

NCRI Annual Review

2017-18



Partners in cancer research

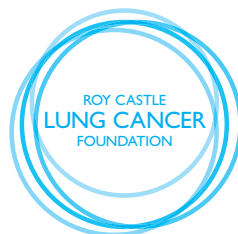


NCRI

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 the benefit of 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 and include the following:



Contents

Introduction	2
Our work	2
Involving patients, carers and others affected by cancer	2
Measuring our success.....	3
Chair's statement.....	4
Director's statement.....	5
Trustees report.....	6
Our achievements.....	6
1. Showcasing the latest advances in cancer research	6
2. Reinvigorating research in the area of pathology.....	7
3. Boosting Living With and Beyond Cancer research.....	8
4. Identifying the challenge of collecting, storing and sharing cancer imaging data	9
5. Working with NHS England to address the Independent Cancer Taskforce Report Recommendations	10
6. Boosting research in acute oncology and cancer of unknown primary origin	11
7. Supporting excellence in clinical radiotherapy research	12
8. Accelerating clinical cancer research.....	13
Looking forward: our 2018/19 priorities	14
Financial review	16
Principal risks and uncertainties.....	19
Structure, governance and management	21
Related parties and relationships with other organisations.....	22
Statement of Trustees responsibilities.....	24
Auditors report to Members of NCRI.....	25
Financial statements	28
Notes to the accounts for the year ended 31 March 2018	31
References and administrative details.....	40

Introduction

The National Cancer Research Institute (NCRI) is a UK-wide partnership between research funders working together to make faster progress against cancer. 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. As a Partnership, we capitalise on opportunities and address challenges that add value to the excellent work that our Partners and others do to improve the lives of people affected by cancer.

Our work

We are working together to improve health and quality of life, by accelerating progress in cancer-related research through collaboration. We are doing this through four strategic goals:

- Ensuring a coordinated portfolio of research
 - We support strategic investment for cancer research by mapping where activities and opportunities exist and identifying shared priorities for future investment. Strategic oversight of the research landscape is crucial if NCRI Partners are to identify areas where collaborative working adds value. Through our Cancer Research Database we collect and analyse funding data from Partners to give an overview of cancer-related research activity. Data gathering is now in its fifteenth successive year and has recorded over £7.3bn of funded research. We publish annual summaries of the data, as well as periodic reports looking at particular areas within the portfolio. This helps to identify trends and gaps in funding across a range of research areas. NCRI Partners can also use the information to undertake detailed analyses of their own. Where an imbalance in funding is found, our Partners can then look at ways to address this.
- Seizing opportunities and addressing challenges
 - Through our strategic oversight and scoping work, we are able to seize opportunities and address challenges in cancer research as they arise. We have a variety of ongoing initiatives that span the research pathway and range from developing and applying new radiotherapy technologies, to building capacity within the pathology research community, to identifying research priorities to better support people living with and beyond cancer.
- Continuously improving the quality and relevance of research related to cancer
 - We know the benefits of collaboration in driving up quality. Our Clinical Studies Groups and Clinical Trials Units are just two examples of how sharing knowledge and best practice within specific disciplines ensures that research is designed and conducted in the most effective way possible. We run an annual NCRI Cancer Conference – the largest cancer research conference in the UK – bringing together nearly 1,500 delegates each year to learn about and discuss the latest advances across the entire spectrum of cancer research. It's an ideal platform to showcase high quality research and establish new collaborations.
- Accelerating translation of research into practice
 - We work with other key stakeholders in cancer research including, but not limited to, industry, professional bodies, non-Partner research funders, government organisations and representatives from research initiatives to ensure that the cancer research community is as joined up as possible.

Involving patients, carers and others affected by cancer

We involve patients, carers and others affected by cancer (also known as 'consumers') in all aspects of NCRI's work. At any one time, up to one hundred consumers will be involved in our research activities; making contributions to the setting of our strategy and shaping actions at national level as experts in the experience of cancer. Our consumers are brought together as the NCRI Consumer Forum which enables them to exchange knowledge and expertise in a

coordinated way. The NCRI Consumer Forum is a defined group within NCRI, guided by a remit and Steering Group to support NCRI's aims. Find out more about the NCRI Consumer Forum: <http://www.ncri.org.uk/about-us/patient-involvement/>

Measuring our success

We use a variety of criteria to measure our success. For instance, each of our 18 Clinical Studies Groups successes and developments are reviewed annually and reviewed by an international panel of experts every five years. Delegate feedback is a key marker of the success of our Conference and all of our activities are reviewed and scrutinised by NCRI Partners at our biannual Partners' meetings. A performance reporting framework to help demonstrate the progress towards our goals in our strategy has been developed and is used by trustees to help monitor progress towards our strategic goals.

