

# NCRI Annual Review 2018-19



Partners in cancer research



**NCRI**

National  
Cancer  
Research  
Institute

# 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 the NCRI is our broad membership with representation across both charity and Government funders as well as across all four nations in the United Kingdom.



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Welcome to  
Glasgow



2018 NCRI  
Cancer  
Conference

4 - 6 November  
2018

SEC  
Glasgow

Twitter icon  
@NCRI\_Glasgow  
#NCRI2018

NCRI  
GLASGOW

**Introduction**



# Introduction

## NCRI in brief

The National Cancer Research Institute (NCRI) is a UK-wide partnership between research funders working together to make faster progress against cancer. We capitalise on opportunities and address challenges in research to improve the lives of people affected by cancer.

**Our work is centred around our four strategic goals, which are to:**

**Ensure a coordinated portfolio of research related to cancer**

**Improve quality and relevance of research related to cancer**

**Seize opportunities and address challenges in research relevant to cancer**

**Accelerate translation of cancer-related research into practice**

## Impact

**£7.3bn**

15 years of funding data, totalling £7.3bn, to inform future research

**1,000+**

Tracking over 1,000 clinical studies in our publicly available database.

**1,200**

Bringing together 1,200 experts across 18 Clinical Studies Groups to develop high quality trials.

Providing a platform to showcase high quality research and catalyse collaborations through the NCRI Cancer Conference - the largest cancer research conference in the UK

Involving patients, carers, and others affected by cancer in all our research activities

**We are making great strides towards these goals**

# Chair's statement



**As NCRI's Chair, I am delighted that we had a smooth transition between Dr Karen Kennedy and Dr Iain Frame taking up the reins as NCRI's CEO in August 2018. We also welcomed a new Trustee, Dr Matthew Hobbs of Prostate Cancer UK. This year we have continued to see great strides in how the Partnership is making progress towards achieving our strategic objectives.**

Our first NCRI Strategy Advisory Group, chaired by Professor Tim Maughan, is up and running and delivering the guidance we need to focus on what NCRI is best placed to do to make a difference and deliver our strategic goals. You can read more about those priorities later in this Annual Report (page 9). We have also started planning a restructure of the NCRI Clinical Studies Groups to reflect the need for those groups to provide a wider thought leadership across their specific topic areas.

NCRI aims to accelerate progress through collaboration and I was delighted to see the NCRI partnering with three of the new centres for digital pathology and imaging funded through the Industrial Strategy Challenge Fund, the Government's flagship investment programme that focusses on addressing the opportunities and challenges of the future. We are also establishing two important new strategic partnerships with the British Society for Immunology and Health Data Research UK. I am confident that both these initiatives will provide substantial impetus to our work in cancer immunology and big data – two of our strategic priorities identified by the Strategy Advisory Group.

This year we delivered another successful NCRI Cancer Conference – our first in Glasgow. I would like to thank the First Minister the Right Honourable Nicola Sturgeon MSP for opening the Conference with a speech about the importance of precision medicine in oncology. There was a great buzz about the Scottish Event Campus on all three days and I'm looking forward to returning to Glasgow next year. I'm grateful for the work that the Scientific Committee continues to do to produce a high-profile and engaging programme, which makes the NCRI Cancer Conference an important event in the calendar for anyone with an interest in cancer research.

My thanks as always to all NCRI Partners and supporters in the cancer research community and beyond for all that they do to support the NCRI. Thank you to the Board of Trustees and the NCRI Executive for their continuing support and determination to ensure that NCRI can deliver on its ambitious five-year strategy.

A handwritten signature in black ink, appearing to read 'D Morgan', written in a cursive style.

**Baroness Delyth Morgan, Chair, NCRI**



# CEO's statement



**Welcome to my first CEO Statement. I'd like to thank Karen for making sure that the handover was as smooth as possible and that I was able to hit the ground running when I took over in August. It's been quite a year for the NCRI, including many firsts, some significant anniversaries celebrated and some changes, as you might expect.**

More of those later, but the thing that has struck me most in my first six months is that a lot of what we do won't change and doesn't need to. Primarily, the continuing importance for collaboration in cancer research, nationally and internationally; that we can learn from what's happening in other diseases and the need to keep our eyes on the big prize, principally the continuing translation of research results to patient benefit. I still think that the NCRI, through the Partnership of substantial research funders, the wider support of other funders of cancer research, those conducting basic, translational and clinical research and those who benefit from research, represented by our NCRI Consumers, is uniquely placed to provide a level of unbiased thought leadership to the cancer research agenda.

This year we held the NCRI Cancer Conference in the wonderful city of Glasgow for the first time. After many years of being looked after so well in Liverpool it was nice to have the opportunity to take a fresh look at how the NCRI Cancer Conference is meeting the needs of the cancer research community. I'd been to many NCRI Conferences in the past but my first as CEO was hugely enjoyable, if exhausting – so many great sessions it was just impossible to get around them all. I particularly enjoyed the launch of the NCRI's top 10 priorities for Living With and Beyond Cancer. It was the culmination of a lot of hard work by the NCRI Executive, but also the beginning of some serious work with Partners and other funders to ensure we make progress in addressing the priorities identified. We look forward to returning to Glasgow in 2019 before taking the Conference to Belfast in 2020, another first.

This year we reviewed the CM-Path Initiative and we thanked the outgoing first Chair, Dr Karin Oien, and the Vice Chair, Professor Andy Hall, for their great work and commitment throughout their term in office. We are preparing to celebrate the tenth anniversary of our flagship initiative CTRad and to mark the many significant achievements that it has had over the last ten years.

Finally, a huge thank you from me to our Trustees, Partners, Scientists, Clinicians, Research Nurses, Consumers and of course the Executive for all that they do to support NCRI and for making me feel so welcome in my first year as CEO. I look forward to us continuing to work together next year.

A handwritten signature in black ink, appearing to read 'Iain Frame', written in a cursive style.

**Dr Iain Frame, CEO, NCRI**



## **Our achievements**



# Our achievements

## Set up of the NCRI's Strategy Advisory Group

**NCRI's new Strategy Advisory Group is a group of thought leaders from across the research spectrum who will provide strategic advice to the NCRI Partnership to achieve our mission of accelerating progress in cancer-related research through collaboration. Its first meeting took place in November 2018 where members discussed some of the main challenges, opportunities and gaps in cancer research for the NCRI to potentially address.**

These are all big areas, but all things that the NCRI has existing activity in. They include:

- utilisation of the vast amounts of data collected through the NHS and other sources to answer key questions
- challenges and delays faced by researchers in the funding, set up and delivery of clinical cancer research
- importance of high quality imaging in clinical research and the need to better support and recognise the contribution played by this research community
- the "Living With and Beyond Cancer" research agenda
- importance of training and retaining the next generation of cancer researchers
- emergence of immunotherapy as an incredibly powerful tool in the treatment of cancer and the questions that still require answers before more patients can benefit from it
- opportunity to develop a network of patient and public involvement in cancer research across the UK.

