panels formed based on the research idea and expertise required. Researchers were able to discuss their ideas and received detailed written feedback on how to improve their application.



“As we launched this call to encourage more researchers into a field that has not seen much activity compared to the level of need in recent years. We really valued that our applicants had the opportunity to discuss and receive feedback on their submissions before they were peer-reviewed and assessed by our patient panels. Several researchers had made refinements to their proposals following the meetings.”

Dr Naomi Elster, Head of Research and Communications, Prostate Cancer Research

What is Proposal Guidance?

NCRI Proposal Guidance meetings offer investigators the opportunity to submit their cancer study proposals for review by a bespoke panel of experts and receive written feedback to assist them with the development of their study.

Gathering evidence to compare the benefits of proton beam therapy

NCRI's CTRad drives and leads the strategic direction of proton beam therapy research in the UK. The proton beam therapy clinical trials strategy group works in collaboration with the two NHS proton beam therapy centres and NHS England to ensure that funded proton beam therapy studies are successfully delivered and supported by the radiotherapy community to generate the evidence base to inform future clinical practice across the UK and internationally.

APPROACH - Analysis of Proton vs Photon Radiotherapy in Oligodendroglioma & Assessment of Cognitive Health

The APPROACH trial will compare proton beam therapy with photon radiotherapy to see if it reduces long-term side effects for good prognosis glioma patients. The trial has received £1.5m funding from the NIHR EME programme. The support provided in developing this and other proton beam therapy trials by NCRI's CTRad was instrumental in the success of the funding application.



“The discussions with the CTRad members, which included representatives from the two proton beam therapy centres and patient representatives, were invaluable in optimising the trial design. CTRad offered a confidential and impartial space for experts to speak freely, providing advice and feedback, which enabled us to improve the proposal.”

Dr Louise Murray, Yorkshire Cancer Research Associate Professor and Honorary Consultant Clinical Oncologist, and Chief Investigator for APPROACH

PARABLE - Proton beAm theRApy in patients with Breast cancer: evaluating early and Late-Effects

The PARABLE trial will compare proton beam therapy with photon radiotherapy to see if it reduces the risk of short term side effects and long-term heart problems later in life for patients with breast cancer. NCRI's CTRad has supported the trial throughout its development, providing invaluable feedback.



“CTRad has been instrumental to the success of this study. It provided focused workshops that brought the community together and facilitated development of the study design.”

Professor Charlotte Coles, Professor in Breast Clinical Oncology, NIHR Research Professor, Honorary Consultant in Clinical Oncology and Chief Investigator for PARABLE

High-quality screening, prevention, and early diagnosis research

The prevention and early diagnosis of cancer is a priority not just for the cancer research community but the UK as a whole. NHS England has prioritised cancer early diagnosis in its Long-Term Plan and in a speech on World Cancer Day, Health and Social Care Secretary Sajid Javid emphasised the importance of both prevention and early diagnosis of cancer.

The NCRI Screening, Prevention and Early Diagnosis (SPED) Group is ideally placed to capitalise on this enthusiasm and drive high-quality screening, prevention and early diagnosis research.

This year the group has appointed Professor Peter Sasieni and Professor Emma Crosbie as Chair and Deputy Chair. They come with methodological and clinical expertise and great enthusiasm to galvanise the growing research community with an interest in screening, prevention and early diagnosis research to work collaboratively.

To identify strategic priorities for the group, a survey has been developed, informed by a strategic workshop, and shared with approximately 2,000 research-active clinicians, scientists, and Consumers who have expressed an interest in SPED research. Once identified, working groups will be established to achieve the priorities.



“The NCRI SPED Group is in the ideal position to encourage and support collaborations in the area of screening, prevention and early diagnosis, engaging with stakeholders to ensure the delivery of practice-changing research. This is an area high on the national agenda for health and it is essential that we capitalise on this interest and create a truly multi-disciplinary agenda for screening, prevention and early diagnosis research.”

Professor Peter Sasieni, Professor of Cancer Prevention, King's College London and NCRI Screening, Prevention and Early Diagnosis Group Chair



“The NCRI SPED Group is identifying its strategic priorities, with ambitious plans to work in a collaborative and multidisciplinary way to develop novel strategies for cancer screening, prevention and early diagnosis to improve outcomes for patients. The multidisciplinary nature of the group is incredibly important for ensuring success. Involving trainees and Consumers adds richness and depth and keeps the future patient at the heart of this initiative.”

Professor Emma Crosbie, Professor of Gynaecological Oncology, University of Manchester and NCRI Screening, Prevention and Early Diagnosis Group Deputy Chair

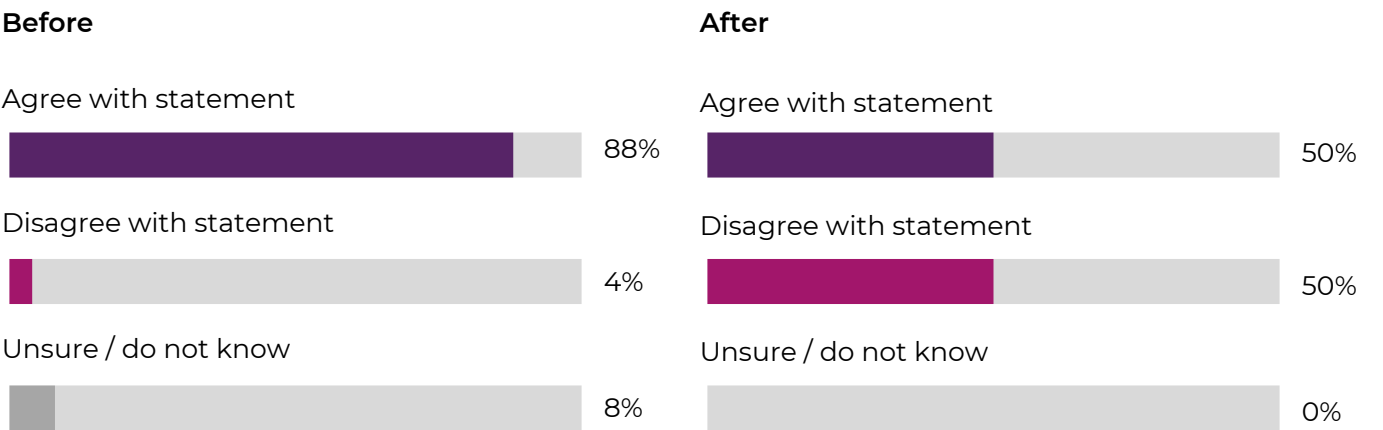
Debating the value of prevention versus treatment

This house believes that the economic and survival impact of cancer prevention is superior to that of cancer treatment, NCRI Festival, November 2021



In this debate, proponents argued that the economic and survival impact of cancer prevention is superior to that of cancer treatment, using obesity and HPV to argue for increased investment in prevention. Opponents argued that further evidence is required to decide if this is the case. Over the course of the debate 38% of audience members changed their minds on whether the economic and survival impact of cancer prevention is superior to that of cancer treatment

This house believes that the economic and survival impact of cancer prevention is superior to that of cancer treatment



Health data transforming cancer research

The research developed by the NCRI Groups and funded by NCRI Partners often involves the use of health data. The effective use of health data can accelerate cancer research and improve patient outcomes.