Chair's statement



Now more than ever, collaboration is recognised as being critical to success in research. Having an established conduit for collaboration that brings together experts and patient representatives from across the cancer research community is a significant asset to the cancer community. It is the smartest and most efficient way to navigate our complex environment, and as Chair of NCRI's Board of Trustees I am hugely encouraged by the progress we have made together.

In NCRI's five-year strategy (2017-2022), we identified four goals – shared goals for the UK's major cancer research funders, the NCRI Partners, to work towards as part of the NCRI. These goals harness the power of collaboration and will fulfil NCRI's aim of improving health and quality of life for people affected by cancer. To support the implementation and delivery of our new strategy we have set up a Strategy Advisory Group. The Group, whose membership reflects the breadth of stakeholders in cancer research, will consider ideas submitted for NCRI activities and develop opportunities to accelerate progress through collaboration.

As a collaboration, our connections spread far and wide. NCRI continues to be an active member of the International Cancer Research Partnership (ICRP), ensuring the UK is represented in global efforts to collaborate and coordinate in cancer research and that we access the insights and experiences that this brings. NCRI also continues to be a member of the Association of Medical Research Charities (AMRC) which ensures we're plugged in to issues that affect the whole discipline of medical research, beyond cancer.

This year we have many key achievements to be proud of, from delivering yet another successful NCRI Cancer Conference – the UK's largest, to leading the way in boosting pathology research and working with NHS England to address the Independent Cancer Taskforce Report. The NCRI is not only a partnership of the major UK cancer research funders, it also manages large networks of researchers that cover the entire spectrum of cancer care and treatment. This makes us uniquely placed to provide input and solutions to research issues raised by large national programmes and initiatives.

We were pleased to welcome an additional Partner charity this year; Brain Tumour Research became our nineteenth Partner. We look forward to working with them and all our Partners, to maximise the impact that research can have on improving health and quality of life.

My sincerest thanks to all NCRI Partners for your continued commitment and to all our other stakeholders in the cancer research community. Thank you to the NCRI's Board of Trustees and Executive for your continuing drive and enthusiasm and finally, I want to pay tribute to Dr Karen Kennedy who's tenure as NCRI's Director is due to come to an end in June. The NCRI has made great strides over the last four and a half years under her direction, for which we are truly grateful. Looking to the future the trustees are delighted to welcome Dr Iain Frame as NCRI's new Chief Executive Officer to take us to the next stage in our development.

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

Baroness Delyth Morgan

Chair, NCRI

May 2018

Director's statement



Cancer survival rates have doubled over the last 40 years, and research has been central to this success. However, more needs to be done. There has never been a more urgent need for collaboration to ensure that research helps make further strides in prevention and diagnosis and that it addresses the complex needs of cancer patients at every stage of their journey, through and beyond cancer. The NCRI drives collaboration between 19 of the biggest funders of cancer research in the UK, across charity and government. We bring together funders, clinicians, scientists, research nurses, patients who are experts by

experience and other specialists to seize the opportunities and address the challenges that are often too vast for a single organisation to tackle alone.

In April, we launched our ambitious new five-year strategy (2017-2022). It sets out how NCRI will achieve four goals: to accelerate the translation of cancer research into clinical practice, to improve the quality and relevance of research related to cancer, to address major opportunities and challenges in cancer research and to ensure a coordinated portfolio of cancer research in the UK.

A central part of this is bringing people together through face-to-face meetings to foster knowledge sharing and collaboration. As well as running the annual NCRI Cancer Conference, which is the largest cancer research meeting in the UK, we are also the catalyst to bring experts together at over 250 meetings a year. These are essential touchpoints where our groups and networks collaborate and drive forward progress in NCRI activities and initiatives. These span the whole pathway of cancer research – from basic research, to translational, clinical and implementation research.

An example is NCRI's Living With and Beyond Cancer initiative. Despite a growing population of people who are now living with the consequences of cancer and cancer treatment, the level of research in this area has been historically low. This new NCRI initiative is the first collaborative step needed to address this gap. We are working with the James Lind Alliance to identify top research priorities in this area that have been identified by adults affected by cancer and health and social care professionals. These priorities will provide directions for the most impactful research, and through collaboration with the research community we want to increase the level of research and generate practice-changing evidence that will benefit people living with and beyond cancer.