In the coming year the Strategy Advisory Group will be working with NCRI Partner organisations and others to scope out each topic in more detail and identify where collaboration through the NCRI could play a greater role in accelerating progress.

Find out more about the NCRI Strategy Advisory Group: <https://www.ncri.org.uk/about-us/our-strategy-advisory-group/>



*"Cancer is a set of complex, adaptable diseases that often defy the tools we have at our disposal. There are also structural and organisational challenges in the way that we resource, design and execute research. Addressing these gaps and challenges, seizing opportunities, and turning knowledge into benefit for people affected by cancer is what the NCRI is all about. Drawing on the opinions and experiences of researchers and experts from across the entire spectrum of cancer research is essential to identify and drive collaborative solutions that really make a difference"*

Professor Tim Maughan

Chair of NCRI Strategy Advisory Group

Professor of Clinical Oncology at the Cancer Research UK/MRC Oxford Institute for Radiation Oncology

# Our achievements

## Setting the UK Top 10 Living With and Beyond Cancer research priorities

**By 2030 four million people in the UK will be living with the long-term consequences of cancer, but currently there is very little research on the problems they face and how these can be tackled. To help them live better lives, more focused research is needed. This is why the 2015 NHS Independent Cancer Taskforce report recommended defining research priorities in this area and why the NCRI, as central coordinator within of the UK cancer research community, took it forward. In November 2018 – NCRI launched the UK's Top 10 research priorities for people living with and beyond cancer.**

To determine priorities for research that will help people live better with and beyond cancer, the NCRI partnered with the James Lind Alliance on a Priority Setting Partnership. The two-year project involved two UK-wide surveys which attracted more than 3500 responses. From these, we identified the 10 top research priorities. This is the first time that clear research priorities have been identified in this area.

We are now working with NCRI Partner organisations, other funders, researchers and the NHS to translate the priorities into research and patient benefit. As well as increasing support from funders we plan to engage with researchers working in other chronic diseases to develop large multidisciplinary research projects.

Find out more about the NCRI LWBC initiative:  
[www.ncri.org.uk/lwbc](http://www.ncri.org.uk/lwbc)

*“It is vitally important to put money into researching these ten priorities because they reflect the reality of living ‘with and beyond’ cancer and they were developed by patients and their carers, alongside health and social care professionals. I hope this project will highlight this important gap in cancer research and influence funders to support more research in this area.”*

Ceinwen Giles

Patient advocate

Director of Partnerships and Evaluation at Shine Cancer Support



# Our achievements

## Bringing the cancer research community together

**In 2018 the NCRI ran 10 events in addition to the annual Conference that took place in Glasgow, in November 2018. Whilst the Conference remains our flagship event attracting more than 1,500 cancer researchers under one roof to discuss the latest findings in cancer research, the other events play a significant role in the NCRI calendar. More than 1,000 researchers attended our clinical trials meetings, which are day-long events where trials are showcased and results discussed, providing an opportunity for clinicians, their colleagues and consumers to come together and learn from one another.**

NCRI events provide an opportunity to those working in the field to get up to speed with the latest news in cancer research, often sharing practice-changing results and best practice. The NCRI Conference, for example, offered:

- more than 60 educational sessions over 3 days
- a staggering 90 hours of education
- over 500 research posters presented.

*“This has been a fantastic Conference that really showcased what new research has to offer. I have come away with a host of new information and papers to further my own research and learning, new connections made and new inspiration for a future study.”*

*“Excellent overview of trials and the future regarding development of improvements within treatment. Good balance of ethical issues regarding parents and their feelings towards randomisation at extremely emotional times.”*



Across other events, we presented the results of over 50 trials providing clinicians with the newest data in their areas of research in the UK.

Feedback at NCRI events is constantly high: 94% of those who attended the Conference said they would recommend it to a colleague and described it as excellent, very good or good.

Although one of the main aims of these events is to bring the research community together to share experiences, we recognise the learning goes beyond what happens within the four walls of a conference centre. In 2018 we:

- issued eight press releases related to studies being presented at the Conference and these resulted in more than 1,800 news articles
- achieved press coverage across 74 countries and reported in 27 languages, with a combined reach estimated to be 1.9 billion readers. Importantly, half of the researchers whose work was press released told us that they have begun new research collaborations or international conversations as a result of the publicity received.

The team also ran the Schools Event alongside the Conference for the benefit of 50 sixth formers who came together to learn about cancer research. During the event students were asked to produce videos to explain a research question to their peers. These videos were then made available to the schools who participated and used to disseminate the message that cancer research is an interesting and fulfilling career choice that students should consider.



# Our achievements

## Partnering with new AI tech centres across the UK

**Towards the end of 2018 the Government announced £50m of funding towards the creation of five new centres of excellence for digital pathology and imaging that will use artificial intelligence (AI) medical advances to speed up disease diagnosis and improve patient outcomes. NCRI is proud to be partnering with three of these centres – furthering our existing work to accelerate cancer research in pathology and imaging and linking these exciting new AI and machine learning projects to our Partners, patients and the wider cancer research.**

Funded through the Government's flagship Industrial Strategy Challenge Fund via UK Research and Innovation (UKRI), the five AI centres are expected to be up and running during 2019. NCRI is partnering with three of these centres:

- Pathology image data Lake for Analytics, Knowledge and Education (PathLAKE), led by University Hospitals Coventry and Warwickshire NHS Trust and University of Warwick
- Northern Pathology Imaging Co-operative (NPIC), led by the University of Leeds and Leeds Teaching Hospitals NHS Trust
- National Consortium for Intelligent Medical Imaging (NCIMI), led by the University of Oxford partnering with 15 NHS hospitals, a set of companies small and large, including GE Healthcare and Alliance Medical, and patient support groups and charities.

The technologies developed at the new centres will offer more personalised treatment for patients while freeing up healthcare professionals to spend more time caring for patients.



*“We already have expertise and links in these areas through our Cellular and Molecular Pathology (CM-Path) initiative and our work to promote better coordination of the collection, storage and sharing of cancer imaging data across the UK.”*

Dr Ian Lewis

Head of NCRI Strategy and Initiatives

# Our achievements

## Supporting the UK's first Proton Beam Therapy (PBT) clinical trial

**NCRI's Clinical and Translational Radiotherapy Research Working Group (CTRad) is developing a collaborative research strategy around PBT for the UK. One of the studies it has supported, TOxicity Reduction using Proton bEam therapy for Oropharyngeal cancer (TORPEdO), was funded early in 2019 and is set to be the UK's first PBT trial.**

Thanks to a £250m investment from the UK Government, the NHS Proton Beam Therapy (PBT) centre at The Christie Hospital in Manchester is now treating patients and the second planned facility is due to open at University College London Hospital in 2020. These new facilities are bringing a promising technology to the UK and high-quality research is now needed to support their use across a range of cancers.