The use of health data for research is a priority across the cancer research community. It has been identified as an opportunity by the UK Government and a number of NCRI Partners. We are working with the key players HDR UK, DATA-CAN, NHS Digital and CRUK to identify the challenges of using health data for research:

1. **Barriers to accessing health data**
NCRI survey exploring researchers' experiences when accessing health data showed that less than half of respondents were completely successful in accessing the health data they requested.
2. **Involving patients and the public in health data research**
A survey by NCRI, HDR UK, DATA-CAN and use MY data on patient and public involvement in research projects using health data showed 90% of respondents

would like more guidance or support with being involved in health data projects.

3. **Issues for early career researchers are particularly acute**
Limited timescales, lack of training and support, and the exploratory nature of some projects makes accessing health data particularly challenging for early career researchers.
4. **Dysconnectivity between research funding and data access processes**
There is a lack of clarity around the cost of accessing health data making budgeting difficult. Currently, the application for funding and accessing the data are two distinct, time-consuming processes.

NCRI plays a key role in working with health data organisations to overcome these challenges and ensure researchers have the right knowledge, expertise and support to access health data for research.

What is health data?

We consider "health data" to be any data that is provided by patients, collected as part of their treatment or obtained from patient samples (e.g., data from Electronic Health Records, imaging data, Hospital Episode Statistics (HES), data collected using apps or wearable devices, omics data from tissue samples, etc.).

Immunologists and cancer researchers working together

NCRI is working in partnership with the British Society for Immunology (BSI) to bring the immunology and cancer research communities together. The partnership aims to drive collaborations and address challenges in cancer immunology and immunotherapy through a series of joint initiatives.



“The BSI-NCRI Cancer Immunology Group is a multidisciplinary group that drives the joint activities of our organisations to facilitate the interaction of immunologists with cancer researchers and clinicians. For immunotherapies to benefit a wide range of patients, we must advance our understanding of the complex interactions between cancer and the immune system. The most effective and efficient way to achieve this is if immunology and cancer researchers collaborate to answer the key questions.”

Professor Ann Ager, Professor of Cellular Immunity and Immunotherapy, Cardiff University, Chair, BSI-NCRI Cancer Immunology Group and Chair, BSI Forum

To drive collaboration between immunologists and cancer researchers, the NCRI is ensuring immunologists are represented in its work. Several immunologists have joined the NCRI Networks, where they will be invited to get involved in the work of the NCRI Groups. Immunologists have taken part in strategy sessions for the NCRI Lung Group, specifically on the topic of immunotherapy.

To share knowledge and research findings with immunologists and cancer researchers, NCRI is working with BSI to contribute to the TrialsWatch feature of the BSI's open-access journal, Immunotherapy Advances.

Highlighting links between cancer and immunology through events

In conversation with... Fran Balkwill, NCRI Prime, April 2021

Professor Fran Balkwill presented how inflammation is implicated in the development and survival of cancer cells, using ovarian cancer as an example to help the audience better understand the role that inflammation plays in specific cancers.



Immuno-therapeutics: What's next? NCRI Festival, November 2021

In this session, speakers discussed how immuno-therapeutics are currently used to treat cancer, what questions remain unanswered, for example treating solid tumours, and some opportunities for this research area including the microbiome.



Focussed research into living with and beyond cancer

NCRI Living with and Beyond Cancer Group shaping research

The NCRI Living With and Beyond Cancer Group has supported several trials looking at lifestyle changes that help with recovery from treatment, health restoration and quality of life. These have included PROPEL and PreopFit, which are investigating prehabilitation interventions, Benefit, looking at behaviours, exercise and nutrition for fatigue and Vinehealth, a digital health solution. The group has also supported the recruitment of patients into a number of trials focused on cancers of unknown primary, including CIPISCO, CUPem, PEACE and CUP TCGA.

Ensuring living with and beyond cancer is a priority for all NCRI Groups

As the NCRI Groups identify challenges, opportunities and gaps in their areas of expertise, living with and beyond cancer is routinely identified as an opportunity to improve outcomes for patients. Improving outcomes for elderly or frail patients, patients with poor prognosis and patients who are ineligible for active oncological treatment has been identified as a strategic priority by the NCRI Brain Group and sessions specific to living with and beyond cancer have been held by the NCRI Breast and Lung Groups.

Shining a light on living with and beyond cancer research through events

NCRI Festival, November 2021

NCRI continues to champion research into living with and beyond cancer and the priorities identified in the James Lind Alliance Priority Setting Partnership. At the NCRI Festival, experts discussed the side effects of cancer treatment, including fatigue and pain, and if researchers can predict side effects. In addition, researchers presented abstracts on living with and beyond cancer interventions and trials in palliative settings on the research stage.



In conversation with... Leorey Saligan, NCRI Prime, July 2021

Dr Leorey Saligan discussed the nature and causes of cancer-related fatigue and how he has been introducing clinically relevant approaches to understand and identify biobehavioural mechanisms of cancer-related fatigue to develop more effective ways to manage it.



Connecting the community

NCRI Virtual Events

NCRI continues to keep the community connected and provide an opportunity for researchers to share knowledge and foster collaboration. Throughout the year NCRI has continued to engage with existing and new audiences at a time when uncertainty about face-to-face events has continued. NCRI has hosted regular events on the hottest topics in cancer research with expert UK and international speakers as part of the NCRI Prime series.