The progress we are making wouldn't be possible without the support of our Partners and members of the research community. Thank you to all of you. And of course, a thank you to the NCRI Consumer Forum – over 100 patients, carers and others affected by cancer who are involved in all NCRI's research activities; their first-hand knowledge of cancer and unique perspectives bring strength to our work and helps to keep research relevant.

And finally, after more than four years as Director, this will be my final year at NCRI. It has been a privilege to lead the NCRI Executive and I believe that collaboration is more important than ever to accelerate the progress of research.

A handwritten signature in black ink, appearing to read 'Karen Kennedy', with a horizontal line underneath.

Dr Karen Kennedy

Director, NCRI

May 2018

Trustees report

Our achievements

1. Showcasing the latest advances in cancer research

The NCRI Cancer Conference is the UK's largest cancer research conference and it brings together a broad range of people across disciplines, career levels and research fields. The multi-disciplinary nature of the Conference provides a unique forum for exchanging knowledge and sharing best practice, as well as forming new collaborations and learning from top experts in the field.

In 2017 we delivered the thirteenth annual NCRI Cancer Conference where we welcomed 1350 delegates, including 150 leading oncology experts from 45 countries. Delegates had access to 90 hours of education including: 12 plenary lectures, 20 parallel sessions, 10 symposia and two Clinical Trials Showcases highlighting practice-changing trials. In addition, there were 550 research posters and 65 trade stands on display.

The research showcased at the Conference spanned the entire spectrum of cancer research. From basic to translational, clinical and research relevant to living with and beyond cancer. For the sixth year, we partnered with the Royal College of Radiologists on dedicated sessions and for the second year running, we welcomed The British Association of Surgical Oncology (BASO), who presented a series of surgical sessions.

We also successfully delivered our ever-popular NCRI Consumer-led forum in a Dragons' Den style session and welcomed 40 local A-level students to further their understanding of cancer research at our 'Schools Event'. The 'Schools Event' was organised in collaboration with one of our partner organisations, the Roy Castle Lung Cancer Foundation and provided students with the opportunity to hear from cancer research experts and apply their fresh insights through the creation of a promotional short film to inspire their peers to pursue a career in science.

An integral part of the Conference is the inclusion of presentation opportunities for researchers who submit abstracts. This is incentivised by several prizes and proffered paper sessions which encourage early career scientists to present their research to a broad audience.

This year we introduced electronic posters to allow content to be digitally available throughout the event. We also introduced two 'Silent Theatres' which provided abstract authors with the chance to book a 5-minute slot to present their research orally to an engaged audience.

The Conference was well received with 90% of delegates rating their overall Conference experience as good, very good or excellent. The event also attracted wide media coverage with 27 print articles, 62 online pieces and 4 broadcast programmes.

The NCRI Cancer Conference remains one of the key events for the cancer research community to attend and one of the highlights in the NCRI calendar.

Find out more about our Conference at: <http://conference.ncri.org.uk>

2. Reinvigorating research in the area of pathology

The NCRI Cellular and Molecular Pathology (CM-Path) initiative aims to reinvigorate academic pathology in the UK. CM-Path is a working group that brings together over 60 healthcare professionals to focus on enhancing pathology training, involvement in clinical trials, discovery research and uptake of innovative technology and informatics in pathology.

Since its launch in June 2016 NCRI's CM-Path initiative has made significant strides in bolstering academic pathology, including the delivery of training events and published peer reviewed papers in high impact journals.

This year CM-Path has raised significant awareness of the need for diagnostic molecular pathology training as part of the postgraduate pathology curriculum. The group published two peer reviewed papers, one in the *Journal of Clinical Pathology*¹ and one in the *British Journal of Cancer*², highlighting the absolute need for this training to ensure a new generation of morphomolecular pathologists. In collaboration with the US Training Residents in Genomics programme, CM-Path ran a very successful diagnostic molecular pathology education day for over 90 trainee pathologists. Further educational workshops have been run this year and attended by over 250 pathologists on topics such as 'getting into clinical trials', 'the liquid biopsy' and 'innovative biomarker development'. The group are now developing a curriculum in collaboration with the Royal College of Pathologists for diagnostic molecular pathology.

CM-Path set up a Clinical Trial Pathology Advisory Group (CT-PAG), which has expertly reviewed over 50 grant applications for cancer research funders so far. Incorporating pathology representation and review in to relevant clinical trials is a key aim of CM-Path, to ensure that the best research is being funded. The review step that CT-PAG offers helps to ensure best practice in tissue acquisition, handling and analytics are applied; that pathologists time and activities are duly considered, biomarker discovery and assay development are considered and opportunities for translational science are identified.