TORPEdO is set to be the first clinical trial performed in the UK involving protons. It aims to assess the benefit of PBT in terms of patient-reported toxicities, quality-of-life and cost-effectiveness versus intensity-modulated radiotherapy (IMRT) which is the accepted standard of radiotherapy for the treatment of oropharyngeal cancer. Patients with this type of head and neck cancer often present at a younger age and the survival rates are high, meaning quality of life improvements are extremely important. The trial has been funded by Cancer Research UK with a grant of approximately £850k, and patient/carer travel costs supported by The Taylor Family Foundation.

The NCRI Head and Neck Group and CTRad led us to a multi-centre collaboration and a successful trial application, and TORPEdO is now in setup stage, with patient recruitment to start at the end of 2019.



*“PBT is currently approved for use for treatment in children and for some central nervous system tumours. For treatment of wider patient populations and cancer types, more research is needed to determine if the theoretical rationale for PBT treatment – that it offers benefits over conventional radiotherapy in sparing radiation dose to normal tissue – occurs in practice.”*

*“We need to test this new technology to be certain that the most safe and effective (and cost-effective) treatment is being offered”*

Professor David Sebag-Montefiore

Chair of CTRad PBT Strategy Group

Professor of Clinical Oncology at the University of Leeds

# Our achievements

## Accelerating research through collaboration

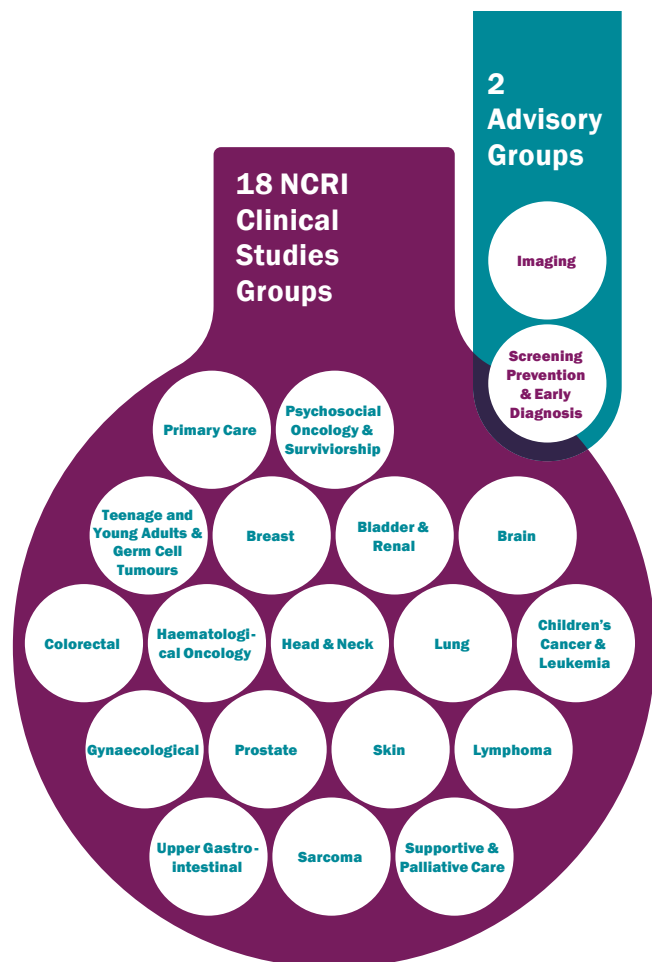
NCRI's Clinical Studies Groups (CSGs) promote multidisciplinary collaborations that further the development of cancer clinical trials, provide advice and direction to the wider research community and engage the next generation of clinical researchers. Our CSGs have been in existence for around 16 years and are a central part of the UK's cancer research infrastructure. There are 18 CSGs and over 70 associated subgroups that bring together some of the UK's best clinicians, scientists, statisticians and health researchers to coordinate the development of cancer research networks in the UK.

### Case Study

An example of international collaboration is the International Rare Cancers Initiative (IRCI) metastatic anal cancer trial (InterAACT), a game-changing clinical trial in anal cancer, a relatively rare disease. The majority of cases present with localised disease, where combined treatment with chemotherapy and radiation remains the standard of care. However 10-20% of patients with anal cancer present with advanced disease or have inoperable relapse and the prognosis in this group is poor. InterAACT is a randomised phase II trial that aimed to identify the most active chemotherapy regimen with least toxicity for the treatment of patients with advanced squamous cell carcinoma of the anal canal. The study was led out of the Royal Marsden by Dr Sheela Rao and was designed in collaboration between the NCRI Colorectal CSG (Anorectal subgroup) and the International Rare Cancer Initiative (IRCI), opening in more than 50 centres internationally across the UK, USA, Australia and Europe. The study successfully established a new international standard of care for the first line treatment, and also importantly demonstrated the feasibility of international collaboration in this rare cancer.

The trial was funded in the UK by Cancer Research UK.

Find out more about the NCRI Groups:  
<https://csg.ncri.org.uk>





# Our achievements

## Developing future research leaders - NCRI Breast Cancer Trainee Research Collaborative Group (BCTRCG)

The establishment of this trainee collaborative began back in May 2018, by a small group of NCRI Breast CSG members, led by Dr Ellen Copson, Cancer Research UK Associate Professor in Medical Oncology and Honorary Consultant in Medical Oncology, University Hospital Southampton. The aim of this initiative was to develop a network of research active trainees and junior consultants in oncology, pathology and radiology working together to plan and deliver high quality research studies and pragmatic national audits with the intention of developing the Chief Investigators of the future.

After many months of work the NCRI Breast Cancer Trainee Research Collaborative had its launch meeting in May 2018, including nearly 40 trainees. The programme included a morning of educational talks about the experiences of other well-established trainee collaboratives, clinical research principles and opportunities for obtaining research experience. The meeting involved a Dragons' Den session where trainees were invited to present their research proposals for constructive criticism and resulted in three projects being selected to be taken forward by the trainee collaborative, with the support of a £30K educational grant secured from the pharmaceutical industry. The projects are:

- outcomes of breast cancers treated during pregnancy compared to non-pregnant women
- long term Herceptin use with no radiological evidence of disease
- prospective studies of use of local therapies in management of breast cancer patients with oligometastatic disease.

Whilst established by Dr Ellen Copson, this collaborative is now led by the trainees themselves, and it's making significant progress towards its goals.