24 virtual events

50 speakers

892 attendees

NCRI Festival

In November 2021, NCRI hosted the NCRI Festival. The virtual event had three stages including the strategy stage which hosted debates, panel discussions and presentations on topics of strategic importance to the community. The research stage hosted presentations on the newest research, and the fringe stage hosted several exciting interactive sessions, including 'live from the laboratory', a book club, a session on the importance of nutrition for cancer patients with a cooking demonstration, and some guided relaxation time.

98 speakers

276 abstracts presented

728 attendees

Bridging the translational gap

The second event in the Beyond the Horizon series also took place in November on bridging the translational gap. The event built on the outcomes of the first event on innovative cancer drug discovery.



Equality, diversity, and inclusion

NCRI is committed to being an anti-discriminatory organisation, and we have made several changes to our organisation to reflect this stance. We have drafted an EDI strategy to tie in with our new NCRI strategy which will be launched later in the year. We are reviewing all our internal policies to ensure the values of equality, diversity and inclusion are embedded into our policies and day to day working practices.

NCRI Executive

Our recruitment process is managed by CRUK and we have adopted their improved processes. To improve recruitment and retention of staff from more diverse backgrounds, we now use anonymous CVs in our recruitment process and continually review the make-up of interview panels to ensure we're not affected by bias. Job adverts are reviewed to ensure they are inclusive, welcoming and not discriminatory, and applicants' commitments to equality, diversity and inclusion are assessed in the application and interview process. In addition, we monitor the diversity of applicants through the recruitment process to identify and address any problem areas.

To improve our own education, we have incorporated training on equality, diversity and inclusion into staff inductions and ongoing training plans. In addition, we include objectives on equality, diversity and inclusion in personal development plans.

NCRI Networks

To become an organisation that positively impacts the experiences of people from all backgrounds when engaging with cancer research, we are monitoring the diversity of the NCRI Networks, NCRI Groups, NCRI Early Career Researcher Forum and NCRI Consumer Forum. This allows us to identify if any groups are underrepresented and address our procedures accordingly.

We have developed an equal opportunities statement to be signed up to when joining our networks.

Addressing bias in research

We have been exploring opportunities to produce guidance or recommendations for NCRI developed or supported trials to increase the diversity of trials participants. We have recommended researchers use the NIHR 'Guidance for applicants on Equality, Diversity and Inclusion for study participants' and we ensure our proposals guidance takes EDI considerations into account.

The NCRI Groups are including EDI considerations in the development of strategic priorities. All NCRI Groups are advised to consider an EDI priority during the development of their new strategic priority documents. Examples include a project assessing the barriers resulting in a lack of diversity in clinical trials and producing a paper proposing solutions to improve EDI. Working Groups will include ECR Leads who will help the delivery of these projects.

Events

We ensure speakers and presenters are representative of diverse backgrounds and we have held several events with a specific EDI focus, including a number of sessions at the NCRI Festival, as well as the following:

Celebrating Black in cancer week October 2021

We spoke to an early career researcher, an established cancer researcher, and a patient representative about their experiences of being Black in cancer research. Speakers shared information on their professional background, career routes and obstacles they have faced including discrimination and bias in hiring and funding and a lack of role models and representation.

Celebrating international women's day March 2022

On international women's day, we spoke to five women in cancer research about their careers. Topics discussed included the role of role models and mentors, identifying bias and addressing it, and the systemic changes still required to allow women to thrive.

Looking forward

Continuing to support the work of NCRI Groups to co-ordinate the development of high quality, strategically important, research.

Leveraging the power of the research community, consumers and Partners

working via the NCRI Groups, scoping new grant calls and identifying high-quality research proposals eligible for existing funding schemes.

Resetting the relationships with MRC and NIHR, supporting them in their aims to receive fewer, but higher quality research proposals in cancer.

Improving the quality of research calls and research proposals by offering Proposal Guidance meetings to NCRI Groups and Partners. We will continue to be flexible in how these meetings are run to suit the topic under consideration.

Completing research prioritisation exercises with Prostate, Radiotherapy, Sarcoma, Upper Gastrointestinal, Children's, SPED, Colorectal, Haematological Oncology and Lymphoma Groups, publishing and actively disseminating outputs.

Working with NCRI Consumers and the Consumer Involvement Advisory Group to further develop our consumer work towards a more focused policy and advocacy role.

Continuing to develop the Dragons' Den sessions to a wider community if possible and formalise our links with industry to provide the patient/carer voice in the development of industry studies.

Continuing to support Early Career Researchers ensuring a suitable number of opportunities are on offer to ensure retention of those that have signed up to our network. ECRs benefitting from being involved across all NCRI activities from the NCRI Groups, Proposals Guidance meetings, working with Key Opinion Leaders and working with Consumers.

Delivering an events programme that will tie into the work of the NCRI Groups and build on the previous successes of our Beyond the Horizon series looking at topics of particular interest to the cancer research community.

Developing our new strategy for 2023-2028 to be launched later in the year along with a new Partner proposition and funding model.

Financial review

Income

Total income for the year was £1.6m (2020/21 £1.5m), which included £40k allocated against restricted funds. This was an increase of 4% when compared to 2020/21 and predominately due to the receipt of two legacies totalling £77k and an increase in income from grants and sponsorships for the NCRI Festival showcase held in November 2021 and compared against the 2020 NCRI Festival.

The Cellular Molecular Pathology Initiative and the Clinical and Translational Radiotherapy Initiatives have now transferred from being restricted to core projects and as a result NCRI's Partner membership contribution has increased from 56% (2020/21) to 78% with a decrease in restricted funds income from 15% (2020/21) to 2%.

NCRI's Partner membership remains the primary source of income.

Breakdown of underlying income £1.6m



Expenditure

Total expenditure for the year was £1.8m (2020/21 £1.8m) with £1.5m relating to unrestricted funds and £0.3m relating to restricted funds. Expenditure related to all NCRI activities, including: Strategy and Initiatives, Research Groups, Conference and Events, and Business Operations.

Breakdown of total expenditure £1.8m



Reserves policy

The level of reserves held by NCRI is an important part of financial management and forward financial planning. It is recognised that the efficient and prudent use of NCRI reserves is necessary to avoid constraining activities that may accelerate cancer research whilst avoiding reserves falling to a level that could put at risk the charity's solvency and its future activities.