CM-Path have also conducted and published several scoping exercises to examine the current landscape of academic pathology. Trainees Dr Caroline Young and Dr Scarlet Brockmoeller delivered a plenary presentation at the Pathological Society Conference 2017 outlining results from their survey of attitudes towards research within the pathology workforce. This survey was important to understand barriers around pathologists being more engaged with research and to identify possible solutions.

CM-Path continues to place a strong emphasis on encouraging and supporting trainees and has extended its trainee programme to ensure new trainees are recruited annually, and able to benefit from CM-Path membership.

CM-Path continues to work closely with other relevant organisations and initiatives to avoid duplication of effort and provide coordination within the landscape; this includes the Royal College of Pathologists and the Pathological Society.

Find out more about CM-Path at: <http://cmpath.ncri.org.uk/>

¹ Moore, D et al. (2017). *Journal of Clinical Pathology*, 71(4), pp.285-290.
Available at: <http://jcp.bmj.com/content/71/4/285>

² Jones, et al. (2017). *British Journal of Cancer*, 117(11), pp.1581-1582.
Available at: <https://www.nature.com/articles/bjc2017340>

3. Boosting Living With and Beyond Cancer research

The NCRI Living With and Beyond Cancer (LWBC) research initiative aims to develop strategic proposals for addressing the most relevant research priorities and to up-skill the research community in this area. Ultimately it will help improve the lives of people affected by cancer and their experiences of living with it.

Improvements in cancer diagnosis and treatment mean that people are living longer after a cancer diagnosis. Combined with an ageing population in the UK, a growing number of people are now living with the consequences of cancer and cancer treatment. Yet the amount of research in this area is relatively low in the UK and all indications suggest that, without intervention, research activity in this area will remain at a similar level.

As a result, in 2016, NCRI worked with key stakeholders to set-up the initial phase of the NCRI Living With and Beyond Cancer (LWBC) research initiative. Phase one of this initiative aims to identify the research priorities that matter most to adults affected by cancer and to health and social care professionals. The UK priorities will provide a focus to stimulate more high-quality research and generate practice-changing evidence.

To this effect, working in partnership with the James Lind Alliance, the NCRI LWBC Priority Setting Partnership was set up in April 2017, led by a Steering Group that consisted of cancer patients/carer representatives, charity representatives and multidisciplinary health and social professionals. They undertook an initial UK-wide survey asking respondents to indicate what areas of research they felt were most important through the proposal of up to three research questions. The survey was a success: over 60 NCRI Partners and non-partners collaborated to promote the survey and 1500 people took part, resulting in a total of 3500 questions.

The research questions identified in the survey covered all aspects of living with and beyond cancer. Respondents included patients across all ages (16+) and patient pathways, across all nations of the UK, and a broad range of medical, nursing, allied health and social care professionals as well as many carers. The Steering Group analysed responses with the support of two researchers from University of Cardiff who checked the proposed questions against relevant, reliable and up-to-date systematic reviews, to ascertain whether they were unanswered.

A second UK-wide survey to prioritise the remaining unanswered questions was opened in February 2018 and is currently ongoing. The NCRI will launch the top UK priorities for living with and beyond cancer in the coming year. The NCRI will work with funders, researchers, regulatory and policy bodies to implement the priorities and translate research into patient benefit.

Find out more about the NCRI Living With and Beyond Cancer research initiative at:

<http://www.ncri.org.uk/lwbc>

4. Identifying the challenge of collecting, storing and sharing cancer imaging data

Imaging is extensively used in both cancer clinical management and research. An NCRI workshop identified challenges and agreed recommendations for the coordination of imaging repositories to promote joined-up coordination across the UK on how and when to collect, store and share imaging data.

The use of imaging in cancer research is widespread; from the imaging of cells in the lab (biological imaging), to images of stained tissue sections of tumour biopsies and normal tissue (digital pathology) and images of body scans such as Magnetic Resonance Imaging scans and X-Rays (medical imaging). There are currently several small imaging repositories across the UK however there is no comprehensive list of these repositories nor the data held by them. There is a lack of joint coordination across the UK on how and when to collect, store and share imaging data, so better coordination may be a missed opportunity.

Importantly, recent advances in artificial intelligence have shown that machine learning approaches can be adapted for image analysis, automating processes and dramatically reducing the time it takes to reach an evidenced-based clinical or research decision. Currently, however the large and well-annotated image datasets that are needed for this don't exist. More joined up approaches need to be developed to allow the collection of large, well annotated imaging datasets to support the generation of high quality cancer research studies.