*“Our overriding goals in setting up the BCTRCG initiative are to promote active involvement of junior doctors in high quality research that will improve the outcomes and experience of UK cancer patients, to inspire trainees to include clinical research in their career plans and to provide them with the confidence to act as principle investigators on national clinical research trials in the future”*

Dr Ellen Copson

Member of NCRI Breast CSG

Cancer Research UK Associate Professor in Medical Oncology and Honorary Consultant in Medical Oncology, University Hospital Southampton

# Our achievements

## Supporting research in pathology

**NCRI's Cellular and Molecular Pathology group (CM-Path) published a paper in the Journal of Clinical Pathology<sup>1</sup> disseminating the results of their survey on the attitudes of UK pathologists towards research and molecular pathology. They highlighted the issues facing academic pathology today and potential approaches to help overcome these. The CM-Path group is now building on the findings of this survey to support research in pathology.**

Despite the pivotal role pathology plays in research and patient care, CM-Path's survey highlighted that pathology research activity in the NHS is set to decrease unless there is more funded support and dedicated time made available. In addition, in order to keep pace with the development of newer, molecular-based techniques for cancer diagnosis and treatment selection – the next generation of academic pathologists need to be encouraged into research and trained appropriately.

CM-Path is now continuing its work and building on the findings of the survey to support research in pathology in a number of ways, including:

- set up of the NCRI Clinical Trial Pathology Advisory Group, CT-PAG: (<https://cpath.ncri.org.uk/ct-pag/>) to support researchers with their clinical trial proposals
- working with the Royal College of Pathologists to transform the postgraduate pathology curriculum
- active recruitment of pathology trainees to CM-Path to provide the opportunity to build collaborative networks with more established pathologists.

Find out more about CM-Path:

<https://cpath.ncri.org.uk/>

1. Brockmoeller S, Young C, Lee J, et al; Survey of UK histopathology consultants' attitudes towards academic and molecular pathology *Journal of Clinical Pathology* 2019;72:399-405.



*“Almost every cancer patient requires a histological or cytological test from a pathologist for initial diagnosis. Pathology research and development has led the way in our understanding and classification of disease, and this is particularly important as we enter an age of personalised medicine that will be based on bringing together molecular analyses of tissues with microscopic imaging and wider data. We need to reinvigorate pathology research and development and ensure that there is a next generation of pathologists who have the skills to lead in research and molecular pathology.”*

Dr Karin Oien

Chair of CM-Path Group

Clinical Senior Lecturer in Pathology at the Institute of Cancer Sciences, University of Glasgow





# Looking forward: Our 2019/20 priorities

## Conference and Events

- Deliver a successful 2019 Conference and associated networking events in Glasgow.
- Deliver a successful 2019 Schools Event at the Conference and generate interest through the video twitter campaign.
- Deliver the NCRI Excellence Awards for the first time.
- Start the planning of the 2020 Conference, including the recruitment of suitable joint-Chairs and sub-committee members.
- Plan and organise new events that are relevant to the priority areas set by the Strategy Advisory Group.
- Support other teams in the delivery of their events and promote best practice.
- Continue to work on the network creation and database integration for better targeted campaigns.
- Continue to secure income through sponsorship, grants and exhibition sales at events.

## Clinical Research Groups

- Continue to support face-to-face meetings for each of the Clinical Research Groups and Subgroups, alongside teleconferences as required. Arrange strategy days and quinquennial reviews for relevant Clinical Research Groups. Organise 'think-tank' style workshops for several Clinical Research Groups and arrange cross-Group pathway-specific workshops.
- Complete pilot of the Executive Group/Workstream structure for the Upper Gastrointestinal Group and the Gynaecological Group. Expand new structure to other interested Clinical Research Groups, including the Screening, Prevention and Early Diagnosis (SPED) Group.
- Complete the re-structure of the NCRI Living With and Beyond Cancer (LWBC) Group and engage with the LWBC initiative.
- Work with the National Institute of Health and Clinical Excellence (NICE) to flag practice-changing trials at an early stage to speed up review and translation of the findings into clinical practice.
- Expand the activity of the NCRI relating to Future Research Leaders. Initiate this work with the set-up of a Steering Group (with our Partner organisation NIHR).
- Continue to coordinate and support ongoing NCRI Consumer activities. Develop a wider Consumer Network and work with the Communications Team to produce targeted communications messages for this Network.
- Monitor the evolving radiotherapy research funding landscape, engaging with funders and supporting researchers to ensure research proposals are of high standard.
- Continue to support the Proton Beam Therapy Steering Group to ensure the development of high quality clinical trials for submission to funders.
- Work with relevant stakeholders to identify ways in which to stimulate the development of the radiotherapy research workforce.
- Ensure that the NCRI Cancer Clinical Trials Unit Directors Group solidifies a clear strategy.

# Looking forward: Our 2019/20 priorities

## Strategy and Initiatives

- Manage the Strategy Advisory Group and scope strategic projects that arise from the group's work
- Manage the academic pathology initiative CM-Path, delivering on the agreed activities and implementing recommendations arising from the third-year review.
- Work with the Innovate UK-funded digital pathology and imaging centres of excellence, providing support in the involvement of patients and the public, a link to the wider research community and the NCRI Partnership.
- Run a series of events to coordinate research aligned to the LWBC priority areas.
- Engage with funders to support LWBC research, identifying the sources of funding currently available and increasing awareness of these opportunities.
- Work with the newly formed NCRI LWBC Group to develop research in priority areas.
- Form strategic partnerships with other disease charities to develop collaborations relating to multimorbidity or areas of common interest (e.g. pain, fatigue).
- Collect and analyse the funding data of all NCRI Partners. Produce data package for 2018 data and commence the collection and analysis process for 2019 data.
- Provide data and intelligence that drives NCRI and Partners strategies based on key themes and topics of interest.
- Work with the International Cancer Research Partnership (ICRP) to analyse international trends and identify opportunities for partnership working.
- Create partnership with British Society of Immunology to better connect the cancer research and immunology communities and address unanswered questions.
- Develop a cancer data strategy in partnership with HDR-UK that seeks to harness the potential of using routinely collected and trial data to drive the acceleration of research into practice.
- Identify opportunities to improve the research and implementation of techniques to identify cancer earlier.
- Work with key stakeholders to explore issues relating to Clinical Research Delivery.

## Business Operations

- Monitor and develop the newly implemented ways of agile and flexible working.
- Prepare and deliver the office move in November 2019.
- Prepare the NCRI budget for FY 2020-21.
- Review and update NCRI policies and procedures.
- Develop a Communications Strategy and Implementation Plan.
- Implement organisation-wide the newly developed system for management of incoming expenses.
- Continue to provide support to other NCRI teams as needed.