The NCRI reserves policy is reviewed on an annual basis and updated as required. An updated reserves policy was agreed by the Board on 2 March 2021 and this included an update to the target for free reserves. The reserves target is based on the level of budgeted operating expenses so will vary year on year depending on the budget approved. The revised target for free reserves, after providing for existing commitments, is set at a minimum of three months operating expenses plus the cost of potential redundancies. The maximum level of reserves should not exceed four months operating expenses plus the cost of potential redundancies. The policy includes a section on annual income and expenditure stating the requirement to break even on an annual basis, and when this requirement may be waived. Given that Partner contributions have been agreed for one year and are fixed until the end of March 2023 the reserves policy agreed in March 2021 remains in place in that the reserves target is set at a level which would meet future obligations in the event of a loss of income.

Under normal circumstances the income and expenditure budget should break even on an annual basis, with the budgeted income determining the funds available for operating expenses. In the event that unrestricted reserves exceed the agreed target, excess reserves may be utilised for investment projects to be agreed as part of the budget process.

In the event of an unexpected loss of income such as the failure of a Partner to meet their funding obligations, surplus unrestricted reserves may be utilised to fund operating expenditure for a limited period of time as long as there is a plan in place to return to a break even position on an annual basis.

If there are no surplus unrestricted reserves but future income is committed in advance, reserves may be permitted to fall below the target on a temporary basis, subject to the agreement of Trustees.

The NCRI reserves target for 2022-23 has been set in line with this policy and the target range based on the 2022-23 draft budget is £554,000–£692,000. The current level of unrestricted reserves of £970k is in excess of this target. Given that Partner contributions are only fixed until the end of March 2023 and that future income cannot therefore be guaranteed it was considered prudent to address the utilisation of surplus reserves as part of the 2023–24 planning process once future Partner contributions have been agreed.

Financial review (continued)

Our income generation

At NCRI we promote collaboration and partnership working across the cancer research sector pursuing goals shared by the UK's major cancer research funders. We do not participate in public fundraising, nor do we contract with professional fundraisers or commercial participators.

Our income is derived primarily from an annual membership fee and Partner contributions calculated from their research spend. In addition, we also generate income from the sale of delegate access to our annual Conference and other events (not open to the public) and the sale of exhibition space and sponsorship from commercial and non-commercial organisations. Due to continuing uncertainty relating to the Covid-19 pandemic we did not hold an in-person NCRI Conference in 2021 but this was replaced by a series of virtual events.

The NCRI has not participated in public fundraising activities, nor worked with third party fundraisers or received any complaints regarding fundraising activities.

Principal risks and uncertainties

The Board of Trustees is collectively responsible for ensuring effective and adequate risk management and that internal controls are in place to manage risks to which NCRI is exposed. The Trustees need to have a clear understanding of the risks, their nature and significance.

The risk register is the essential tool in managing the successful delivery of the NCRI strategy and protecting the long-term viability of the organisation. The Senior Management Team reviews the risk register on a regular basis, at least quarterly, and the progress is recorded and reported at Board meetings throughout the year.

NCRI risks are grouped under four headings: Operational (including people); Financial; External (including engagement / reputational / impact); Regulatory and governance. Below is a summary of these areas of risks and how they are monitored and managed.

Category	Risk	Mitigation
Operational	Inability to recruit or retain staff with appropriate skills and capabilities	Adherence to Cancer Research UK (CRUK) HR policies and support from CRUK HR. Training plans put in place to ensure resilience. Flexible working options extended.
	A failure in IT systems or security	IT currently hosted by CRUK who are supporting remote working.
Financial	Loss of partnership income	Short term funding agreements put in place. Negotiations for new funding agreements to commence alongside identification of new potential Partners.
	Inadequate resources due to reliance on limited sources of funding	Investigation of business development opportunities and additional funding sources.
External	Failure to achieve intended impacts	Strategy Advisory Group. Project to measure and report impact.
	Failure to promote diversity	EDI working group and action plan.
Regulatory and Governance	Lack of diversity in terms of skills/ experience and make-up of the Board	Refreshed skills audit and review of Trustee Board.

Principal risks and uncertainties (continued)

Protecting vulnerable people

The NCRI is especially careful and sensitive when engaging with vulnerable people especially those affected by cancer. Our practice reflects this: for example, through our guidance and staff awareness, we strive to ensure that this issue is addressed when planning and engaging with volunteers and the public. This is an issue that NCRI takes very seriously and we are working to ensure our training continues to reflect good practice.

Structure, governance and management

NCRI is a Charitable Incorporated Organisation (CIO) governed by a Board of Trustees in accordance with the NCRI constitution.

The Board of Trustees, led by the NCRI Chair, oversees a robust governance framework. The NCRI's governance complies with the Charity Governance Code for the Voluntary and Community Sector endorsed by the Charity Commission.

The Board of Trustees approves the annual budget and delegates operational responsibility for the NCRI's activities to the NCRI Chief Executive Officer. The day-to-day running of the NCRI is the responsibility of the Senior Management Team within the NCRI Executive, led by the Chief Executive Officer.

The Board of Trustees monitor the NCRI's governance on an ongoing basis. They have annual one-to-one meetings with the NCRI Chair and they conduct an annual evaluation.

The Board of Trustees met four times during 2021–22. These Board meetings were held virtually.

The Board of Trustees

The NCRI constitution requires there to be at least five charity Trustees, with not less than three nor more than six Trustees elected from Partner organisations, and up to five additional Trustees to be appointed by the Board.

The Trustees and Chair are appointed for an initial period of three years. An outgoing appointed Trustee may be re-appointed, but no individual may normally serve as an appointed charity Trustee for more than three consecutive terms.

The Trustees offer a wide range of skills and experience essential to the good governance of the NCRI.

The Nominations Committee

The nominations committee led on the recruitment of a new chair during 2021. Following a competitive process using the search agency Saxton Bampfylde, Fiona Driscoll was appointed as Chair. There was a further recruitment process carried out in house for the appointment of a new Consumer Trustee, Cameron Millar.