Coordination across this broad and complex area is a challenge. As a partnership organisation with links and insights across the spectrum of cancer research, NCRI is well placed to tackle such a challenge. Listening to the research community we knew there was a need to scope this out further. As a first step we held a workshop in February 2018, inviting imaging experts from biological imaging, digital pathology and medical imaging, to identify key challenges and solutions for the coordinated collection, storage and sharing of images in cancer research.

The workshop unpicked several challenges including governance, deidentification and a lack of standards for the quality and format of images; as well as challenges in the research environment and the required expertise to deliver high quality imaging studies and collections. The possible solutions discussed included: standards, processes and guidelines be created for patient consent related to imaging, image deidentification (particularly for medical imaging), data format and quality and material transfer agreements. There was also acknowledgement of new national initiatives already in the pipeline such as Health Data Research UK and the Innovate UK network of digital pathology, imaging and AI centres, as part of phase one of the UK government's Life Sciences Sector Deal. The NCRI will keep a watching brief in this area and explore the potential of working with these new initiatives to ensure the challenges identified in this workshop are tackled by the relevant organisations.

Download a copy of the workshop report from the NCRI publications webpage:

<https://www.ncri.org.uk/publication/>

5. Working with NHS England to address the Independent Cancer Taskforce Report Recommendations

The NCRI is not only a partnership of the major UK cancer research funders, we also manage large networks of researchers that cover the entire spectrum of cancer care and treatment. This makes us uniquely placed to provide input and solutions to research issues raised by large national programmes and initiatives.

The Independent Cancer Taskforce published a report in 2015, titled: 'Achieving world-class cancer outcomes: A strategy for England, 2015-2020'. It outlined a vision for the NHS to improve survival rates and achieve world class outcomes for those affected by cancer.

One of the recommendations in this report was for NHS England to work with the National Institute of Health Research (NIHR) and research charities to develop research protocols which enable a better understanding of how outcomes for older people could be improved.

To begin to address this, in May 2017 the NCRI ran a workshop entitled 'Improving outcomes for older people with cancer' in partnership with NHS England. The workshop brought together geriatricians, clinical academics, medical oncologists, consumers, and representatives from Macmillan, Cancer Research UK and Age UK to define research questions to improve outcomes for older people with cancer and agree the action steps to pursue these. Recommendations in four key areas were developed: frailty, comprehensive geriatric assessment (CGA) and fitness; interaction between clinicians and patients; designing research; comorbidities.

These recommendations will be fed back to the NCRI Clinical Studies Groups so that trials can be designed that specifically answer questions relating to the treatment of older people and so that trials being developed do not preclude older people from taking part. The NCRI will also work with Partners and other key stakeholders to stimulate greater discussion around trial access for older people in the UK.

Download a copy of the workshop report from the NCRI publications webpage:

<https://www.ncri.org.uk/publication/>

Another recommendation from the Independent Cancer Taskforce report stated that NHS England and Public Health England should work with NIHR and research charities to develop research protocols to evaluate the potential for risk-based prevention and surveillance programmes based on genetic germline profiling

In May 2017 NCRI ran a workshop entitled 'The role of germline genetic profiling for risk-based prevention and cancer screening' in partnership with NHS England and with additional funding from Breast Cancer Now. The workshop brought together geneticists, clinical cancer specialists, academics, consumers, representatives from Breast Cancer Now, Prostate Cancer UK and Bowel Cancer UK, and others with specialist interest in this area. Following a series of breakout sessions, key research questions were identified for further work in exploring new opportunities in risk-based screening. Whilst much of the workshop focused on surveillance programmes, it was recognised throughout that targeted prevention programmes could be developed to complement surveillance programmes that stratify the population into levels of risk of developing cancer. Each of the relevant NCRI Clinical Studies Groups are now exploring proposals in this area.

Download a copy of the workshop report from the NCRI publications webpage:

<https://www.ncri.org.uk/publication/>

6. Boosting research in acute oncology and cancer of unknown primary origin

NCRI has identified that there are currently gaps in research aimed at benefitting patients who present through an emergency setting and/or with cancer of unknown primary origin. In partnership with NIHR, we held a multi-disciplinary workshop to identify priorities for research and infrastructure in these areas. These priorities will be implemented through two NCRI Task & Finish Groups

Following a debate around research needs in acute oncology and cancer of unknown primary at the NCRI Clinical Studies Groups Chairs' Forum in 2017, it was agreed that a workshop was needed to establish research priorities in these areas. High quality research has the potential to improve patient care and experience and may have cost effectiveness benefits for the NHS, as evidence is generated to support more tailored or personalised treatments or models of care. However, there is currently a lack of coordinated and high-quality research in these areas. The associated research landscape is also complex – it can involve emergency presentation through to diagnosis, treatment delivery and managing complications of treatment.