# Financial review

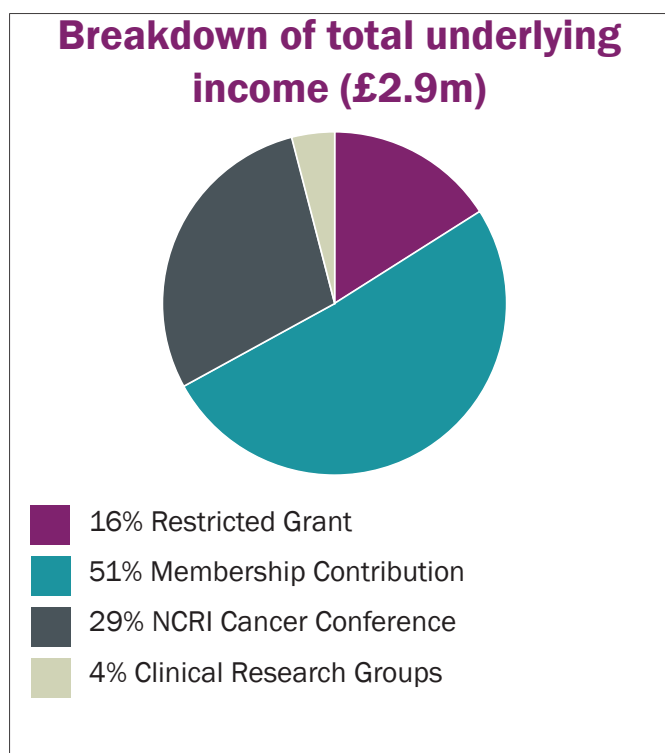


# Financial review

## Our income

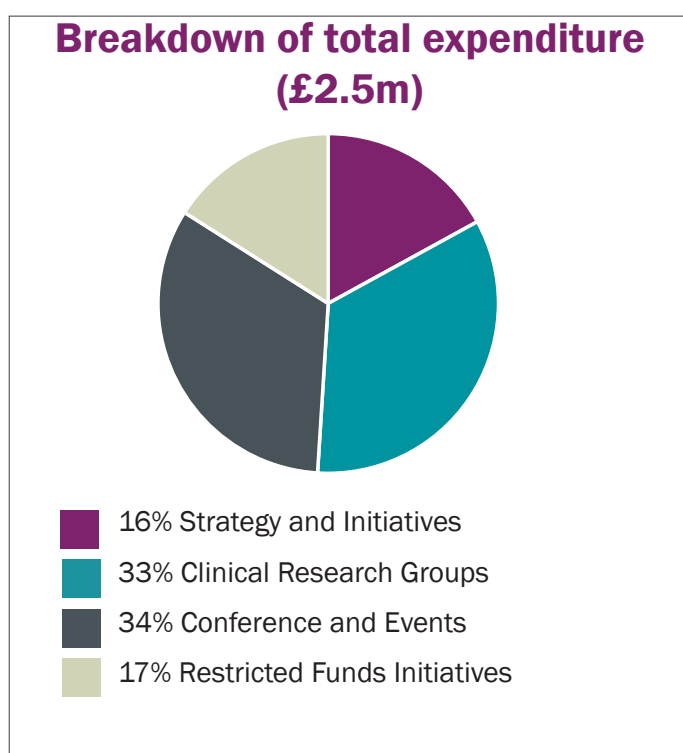
Total income for the year was £2.9m, made up of £2.4m of unrestricted funds and the remainder of restricted funds.

NCRI Partners' membership contribution is the primary source of income and accounted for 51% of the total income (including unrestricted and restricted funds).



## Expenditure

Total expenditure for the year was £2.5m with £2.1m relating to unrestricted funds and £0.4m relating to restricted funds. Expenditure related to all NCRI activities, including: Strategy and Initiatives, Clinical Research Groups, Conference and Events, Business Operations.



# Financial review

## Reserves policy

The NCRI reserves policy was approved by the Board of Trustees in January 2016 and was prepared using the Charity Commission guidance (CC19) and recognises the responsibility of Trustees to ensure good stewardship of resources. A target was set for reserves to be maintained between a range of 10%–17% of the unrestricted funds annual NCRI Operating Budget.

The level of reserves held by NCRI is an important part of its 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.

In establishing a prudent level for NCRI reserves a range of issues were considered, including:

- risk of unforeseen emergencies
- employing temporary staff to cover a long-term sickness absence/maternity cover
- unexpected loss of income (funding necessary to enable compensating reductions to be implemented)
- planned commitments which cannot be met by predicted future income
- the need to fund short-term deficits in a cash budget, e.g. money may need to be spent before a funding grant is received and
- existing three year funding agreements with members.

The total NCRI reserves required to meet the issues outlined above is approximately £370,000 which represents approximately 17.7% of the NCRI 2018/19 unrestricted expenditure and nine weeks of operating costs.

It is considered highly unlikely that all the risks included in developing the reserves policy would be realised in a single year. This is reflected in the low/medium assessments of likelihood and a lower limit of reserves of approximately £265,000 (11% of the unrestricted NCRI 2018/19 budget, or five weeks in terms of total operating costs). The upper limit of reserves was to assess the potential costs arising from a worst-case scenario where the NCRI ceases all activity and is required to wind down quickly and without the opportunity to access operating income. In this situation, the focus would shift to minimising the detrimental impact on our objectives. Based on this scenario a 12-week window would provide an opportunity for NCRI to work with members and other stakeholders to transfer, where possible, or conclude existing activities in a controlled manner. A broad order estimate indicates this extreme scenario would require approximately £400,000 to be made available. This estimate would be affected by several factors which may lower the overall impact. This worst-case scenario therefore represents an upper limit for NCRI reserves.

The current level of unrestricted reserves of £1.2m is significantly in excess of this target, and action is in hand to identify opportunities to advance existing plans or introduce new activities that support our strategy to accelerate cancer research. The 2019/20 budget identified additional project expenditure to be funded from reserves. The reserves policy and target will be reviewed going forward and the Trustees are considering the specific utilisation of funds arising from a legacy received in 2016 which has resulted in a higher level of reserves than is required for ongoing operational purposes.

## 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. We also receive additional restricted funding from sub-sets of Partners and other key stakeholder in cancer research to support specific research initiatives. In addition, we also generate income from the sale of delegate access to our annual Conference (not open to the public) and the sale of exhibition space and sponsorship from commercial and non-commercial organisations.

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 monthly basis. The progress is recorded and reported at regular meetings of the Board throughout the year.

At the request of the Board, the risk register is undergoing a revision and it's proposed to reclassify the risks and provide clearer information to support the Trustees in their effective governance and to assist the day-to-day management of NCRI.

The model used throughout 2018/19 continued to group the risks under four headings: Operational, Financial, Environment and Governance/Compliance. Below is a summary of these areas of risks and how they are monitored and managed.