Structure, governance and management (continued)

The NCRI Board of Trustees is shown below:

Trustee	Elected	Appointed
Ms Fiona Driscoll - Chair		16 June 2021
Baroness Delyth Morgan – Chair*	23 June 2015 23 June 2018	
Ms Mary Basterfield**		25 March 2016 25 March 2019
Dr Helen Campbell	23 June 2015 23 June 2018 16 June 2021	
Dr Matthew Hobbs	20 June 2018 16 June 2021	
Mr Angus McNair		25 March 2016 25 March 2019 16 March 2022***
Mr Cameron Millar		12 July 2021
Ms Catherine Scivier		25 March 2016 25 March 2019 16 March 2022***
Dr Ian Walker	15 December 2021	
Ms Helen Rowntree	3 March 2021	

*Baroness Delyth Morgan stepped down as a Trustee on 30 June 2021.

** Ms Mary Basterfield stepped down as a Trustee on 31 December 2021.

*** Mr Angus McNair and Ms Catherine Scivier have had their appointments extended for one further year.

The NCRI Executive

The Senior Management Team is responsible to Trustees for the day-to-day management of the organisation. The Senior Management Team proposes to the Board of Trustees the annual budget and advises where the NCRI should invest resources into promoting collaboration, co-operation and knowledge sharing. It monitors financial performance and delivery of objectives in pursuit of the strategy agreed by the Board of Trustees.

The NCRI Senior Management Team are listed below.

Name	Position
Dr Iain Frame	Chief Executive Officer
Ms Nicola Keat	Head of Research Groups
Ms Nicole Leida	Head of Conference and Events
Dr Ian Lewis*	Head of Strategy and Initiatives
Ms Ruth McGregor	Head of Business Operations and Finance

* Dr Ian Lewis left in February 2022.

The Strategy Advisory Group

The Strategy Advisory Group, set up in 2018, provides strategic advice to the NCRI Partnership via the NCRI Executive and Board of Trustees regarding the implementation of the NCRI strategy and the development of future strategies. Its broader remit is also to help ensure a strategic and coordinated UK-wide approach to the development of cancer research.

The members are listed below:

Professor Tim Maughan (Chair): Professor of Clinical Oncology and Clinical Director of the Oxford Institute for Radiation Oncology.

Professor Paul Workman (Deputy Chair): Chief Executive and President of The Institute of Cancer Research.

Professor Manuel Salto-Tellez: Chair of Molecular Pathology at Queen's University Belfast, Clinical Consultant Pathologist at the Belfast Health and Social Care Trust and Deputy Director of the Centre for Cancer Research and Cell Biology.

Professor Richard Gilbertson: Director of the CRUK Cambridge Centre at Cambridge University.

Professor Sarah Blagden: Associate Professor of Experimental Cancer Therapeutics in the Department of Oncology at Oxford Professor.

Professor Ruth Plummer: Professor of Experimental Cancer Medicine at the Northern Institute for Cancer Research, Director of the Sir Bobby Robson Cancer Trials Research Centre, lead of the Newcastle Experimental Cancer Medicine Centre and the CRUK Newcastle Cancer Centre.

Structure, governance and management (continued)

Professor Andrew Tutt: Head of the Division of Breast Cancer Research and Director of the Breast Cancer Now Toby Robins Research Centre at the ICR and Guy's Hospital King's College London.

Dr Anthony Byrne: Clinical director of the Marie Curie Palliative Care Research Centre.

Dr Erik Sahai: Group Leader of the Tumour Cell Biology lab at the Francis Crick Institute.

Ms Emma Kinloch: Chair of the NCRI Consumer Forum and member of the NCRI Head and Neck Group, founder of the London based Head and Neck cancer support group, member of the Head and Neck EURACAN domain and on the Board of Directors for Salivary Gland Cancer UK.

Professor Nick Lemoine: Medical Director of the NIHR Clinical Research Network (CRN), Director of the Barts Cancer Institute, Queen Mary University of London and Director of Research & Development for Cancer at Barts Health NHS Trust.

Dr Rob Jones: Reader and Consultant in Medical Oncology Cardiff, Specialty Lead for Cancer in Wales, and Lead for Cancer Phase 1 trials in Wales.

Professor David Cameron: Professor of Oncology at Edinburgh University, Director of Cancer Services in NHS Lothian and Chief Scientist's Office Clinical Cancer Research Champion.

Dr Helen Campbell: Portfolio Manager for Department of Health Research Networks, Cancer Research, and Clinical Research Facilities.

Dr Stuart McIntosh: Consultant Breast Surgeon at Belfast City Hospital and Deputy Lead for the Northern Ireland Cancer Trials Network.

Dr Sabine Best: Head of Research at Marie Curie.

Dr Jonathan Pearce: Associate Director, Biological Medicine, Medical Research Council.

Professor Michael Baumann: Chairman and Scientific Director of the German Cancer Research Centre (Deutsches Krebsforschungszentrum, DKFZ).

Mr Sean Buckland: Senior Medical Affairs Advisor at Pfizer Oncology UK and ABPI Cancer Project Group representative for the NCRI Strategy Advisory Group.

Dr Matthew Fok, Trainee General Surgeon, University of Liverpool; ECR Forum Advisory Committee Chair.

Employment policy

NCRI is hosted by Cancer Research UK and all NCRI Executive staff are employed under Cancer Research UK employment contracts. Each member of staff has received a side letter to their contract of employment clarifying that they work exclusively for NCRI and that their day-to-day management and supervision rests with NCRI and not Cancer Research UK.

The levels of pay and remuneration for all NCRI staff, including senior management, are approved annually by the Board of Trustees and are based on benchmarking data which draws on national and sector comparators.

NCRI Partners

NCRI has 21 partners and 20 of those may participate in formal governance processes and decision-making. The membership is drawn from charities, research bodies and health departments from the four devolved nations.

Prospective new Partners may apply for membership of the NCRI and the application will be considered by the CEO and approved by Trustees, who set the membership criteria.

There are two meetings with all the Partners every year including an Annual Meeting where the Annual Report is presented and discussed.

Statement of Trustees' responsibilities

Law applicable to charities in England and Wales requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the period and of its financial position at the end of the period. In preparing financial statements giving a true and fair view, the Trustees should follow best practice and:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities
- make judgments and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- 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 proper accounting records that disclose with reasonable accuracy the financial position of the NCRI and to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustees confirm that they have had regard to the Charity Commission's guidance on public benefit in reporting on the Charity's objectives and achievements on pages 8 to 24.

The reference and administrative details on page 50 form part of the Trustees' report.

Auditors

A resolution for the reappointment of Sayer Vincent LLP as auditors for NCRI will be proposed at the forthcoming Annual General Meeting.

The Trustees' Report was signed on behalf of the Trustees.