The NCRI and the NIHR Clinical Research Network hosted a workshop in March 2018 bringing together experts and stakeholders in acute oncology and cancer of unknown primary research to help set the NCRI and NIHR Clinical Research Network agenda in these areas.

The day brought together a group of medical and clinical oncologists, nurses, acute oncology specialists, data specialists, health economists, research managers, clinical academics, pathologists, NCRI consumers, and representatives from Macmillan, Marie Curie and Cancer Research UK with specialist expertise in this area. The day was organised around an information-sharing session, followed by breakout discussions, to develop research recommendations. These recommendations focused on developing high-quality studies to address the needs of these underserved patient populations.

To take forward the recommendations, NCRI will now establish two Task & Finish groups – one for Cancer of Unknown Primary and another for Acute Oncology.

7. Supporting excellence in clinical radiotherapy research

NCRI's flagship radiotherapy initiative, the Clinical and Translational Radiotherapy Research Working Group (CTRad) provides leadership in the national effort to enhance radiotherapy research. It brings together many research specialties to shape and grow the national radiotherapy research agenda. It achieves this through the development of high-quality research, supporting the UK's radiotherapy workforce and infrastructure, and exploiting the opportunities that arise from new technology and the emerging sciences.

In June 2017 CTRad launched its new mission statement and five-point strategic vision for 2018-2021. The new strategic vision is a natural evolution of CTRad's original aims and places an increasing emphasis on high impact, project-based, collaborative research initiatives.

The beginning of 2018 saw CTRad lead a highly successful funding workshop in collaboration with the Medical Research Council (MRC). This was the first of its kind in the radiotherapy research field – helping to promote understanding of funding streams suitable for radiotherapy researchers and to improve the communication between researchers and funding organisations. For the MRC, this was particularly timely as it coincided with their new Radiation Biology and Oncology Board Opportunity which sought to encourage a wider range of applications in this area. The 50 delegates heard from current grant holders in radiotherapy research about their journeys to successful grant applications and participated in breakout groups to discuss potential radiotherapy-related projects.

Feedback on the workshop was very positive; it was seen to be a great platform for enhancing two-way communication between researcher and funder so that funders can devise funding streams to fit with the evolving needs of the community, while researchers can be kept up-to-speed with the requirements of those funding streams. NCRI is now currently looking in to running a similar workshop with the NIHR and other funders of radiotherapy research.

CTRad has also been building on the momentum created by the landmark consensus paper published in 2016³, championing the recommendations it set out around increasing the number of novel drugs being successfully used in combination with radiotherapy. In February 2018, this included participation in a workshop led by the US drugs regulator, the FDA, to develop appropriate regulatory guidelines for drug-radiotherapy combination studies. Being part of such a meeting enables the UK to gain and share insights, expertise and learnings internationally and to play a leading role in the development of guidelines that will advance research for patient benefit.

Find out more about CTRad: <http://ctrad.ncri.org.uk>

³ Sharma RA, et al. Nature Reviews Clinical Oncology 13, pages 627–642 (2016)

8. Accelerating clinical cancer research

Throughout the year the NCRI manages large networks that bring together the best and brightest minds to develop high quality cancer trials. This research is leading to new ways of treating and supporting people affected by cancer.

Through the NCRI Clinical Studies Groups (CSGs) we work to improve the quality of clinical trials research in the UK. These large networks promote multi-disciplinary collaborations that further the development of cancer clinical trials, provide advice and direction to the wider research community and engage with the next generation of clinical researchers.

Our CSGs have been in existence for around 15 years, and are a central part of the UK's cancer research infrastructure. There are 18 CSGs and over 70 associated sub-groups 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. All CSGs and over half of our sub-groups also have consumer members, ensuring that the research developed is not only high quality but also relevant to the needs of the people affected by cancer.

In March 2018, the NCRI Brain Tumour CSG led a Brain Metastases Workshop. Several of the NCRI CSGs identified this as an area severely lacking in high quality research and so this workshop was established to bring together experts in brain, breast, skin and lung oncology to establish the current landscape of care, identify areas of clinical need and to develop studies for patients in these areas. Study ideas discussed at this workshop will be developed by the CSGs with the aim of taking these forward for funding application.