Category	Risk	Mitigation
Operational	Unplanned loss of key staff	<ul style="list-style-type: none"> <li>Review of talent and succession planning.</li> <li>Develop Standard Operating Procedures for key processes.</li> <li>Support to staff who may be affected by the decision to leave the EU.</li> </ul>
	Decline in conference attendance	<ul style="list-style-type: none"> <li>Conference financial report and delegate feedback reviewed by Trustees annually.</li> <li>Decision to change the location on an annual basis.</li> <li>Programmes and marketing / sponsorship activities developed.</li> </ul>
	Loss of facilities	<ul style="list-style-type: none"> <li>Cancer Research UK hosting agreement review.</li> <li>Relocation to Stratford negotiated with Cancer Research UK in line with their general moving plans.</li> </ul>
Financial	Income shortfall / Conference expenditure exceeds budgeted income	<ul style="list-style-type: none"> <li>Monthly review of expenditure against budget by SMT; Regular report to each Board of Trustees meeting.</li> <li>Trustees delegate financial authority to NCRI Chief Executive Officer annually.</li> </ul>
	Membership fluctuations	<ul style="list-style-type: none"> <li>Increase promotion of the benefits of collaboration and partnership working with NCRI.</li> <li>Regular engagement with Partners.</li> <li>Regular wider engagement between all stakeholders: Trustees, Partners, Executive as well as external stakeholders.</li> </ul>



# Principal risks and uncertainties

Category	Risk	Mitigation
Environment	The decision on membership of the European Union	<ul style="list-style-type: none"> <li>• Monitor the impact on research activity connected to the EU funding.</li> <li>• Monitor the impact of:               <ul style="list-style-type: none"> <li>• economic pressures on Partners,</li> <li>• loss of skills / knowledge base.</li> </ul> </li> </ul>
	Partners' disengagement	<ul style="list-style-type: none"> <li>• Regular engagement with Partners by Trustees and the Executive.</li> <li>• Biannual meetings of Partners and other key stakeholders.</li> </ul>
Governance/ Compliance	Meeting statutory and regulatory requirements	<ul style="list-style-type: none"> <li>• Regular Board of Trustees meetings and Partners meetings.</li> <li>• Regular meetings between the Chair and the Chief Executive Officer.</li> <li>• Regular reviews of policies and procedures.</li> </ul>
	Data protection	<ul style="list-style-type: none"> <li>• Monitor GDPR legislation and guidance.</li> <li>• Unified customer relationship management (CRM) solution implemented for all databases used by the organisation.</li> <li>• Develop staff training and awareness programme.</li> </ul>

## 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

The Board of Trustees:

- is led by the NCRI Chair.
- has at least five Trustees, with no less than three or more than six Trustees elected from Partner organisations.
- can appoint up to three additional Trustees.
- is elected and appointed for three years and no individual may normally serve for more than three consecutive terms.
- oversees the governance framework, which complies with the Charity Governance Code for the Voluntary and Community Sector endorsed by the Charity Commission.
- approves the annual budget.
- delegates the operational responsibility to the Chief Executive Officer.
- offers a wide range of skills and experience essential to the good governance of the CIO.
- conducts annual evaluation and periodical one-to-one meetings between the Chair and the Partners are scheduled.
- met four times during 2018-19 (June, October and December 2018, February 2019).

Trustee	Elected (by Partners)	Appointed (by the Board)
Baroness Delyth Morgan - Chair	23 Jun 2015 23 Jun 2018	
Ms Mary Basterfield		25 Mar 2016 25 Mar 2019
Dr Helen Campbell	23 Jun 2015 23 Jun 2018	
Mr Alan Chant		22 Jun 2016 22 Jun 2019
Dr Matthew Hobbs	20 Jun 2018	
Mr Angus McNair		25 Mar 2016 25 Mar 2019
Dr Alasdair Rankin	28 Jun 2017	
Ms Catherine Scivier		25 Mar 2016 25 Mar 2019
Professor Charles Swanton	17 Jan 2018	

# Structure, governance and management

## The NCRI Executive

### The Senior Management Team:

- is responsible for the day-to-day management of the organisation.
- proposes to the Board of Trustees the annual budget and advises where resources should be allocated.
- monitors the financial performance and the delivery of objectives aligned to the strategy, as agreed by the Board of Trustees.

Name	Position
Dr Iain Frame	Chief Executive Officer
Wayne Brads	Head of Business Operations
Nicola Keat	Head of Clinical Research Groups
Nicole Leida	Head of Conferences and Events
Dr Ian Lewis	Head of Strategy and Initiatives

### All staff

- Employed by Cancer Research UK, in accordance with the hosting agreement.
- The levels of pay and remuneration of all staff, including those of the Senior Management Team, 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 19 Partners and 18 of those may participate in formal governance processes and decision making. The Partners are:

- charities
- health departments from the four devolved nations
- research bodies.

Each partner is required to spend at least £1m per year on cancer research in the UK or demonstrate that similar levels of spending in cancer-related research have been achieved in recent years.

There are two meetings with all the Partners every year, including an Annual Meeting where the Annual Review and the Accounts are 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. 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 (2015)
- 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 9–16.

The reference and administrative details on page 43 form part of the Trustees' report.

The Trustees' report was signed on behalf of the Trustees



Baroness Delyth Morgan, NCRI Chair

# Auditor's report to Members of NCRI

## Independent auditor's report to the members 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 2019 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including a summary of significant accounting policies. 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 charity's affairs as at 31 March 2019 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

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- The trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- The trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue

### 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. 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

# Auditor's report to Members of NCRI

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.

As part of an audit in accordance with ISAs (UK), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on



# Auditor's report to Members of NCRI


the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

## 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.



Sayer Vincent LLP, Statutory Auditor  
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

19th November 2019

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

# Financial statements

## Statement of financial activities for the year ended 31 March 2019

	Note	2019			2018		
		Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
<b>Income from:</b>							
Charitable activities							
Partner income		1,442,025	-	<b>1,442,025</b>	1,456,350	-	1,456,350
Strategy and Initiatives		-	359,916	<b>359,916</b>	-	260,172	260,172
Clinical Research Groups		101,744	89,723	<b>191,467</b>	95,093	68,035	163,128
Conferences and Events		853,915	-	<b>853,915</b>	652,368	28,750	681,118
Investments		3,096	-	<b>3,096</b>	849	-	849
<b>Total income</b>		<b>2,400,780</b>	<b>449,639</b>	<b>2,850,419</b>	<b>2,204,660</b>	<b>356,957</b>	<b>2,561,617</b>
<b>Expenditure on:</b>							
Charitable activities							
Strategy and Initiatives	2	(403,503)	(382,674)	<b>(786,177)</b>	(397,184)	(476,032)	(873,216)
Clinical Research Groups	2	(826,834)	(51,190)	<b>(878,024)</b>	(859,483)	(185,619)	(1,045,102)
Conferences and Events	2	(863,292)	-	<b>(863,292)</b>	(852,796)	(28,750)	(881,546)
<b>Total expenditure</b>		<b>(2,093,629)</b>	<b>(433,864)</b>	<b>(2,527,493)</b>	<b>(2,109,463)</b>	<b>(690,401)</b>	<b>(2,799,864)</b>
<b>Net movement in funds</b>		<b>307,151</b>	<b>15,775</b>	<b>322,926</b>	<b>95,197</b>	<b>(333,444)</b>	<b>(238,247)</b>
<b>Reconciliation of funds:</b>							
Total funds brought forward	11,12	891,455	325,513	<b>1,216,968</b>	796,258	658,957	1,455,215
<b>Total funds carried forward</b>		<b>1,198,606</b>	<b>341,288</b>	<b>1,539,894</b>	<b>891,455</b>	<b>325,513</b>	<b>1,216,968</b>

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 11 to the financial statements.