Ms. Fiona Driscoll, NCRI Chair, 6 July 2022

Independent auditor's report to the Trustees of The National Cancer Research Institute

Opinion

We have audited the financial statements of National Cancer Research Institute (the 'charity') for the year ended 31 March 2022 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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 charity's affairs as at 31 March 2022 and of its incoming resources and application of resources, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Charities Act 2011

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 National Cancer Research Institute'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 Trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Trustees' annual report, other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the

Independent auditor's report to the Trustees of The National Cancer Research Institute (continued)

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. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- The information given in the Trustees' annual report is inconsistent in any material respect with the financial statements;
- Sufficient accounting records have not been kept; or
- The financial statements are not in agreement with the accounting records and returns; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the statement of Trustees' responsibilities set out in the Trustees' annual report, the Trustees 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 the Trustees 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.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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.

Capability of the audit in detecting irregularities

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:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - 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 obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- 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. This risk increases the more that compliance with a law

Independent auditor's report to the Trustees of The National Cancer Research Institute (continued)

or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. 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 is available 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 charity's Trustees as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's Trustees 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 Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

14 July 2022

Sayer Vincent LLP, Statutory Auditor

Invicta House, 108–114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Financial statements for the NCRI year ended 31 March 2022

Statement of financial activities for the year ended 31 March 2022

				2022	2021		
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
Income from:	Note	£	£	£	£	£	£
Donations & Legacies	2	87,259	-	87,259	-	-	-
Charitable activities	3						
Partner income		1,226,765	-	1,226,765	1,071,108	301,242	1,372,350
Research groups		2,722	40,000	42,722	365	40,000	40,365
Conference and events		221,473	-	221,473	108,190	-	108,190
Investments		138	-	138	822	-	822
Total income		1,538,357	40,000	1,538,357	1,180,485	341,242	1,521,727
Expenditure on:							
Charitable activities	4						
Strategy and initiatives		(275,769)	(94,636)	(370,405)	(232,766)	(202,818)	(435,584)
Research groups		(670,106)	(171,438)	(841,544)	(734,763)	(111,450)	(846,213)
Conference and events		(560,748)	-	(560,748)	(563,599)	-	(563,599)
Total expenditure		(1,506,623)	(266,074)	(1,772,697)	(1,531,128)	(314,268)	(1,845,396)
Net movement in funds		31,734	(226,074)	(194,340)	(350,643)	26,974	(323,669)
Reconciliation of funds:							
Total funds brought forward as previously	13,14	824,566	374,176	1,198,742	1,175,209	347,202	1,522,411
Prior year adjustment	16	114,351		114,351	114,351		114,351
Total funds brought forward as restated		938,917	374,176	1,313,093	1,289,560	347,202	1,636,762
Total funds carried forward restated		970,651	148,102	1,118,753	938,917	374,176	1,313,093

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 13 to the financial statements.

Financial statements for the NCRI year ended 31 March 2022 (continued)

Balance sheet as at 31 March 2022

	Note	2022 £	2021 restated £
Current assets			
Debtors	10	237,088	386,699
Cash at bank		<u>1,410,543</u>	<u>1,241,944</u>
		1,647,631	1,628,643
Liabilities			
Creditors: Amounts falling due within one year	11	<u>(528,878)</u>	(315,550)
Net current assets		1,118,753	1,313,093
Total assets less liabilities		1,118,753	1,313,093
Funds of the Charity			
Restricted income funds	13,14	148,102	374,176
Unrestricted income funds:			
General Funds	13,14	<u>970,651</u>	<u>938,917</u>
Total Charity funds		1,118,753	1,313,093

Approved by the Trustees on 6 July 2022 and signed on their behalf by

Fiona Driscoll
Chair, NCRI

Helen Rowntree
Trustee

Financial statements for the NCRI year ended 31 March 2022 (continued)

Statement of cash flows for the year ended 31 March 2022

	Note	2022 £	2021 £
Net cash used in operating activities	15	168,461	(326,784)
Cash flows from investing activities:			
Investments		<u>138</u>	<u>822</u>
Net cash provided by investing activities		<u>138</u>	<u>822</u>
Change in cash and cash equivalents in the year		168,599	(325,962)
Cash and cash equivalents at the beginning of the year		<u>1,241,944</u>	<u>1,567,906</u>
Cash and cash equivalents at the end of the year		<u>1,410,543</u>	<u>1,241,944</u>

Notes to the financial statements for the NCRI year ended 31 March 2022

1. Accounting policies

a) Statutory information

National Cancer Research Institute (the Charity) is a Charitable Incorporated Organisation and is registered with the Charity Commission in England and Wales. The registered office address is 2 Redman Place London E20 1JQ.

b) Basis of preparation

These financial statements have been prepared in accordance with UK Generally Accepted Accounting Practice, comprising Financial Reporting Standard 102 – ‘The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Statement of Recommended Practice ‘Accounting and Reporting by Charities’ FRS 102 (the SORP) and the Charities Act 2011. The Charity meets the definition of a public benefit entity under FRS 102.

The financial statements have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a ‘true and fair view’. This departure has involved following the FRS102 SORP rather than Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has been withdrawn.

The financial statements have been prepared on the going concern basis and under the historical cost convention.

c) Critical judgements in applying the Charity’s accounting policies

The Trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

d) Income

Income is recognised when the Charity has entitlement to the funds, it is probable that the income will be received and that the amount can be measured reliably. Income received in advance is deferred until the criteria for income recognition are met.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor’s intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income from grants is recognised when the Charity has entitlement to the funds and any performance conditions attached to the grants have been met.

The Charity is a membership organisation and Partner Income represents the membership fees due for the period.

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

e) Fund accounting

Restricted funds can only be used for particular purposes specified by or agreed with the donor. Expenditure which meets these criteria is charged to the relevant restricted fund.

Unrestricted funds may be used for any purpose within the Charity's objects.

f) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure on charitable activities includes the costs of delivering services, events and other research activities undertaken to further the purposes of the Charity and their associated support costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

g) Allocation of support costs

Resources expended that relate directly to a particular activity are allocated to that activity. Costs of overall direction and administration, comprising the salary and overhead costs of the central function, are apportioned between activities on the basis of headcount.