In December 2017, we carried out a survey of nearly 500 CSG members asking for their thoughts on the activities and processes that underpin the CSGs and how the opportunities that arise from the latest evidence and emerging science could be best addressed by the groups. As a result, and in addition to outcomes arising from other activities (e.g. strategy days and international reviews) a new CSG structure for two of our CSGs – the Gynaecological CSG and the Upper Gastrointestinal CSG – will be piloted. Plans for this are currently underway with implementation expected in 2018/19.

Find out more about our CSGs: www.ncri.org.uk/csgs

Looking forward: our 2018/19 priorities

Priorities across our four Executive functions

Conference and events	<ul style="list-style-type: none"> • Successfully deliver the 14th NCRI Cancer Conference, for the first time in Glasgow. • Continue to work with a highly engaged Scientific Committee to plan the content of the 15th NCRI Cancer Conference. • Continue to develop the Conference ensuring the needs of the cancer research community are met. • Start the selection process for a new Conference venue for future Conferences. • Continue to secure new sources of income. • In collaboration with the Strategic Planning and Initiatives team, work on the organisation and delivery of the Beyond the Horizon meeting series as well as addressing the translational gap through the facilitation of events. • Work with the Clinical Research Groups team to consider trainees and junior researcher needs.
Clinical Research Groups	<ul style="list-style-type: none"> • Deliver on the proposed plans to transition to a new CTRad membership structure that will be more efficient and more inclusive and will make it easier for members to make a meaningful contribution. • Re-launch CTRad as a result of securing further funding. • Proton Beam Therapy (PBT) Steering Group to support researchers to develop and secure funding for high quality clinical trials of PBT. • Work to restructure the Gynaecological and Upper Gastrointestinal CSGs and pilot this new structure for 6-12 months before considering whether it may be appropriate for other CSGs to also take this form. • Develop and lead workshops exploring specific molecular pathways or targeting specific mutations. • Appoint the third cohort of trainees for the NCRI CSGs, taking into account feedback received from the previous cohorts, for example the organisation of a networking event. Explore what more the NCRI could do for trainees. • Identify a suitable replacement for the NCRI Consumer Lead. • Engage with the outputs of all relevant NCRI-led workshops.
Strategic Planning and Initiatives	<ul style="list-style-type: none"> • Launch the top 10 priorities in the area of Living With and Beyond Cancer research, identified through the James Lind Alliance Priority Setting Partnership and start to work with research funders and the research community to see that they are addressed. • Continue to support the NCRI CM-Path initiative and ensure that it remains fit for purpose and meeting its goal of reinvigorating academic pathology in the UK. • Develop the NCRI Cancer Research Database so that it is viewed as a vital resource that helps drive UK cancer research strategy. • Identify topics for a series of meetings that will enable the research community, policy makers and others to come together to develop coordinated approaches to emerging advances in research related to cancer. • Launch the new NCRI Strategy Advisory Group which will provide expert input and advice on current NCRI activities and identify gaps, challenges and opportunities that the NCRI would be best place to address.
Business Operations	<ul style="list-style-type: none"> • Introduce agile working and reduce hosting costs. • Work with Trustees to refine the NCRI scorecard and populate with robust metrics. • Develop a Board review process and analyse the results of the first survey. • Prepare the NCRI budget for FY 2019-20, including projections out to FY

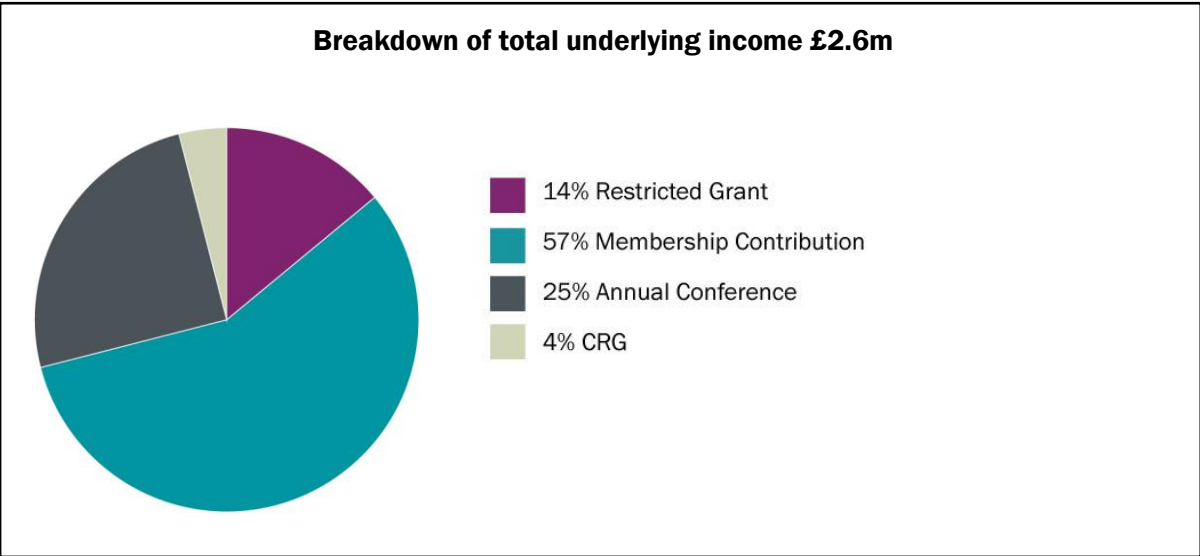
	<p>2021-22, for approval by Trustees in February 2019.</p> <ul style="list-style-type: none"> • Maintain management systems to ensure compliance with the requirements of GDPR. • Update and implement NCRI's communication strategy. • Plan for the relocation of NCRI to the International Quarter at Stratford in 2019.
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Financial review