# Financial statements

## Balance sheet as at 31 March 2019

	Note	2019 £	2018 £
<b>Current assets</b>			
Debtors	8	87,597	683,033
Cash at bank		1,822,466	1,171,965
		<b>1,910,063</b>	1,854,998
<b>Liabilities</b>			
Creditors: Amounts falling due within one year	9	<b>(370,169)</b>	(638,030)
<b>Net current assets</b>		<b>1,539,894</b>	1,216,968
<b>Total assets less liabilities</b>		<b>1,539,894</b>	1,216,968
<b>Funds of the Charity</b>			
Restricted income funds	11,12	341,288	325,513
Unrestricted income funds:			
General funds	11,12	1,198,606	891,455
Total Charity funds		<b>1,539,894</b>	1,216,968

Approved by the trustees on DATE and signed on their behalf by



Baroness Delyth Morgan  
Chair  
Date 13/11/2019



Ms Mary Basterfield  
Trustee  
Date 13/11/2019

# Financial statements

## Statement of cash flow for the year ended 31 March 2019

		<b>2019</b>	2018
	Note	<b>£</b>	£
<b>Net cash used in operating activities</b>	13	<b>647,405</b>	(120,674)
<b>Cash flows from investing activities:</b>			
<b>Investments</b>		<b>3,096</b>	<b>849</b>
<b>Net cash provided by investing activities</b>		<b>3,096</b>	849
<b>Change in cash and cash equivalents in the year</b>		<b>650,501</b>	(119,825)
Cash and cash equivalents at the beginning of the year		<b>1,171,965</b>	1,291,790
<b>Cash and cash equivalents at the end of the year</b>		<b>1,822,466</b>	1,171,965



# Notes to the financial statements for the year ended 31 March 2019

## 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 Angel Building, 407 St John St, London EC1V 4AD.

### 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 as revised in 2016 (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 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.

Conference and event income is recognised at the date of the event. Income received in advance of the date of an event is deferred until the criteria for income recognition are met.

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, and is treated as voluntary income.

### 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.

# Notes to the financial statements for the year ended 31 March 2019

## 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 staff time.

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:

	2019	2018
Strategy and Initiatives	31%	30%
Clinical Research Groups	48%	49%
Conference and Events	21%	21%

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.

## 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.

# Notes to the financial statements for the year ended 31 March 2019

## 2. Expenditure

	Charitable activities					2019
	Strategy and Initiatives	Clinical Research Groups	Conference and Events	Governance costs	Support costs	
	£	£	£	£	£	
Staff costs (Note 4)	338,814	310,320	193,427	42,408	287,665	<b>1,172,634</b>
Other staff costs	-	-	-	-	-	-
Event costs	82,486	128,580	412,112	-	64,900	<b>688,078</b>
Travel & subsistence	69,108	180,235	85,300	4,541	14,414	<b>353,598</b>
Memberships & subscriptions	22,202	351	275	-	9,315	<b>32,143</b>
Consultancy fees	11,767	-	-	-	-	<b>11,767</b>
Other professional fees	97,785	10,214	57,006	11,280	82,834	<b>259,119</b>
Overhead costs	3,746	-	3,356	-	3,052	<b>10,154</b>
	<b>625,908</b>	<b>629,700</b>	<b>751,476</b>	<b>58,229</b>	<b>462,180</b>	<b>2,527,493</b>
Reallocation of:						
Support costs	142,336	220,539	99,305	-	(462,180)	-
Governance costs	17,933	27,785	12,511	(58,229)	-	-
<b>Total expenditure 2019</b>	<b>786,177</b>	<b>878,024</b>	<b>863,292</b>	<b>-</b>	<b>-</b>	<b>2,527,493</b>

	Charitable activities					2018
	Strategy and Initiatives	Clinical Research Groups	Conference and Events	Governance costs	Support costs	
	£	£	£	£	£	
Staff costs (Note 4)	256,811	279,482	176,683	62,192	345,897	<b>1,121,065</b>
Other staff costs	-	-	-	-	42,982	<b>42,982</b>
Event costs	128,629	247,210	441,830	-	79,811	<b>897,480</b>
Travel & subsistence	45,028	123,807	92,345	1,338	5,502	<b>268,020</b>
Memberships & subscriptions	15,737	1,175	390	-	5,568	<b>22,870</b>
Consultancy fees	9,557	-	-	-	-	<b>9,557</b>
Other professional fees	225,770	83,246	24,749	11,040	72,400	<b>417,205</b>
Overhead costs	464	2,043	10,198	-	7,980	<b>20,685</b>
	<b>681,996</b>	<b>736,963</b>	<b>746,195</b>	<b>74,570</b>	<b>560,140</b>	<b>2,799,864</b>
Reallocation of:						
Support costs	168,754	271,937	119,449	-	(560,140)	-
Governance costs	22,466	36,202	15,902	(74,570)	-	-
<b>Total expenditure 2018</b>	<b>873,216</b>	<b>1,045,102</b>	<b>881,546</b>	<b>-</b>	<b>-</b>	<b>2,799,864</b>

# Notes to the financial statements for the year ended 31 March 2019

## 3. Net income for the year

This is stated after charging:

	2019 £	2018 £
Auditors' remuneration (excluding VAT):		
Audit	7,400	7,200
Audit fees (prior year under-accrual)	<u>2,000</u>	<u>2,000</u>

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

	2019 £	2018 £
Salaries and wages	980,287	938,477
Social security costs	105,532	85,492
Employer's contribution to defined contribution pension schemes	<u>86,815</u>	<u>97,096</u>
	<u><b>1,172,634</b></u>	<u><b>1,121,065</b></u>

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

	2019 No.	2018 No.
£60,000 - £69,999	5	1
£80,000 - £89,999	<u>-</u>	<u>1</u>

The total employee benefits including pension contributions and employer's National Insurance contributions of the key management personnel were £414,613 (2018: £395,727). Key management personnel is defined as members of the Senior Management Team.

Three Trustees (2018: three) were reimbursed £1,377 (2018: £1,338) 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.