Where information about the aims, objectives and projects of the Charity is provided to funders, the costs associated with this publicity are allocated to charitable expenditure.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity:

	2022	2021
Strategy and initiatives	22%	16%
Research groups	53%	53%
Conference and events	25%	31%

Governance costs relate to constitutional and statutory requirements and include any costs associated with the strategic management of the Charity's activities.

h) Debtors

Debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are recorded at the amount prepaid net of any trade discounts due.

i) Cash at bank

Cash at bank includes cash and short term highly liquid investments with a maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

j) Creditors

Creditors are recognised where the Charity (a) has a present obligation resulting from a past event which will (b) probably result in the transfer of funds to a third party and (c) the amount due to settle the obligation can be measured or estimated reliably.

Creditors are normally recognised at their settlement amount after allowing for any trade discounts due.

k) Financial instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. The Charity's basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

l) Pensions

The Charity's employees are members of the Cancer Research UK defined contribution pension scheme (the Scheme). The amounts charged to the SOFA represent the contributions payable for the period. The Scheme is controlled and managed by Cancer Research UK.

m) Going Concern

The Trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern. The Trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period. As a result of the Covid-19 pandemic, NCRI took the decision to reduce expenditure in order to ensure the longevity of the organisation and put in place short term funding agreements for the 2022-23 financial year in a similar arrangement to the 2021-22 financial year.

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

2. Income from donations and legacies

	2022			2021		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Donated Services	10,000	-	10,000	-	-	-
Donations & Legacies	77,259	-	77,259	-	-	-
Total income from donations and legacies	87,259	-	87,259	-	-	-

3. Income from charitable activities

	2022			2021		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Partner income*	1,226,765	-	1,226,765	1,071,108	301,242	1,372,350
Strategy and initiatives	-	-	-	-	-	-
Research groups	2,722	40,000	42,722	365	40,000	40,365
Conference and events	221,473	-	221,473	108,190	-	108,190
Total income from charitable activities	1,450,960	40,000	1,490,960	1,179,663	341,242	1,520,905

*Includes income previously allocated to Strategy & Initiatives

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

4a. Expenditure

	Charitable activities			Governance costs	Support costs	2022
	Strategy and initiatives	Research Groups	Conference and events			
	£	£	£	£	£	£
Staff costs (Note 6)	234,971	462,656	240,649	59,111	328,269	1,325,656
Event costs	235	(112)	159,572	-	551	160,246
Travel & subsistence	233	-	100	-	90	423
Memberships & subscriptions	-	280	84	-	12,569	12,933
Consultancy fees	-	-	-	-	-	0
Other professional fees	4,600	67,038	12,220	7,678	79,477	171,013
Overhead costs	(19)	4,171	2,977	-	95,297	102,426
	240,020	534,033	415,602	66,789	516,253	1,772,697
Reallocation of:						
Support costs	115,449	272,285	128,519	-	(516,253)	-
Governance costs	14,936	35,226	16,627	(66,789)	-	-
Total expenditure 2022	370,405	841,544	560,748	-	-	1,772,697

4b. Expenditure (previous year)

	Charitable activities			Governance costs	Support costs	2021
	Strategy and initiatives	Research Groups	Conference and events			
	£	£	£	£	£	£
Staff costs (Note 6)	213,790	437,563	240,137	54,813	350,419	1,296,722
Event costs	304	(489)	87,769	-	9,816	97,400
Travel & subsistence	69	(11,821)	2,589	-	(3,100)	(12,263)
Memberships & subscriptions	-	280	-	-	19,352	19,632
Other professional fees	73,214	16,028	7,739	9,240	106,164	212,385
Overhead costs	34,482	19,251	(2,084)	-	179,871	231,520
	321,859	460,812	336,150	64,053	662,522	1,845,396
Reallocation of:						
Support costs	103,699	351,425	207,398	-	(662,522)	-
Governance costs	10,026	33,976	20,051	(64,053)	-	-
Total expenditure 2021	435,584	846,213	563,599	-	-	1,845,396

5. Net income for the year

This is stated after charging:

	2022	2021
	£	£
Auditors' remuneration (excluding VAT):		
Audit fees (current year)	8,000	7,700
Audit fees (prior year under-accrual)	-	1,000

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

6. Analysis of staff costs, Trustee remuneration and expenses, and the cost of key management personnel

	2022	2021
	£	£
Salaries and wages	1,090,773	1,062,023
Redundancy and termination costs	15,000	21,553
Social security costs	142,075	130,337
Employer's contribution to defined	77,808	82,809
	1,325,656	1,296,722

The number of employees whose benefits (excluding employer pension contributions) fell within the following bands above £60,000 were:

	2022	2021
	No.	No.
£60,000 - £69,999	3	2
£70,000 - £79,999	-	1
£80,000 - £89,999	-	1
£90,000 - £99,999	2	-

The total employee benefits including pension contributions and employer's National Insurance contributions of the key management personnel were £473,857 (2021: £428,211). Key management personnel is defined as members of the Senior Management Team.

No Trustees (2021: 0) were reimbursed for travel and subsistence costs for attending meetings of the Trustees. There were no donations from Trustees during the year or the prior year.

The Charity's Trustees were not paid or in receipt of any other benefits from the Charity in the year. No Charity Trustee received payment for professional or other services supplied to the Charity.

7. Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2022	2021
	No.	No.
Strategy and initiatives	4	3
Research groups	10	10
Conference and events	5	6
Support	6	6
Governance	1	1
Total number of employees (average)	26	26

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

8. Related party transactions

The following Trustees were appointed from member organisations and served during the year.

Trustee	Member Organisation
Baroness Delyth Morgan - Chair *	Breast Cancer Now
Dr Helen Campbell	Department of Health, England
Dr Mathew Hobbs	Prostate Cancer UK
Helen Rowntree	Blood Cancer UK
Dr Ian Walker **	Cancer Research UK

* Baroness Delyth Morgan resigned on 30 June 2021

** Dr Ian Walker appointed on 15 December 2021

Income from these organisations was as follows:

	2022	2021
	£	£
Blood Cancer UK	60,000	66,041
Breast Cancer Now	45,097	45,097
Cancer Research UK*	233,244	233,244
Department of Health, England	398,714	398,714
Prostate Cancer UK	19,191	19,191

Expenses to these organisations was as follows:

	2022	2021
	£	£
Cancer Research UK*	113,344	230,039

*Accommodation and hospitality charges were £101,590 (2021: £218,948), other charges £11,754 (2021: £11,091).