# Notes to the financial statements for the year ended 31 March 2019

## 5. Staff numbers

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

	<b>2019</b>	2018
	<b>No.</b>	No.
Strategy and Initiatives	<b>5</b>	5
Clinical Research Groups	<b>10</b>	9
Conference and Events	<b>4</b>	4
Support	<b>5</b>	6
Governance	<b>1</b>	1
<b>Total number of employees (average)</b>	<b>25</b>	25

## 6. Related party transactions

Trustee	Member organisation
Baroness Delyth Morgan - Chair	Breast Cancer Now
Dr Helen Campbell	Department of Health, England
Professor Charles Swanton	Cancer Research UK
Dr Iain Frame *	Prostate Cancer UK
Dr Matthew Hobbs**	Prostate Cancer UK
Dr Alasdair Rankin	Bloodwise

\* Resigned May 2018

\*\* Elected June 2018

The following related party transactions were made in the year

<b>Income from these organisations was as follows:</b>	<b>2019</b>	<b>2018</b>
	<b>£</b>	<b>£</b>
Bloodwise	<b>67,746</b>	<b>62,564</b>
Breast Cancer Now	<b>48,324</b>	<b>45,073</b>
Cancer Research UK	<b>704,247</b>	<b>795,024</b>
Department of Health, England	<b>405,330</b>	<b>312,393</b>
Prostate Cancer UK***	<b>19,191</b>	<b>11,882</b>

\*\*\* Dr Iain Frame resigned May 2018

<b>Expenses to these organisations were as follows:</b>	<b>2019</b>	<b>2018</b>
	<b>£</b>	<b>£</b>
Breast Cancer Now****	-	<b>58,541</b>
Cancer Research UK*****	<b>255,835</b>	<b>295,779</b>

\*\*\*\*Payment made in relation to a secondment of a member of staff to the Charity.

\*\*\*\*\*Accommodation charge was £212,743 (2018: £249,428), press charge was £23,176 (2018: £46,351) and the balance comprised catering charges.

# Notes to the financial statements for the year ended 31 March 2019

## 7. Taxation

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

## 8. Debtors

	2019	2018
	£	£
Trade debtors	<b>61,000</b>	304,669
Other debtors	<b>11,943</b>	374,683
Prepayments	<b>14,654</b>	3,681
<b>Total debtors</b>	<b>87,597</b>	<b>683,033</b>

## 9. Creditors: amounts falling due within one year

	2019	2018
	£	£
Trade creditors	<b>30,863</b>	298,216
Taxation and social security	<b>99,132</b>	41,361
Other creditors	<b>100,599</b>	118,512
Accruals	<b>85,295</b>	131,557
Deferred income	<b>54,280</b>	48,384
<b>Total creditors</b>	<b>370,169</b>	<b>638,030</b>

## 10. Pension scheme

During the year, 24 staff (average) were members of the Cancer Research UK operated defined contribution pension scheme. Employer contributions vary depending on the level of contributions nominated by each employee and ranged between 1-16%.

# Notes to the financial statements for the year ended 31 March 2019

## 11a. Movements in funds (current year)

### Movements in funds (current year)

	Funds at 1 April 2018	Incoming resources & gains	Outgoing resources & losses	Transfers	Funds at 31 March 2019
	£	£	£	£	£
<b>Restricted funds</b>					
Strategy and Initiatives	192,196	359,916	(382,674)	-	<b>169,438</b>
Clinical Research Groups	133,317	89,723	(51,190)	-	<b>171,850</b>
<b>Total restricted funds</b>	<b>325,513</b>	<b>449,639</b>	<b>(433,864)</b>	-	<b>341,288</b>
<b>Unrestricted funds</b>					
General funds	891,455	2,400,780	(2,093,629)	-	<b>1,198,606</b>
Total unrestricted funds	891,455	2,400,780	(2,093,629)	-	<b>1,198,606</b>
<b>Total funds</b>	<b>1,216,968</b>	<b>2,850,419</b>	<b>(2,527,493)</b>	-	<b>1,539,894</b>

## 11b. Movements in funds (prior year)

### Movements in funds (current year)

	Funds at 1 April 2017	Incoming resources & gains	Outgoing resources & losses	Transfers	Funds at 31 March 2018
	£	£	£	£	£
<b>Restricted funds</b>					
Strategy and Initiatives	213,865	260,172	(476,032)	194,191	<b>192,196</b>
Clinical Research Groups	445,092	68,035	(185,619)	(194,191)	<b>133,317</b>
Conference and Events	-	28,750	(28,750)	-	-
<b>Total restricted funds</b>	<b>658,957</b>	<b>356,957</b>	<b>(690,401)</b>	-	<b>325,513</b>
<b>Unrestricted funds</b>					
General funds	796,258	2,204,660	(2,109,463)	-	<b>891,455</b>
Total unrestricted funds	796,258	2,204,660	(2,109,463)	-	<b>891,455</b>
<b>Total funds</b>	<b>1,455,215</b>	<b>2,561,617</b>	<b>(2,799,864)</b>	-	<b>1,216,968</b>

The disclosure of restricted funds has been amalgamated in the categories shown above as the Trustees consider that 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 year ended 31 March 2019

## Purposes of restricted funds

Restricted funds as at 31 March 2019 have been, or will be, allocated to the following initiatives:

### Strategy and 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.

### Clinical Research Groups

As part of their work the Clinical Research Groups have managed the following activities which have been funded solely from restricted funds:

- CTRad was set up in 2009 to focus on clinical and translational issues relating to radiotherapy and radiobiology, as well as developing a portfolio of practice-changing trials. It brings together around 90 experts from the different disciplines involved in radiation-related research.
- National Cancer Intelligence Network (NCIN) Programme / NCIN Registry & Conference - NCRI and the National Cancer Intelligence Network (NCIN) have 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.

### Conference and Events

- NCRI Cancer Conference - Provides a platform for researchers, clinicians, people affected by cancer and industry representatives to come together to discuss, present and showcase high-quality research.



# Notes to the financial statements for the year ended 31 March 2019

## 12a. Analysis of group net assets between funds (current year)

	General funds	Restricted funds	2019 Total
	£	£	£
Cash at bank	1,481,178	341,288	<b>1,822,466</b>
Other net current liabilities	(282,572)	-	<b>(282,572)</b>
<b>Total</b>	<b>1,198,606</b>	<b>341,288</b>	<b>1,539,894</b>

## 12b. Analysis of group net assets between funds (prior year)

	General funds	Restricted funds	2018 Total
	£	£	£
Cash at bank	846,452	325,513	<b>1,171,965</b>
Other net current assets	45,003	-	<b>45,003</b>
<b>Total</b>	<b>891,455</b>	<b>325,513</b>	<b>1,216,968</b>

## 13. Reconciliation of net income to net cash flow from operating activities

	2019	2018
	£	£
<b>Net income/(expenditure) for the reporting period (as per the statement of financial activities)</b>	<b>322,926</b>	(238,247)
Interest from investments	<b>(3,096)</b>	(849)
Decrease/ (Increase) in debtors	<b>595,436</b>	(114,089)
(Decrease)/ Increase in creditors	<b>(267,861)</b>	232,511
<b>Net cash used in operating activities</b>	<b>647,405</b>	(120,674)

# Reference and administrative details

## Charity status

NCRI has a membership of 18 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

Angel Building

407 St John Street

London EC1V 4AD

## Auditors

Sayer Vincent LLP

Invicta House, 108-114 Golden Lane

London EC1Y 0TL

020 7841 6360

## Find out more and get involved

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