9. Taxation

The Charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

10. Debtors

	2022	2021
	£	£
Trade debtors	188,302	276,174
Other debtors	45,876	19,994
Prepayments	2,910	90,531
Total debtors	237,088	386,699

11. Creditors: amounts falling due within one year

	2022	2021
	£	Restated £
Trade creditors	23,007	21,460
Taxation and social security	26,068	29,406
Other creditors	173,747	111,107
Accruals	35,783	126,542
Deferred income	270,273	27,035
Total creditors	528,878	315,550

Deferred income relates to 2022/23 Partner contributions billed in March 2022.

12. Pension scheme

During the year, 26 staff (average) were members of the Cancer Research UK operated defined contribution pension scheme (2021: 26 staff). Employer contributions vary depending on the level of contributions nominated by each employee which ranged between 3-16%.

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

13a. Movements in funds (current year)

	Funds at 1 April 2021 Restated £	Incoming resources & gains £	Outgoing resources & losses £	Transfers £	Funds at 31 March 2022 £
Restricted funds					
Strategy and initiatives	231,916	-	(94,636)	-	137,280
Research groups	142,260	40,000	(171,438)	-	10,822
Total restricted funds	374,176	40,000	(266,074)	-	148,102
Unrestricted funds					
General funds	938,917	1,538,357	(1,506,623)	-	970,651
Total unrestricted funds	473,923	1,652,708	(1,506,623)	-	970,651
Total funds	1,313,093	1,578,357	(1,772,697)	-	1,118,753

13b. Movements in funds (prior year)

	Funds at 1 April 2020 Restated £	Incoming resources & gains £	Outgoing resources & losses £	Transfers £	Funds at 31 March 2021 Restated £
Restricted funds					
Strategy, and initiatives	197,634	237,100	(202,818)	-	231,916
Research groups	149,568	104,142	(111,450)	-	142,260
Total restricted funds	347,202	341,242	(314,268)	-	374,176
Unrestricted funds					
General funds	1,175,209	1,180,485	(1,531,128)	-	824,566
Prior year adjustment	114,351				114,351
Total unrestricted funds	1,289,560	1,180,485	(1,531,128)	-	938,917
Total funds restated	1,636,762	1,521,727	(1,845,396)	-	1,313,093

The disclosure of restricted funds has been amalgamated in the categories as follows as the Trustees consider no individual fund within these categories is material in the context of the Charity's operations as a whole.

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

Purposes of restricted funds

Restricted funds as at 31 March 2022 have been, or will be, allocated to the following initiatives:

- Cellular Molecular Pathology - Supports academic cellular molecular pathology in the UK.
- Living With and Beyond Cancer (Survivorship) - Supports research to improve the quality of life of those affected by cancer.
- National Cancer Registration and Analysis Programme - NCRI and NCIN established a partnership to conduct analyses that both organisations see as priorities in providing intelligence to support improved patient outcomes. The National Cancer Registration and Analysis Service (NCRAS) continues this partnership, expanding its remit and scope to cover new areas of analysis and research.
- Future Cancer Research Leaders programme – supported by the Wates Foundation.

Notes to the financial statements for the NCRI year ended 31 March 2022 (continued)

14a. Analysis of group net assets between funds (current year)

	General funds	Restricted funds	2022 Total
	£	£	£
Cash at bank	1,262,441	148,102	1,410,543
Other net current assets	<u>(291,790)</u>	<u>-</u>	<u>(291,790)</u>
Total	<u>970,651</u>	<u>148,102</u>	<u>1,118,753</u>

14b. Analysis of group net assets between funds (prior year)

	General funds	Restricted funds	2021 Total
	£	£	£
Cash at bank	867,768	374,176	1,241,944
Other net current assets	<u>(43,202)</u>	<u>-</u>	<u>(43,202)</u>
Total	<u>824,566</u>	<u>374,176</u>	<u>1,198,742</u>

15. Reconciliation of net income to net cash flow from operating activities

	2022	2021
	£	£
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	(194,340)	(323,669)
Interest from investments	(138)	(822)
Decrease/ (Increase) in debtors	149,611	(17,056)
(Decrease)/ Increase in creditors	213,328	14,763
Net cash used in operating activities	<u>168,461</u>	<u>(326,784)</u>

16. Prior year adjustment

During the 2021/22 financial year, there has been investigation of historic balances owed by NCRI to CRUK. This investigation identified that the balance arose from errors in the treatment of assets relating to when NCRI became a CIO and also in relation to a transaction in NCRI's second year as a CIO. These errors relate to 2017. NCRI has agreed with CRUK that the historic balance can be written off, and this is presented as a prior year adjustment in order to present the brought forward reserves as they should have been.

Reference and administrative details

Charity status

NCRI currently has a membership of 20 members and one associate member. In the event of the NCRI being wound-up the members of NCRI have no liability to contribute to its assets and no personal responsibility for settling its debts and liabilities.

The NCRI may be dissolved by resolution of its members. Any decision by members to wind-up or dissolve the NCRI can only be made in accordance with the constitution and is subject to the payment of all debts. If the resolution to wind-up or dissolve the NCRI does not contain a provision directing how any remaining assets of the NCRI shall be applied, the charity Trustees must decide how any remaining assets of the NCRI shall be applied. In either case the remaining assets must be applied for charitable purposes the same as or similar to those of the NCRI. The requirements of the Dissolution Regulations must be observed in applying to the Charity Commission for the NCRI to be removed from the Register of Charities.

Charity objectives

The objectives of the NCRI are:

1. the advancement of health, in particular to promote and protect the health of the public by coordinating research into the cause, prevention, treatment and cure of all forms of cancer and into the needs of people affected by cancer, and
2. to promote collaboration between cancer research funders in the United Kingdom to maximise the value benefits of cancer research for the benefit of the public.

Governing document

National Cancer Research Institute is governed by its constitution.

Charity number 1160609 in England and Wales

Registered office

2 Redman Place, London E20 1JQ

Auditors

Sayer Vincent LLP

Invicta House, 108–114 Golden Lane, London EC1Y 0TL

020 7841 6360

Find out more and get involved

www.ncri.org.uk

National Cancer Research Institute
2 Redman Place,
London, E20 1JQ

T: +44 (0)20 3469 8460
F: +44 (0)20 3014 7658

info@ncri.org.uk
www.ncri.org.uk