Income

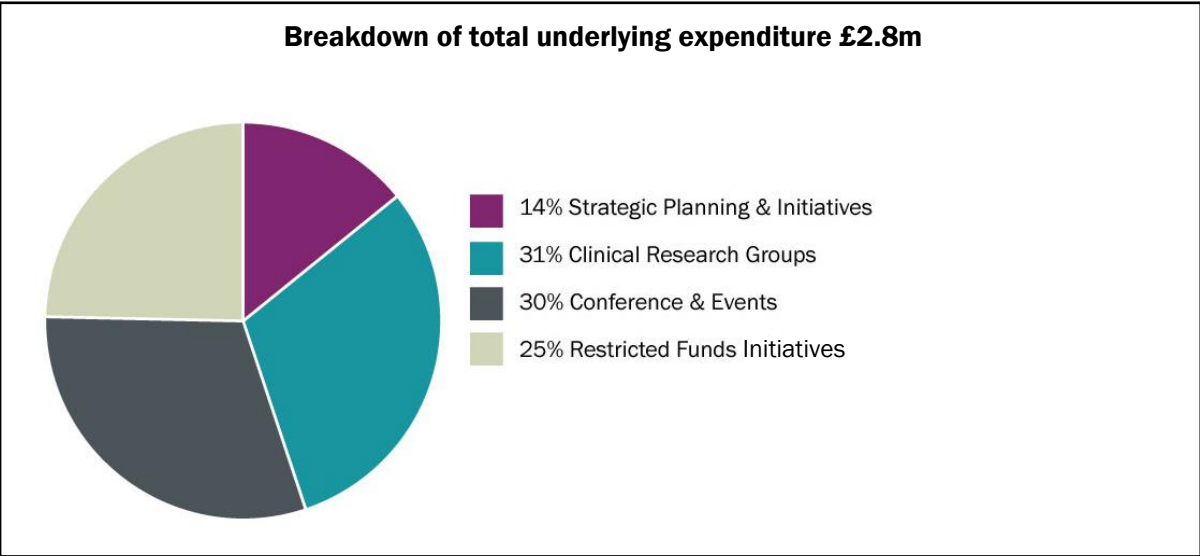
Total income for the year was £2.6m, made up of £2.2m of unrestricted funds and £0.4m of restricted funds.

NCRI’s Partner membership contribution is the primary source of income and accounted for 57% of the total income (including unrestricted and restricted funds).



Expenditure

Total expenditure for the year was £2.8m with £2.1m relating to unrestricted funds and £0.7m relating to restricted funds. Expenditure related to all NCRI activities, including: Strategic Planning and Initiatives, Clinical Research Groups, Conference and Events, Business Operations.



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). The policy 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 £340,000 which represents approximately 16.1% of the NCRI 2017/18 unrestricted funds and eight 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 £240,000 (11% of the unrestricted NCRI 2017/18 budget, or six 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 objects. 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.

It is recognised that the unexpected donation received from the Werth estate has underpinned faster than planned growth of the NCRI's reserves. Trustees and the Executive are actively engaged in identifying how the surplus may be used effectively to accelerate cancer research in line with our current strategy.

Our fundraising practices

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 organisations.

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

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.

Principal risks and uncertainties

The Board of Trustees is responsible for ensuring effective and adequate risk management and that internal controls are in place to manage risks to which NCRI is exposed. It discharges this responsibility through the regular review of the risk management framework.

The NCRI adopts a robust approach to risk management which is underpinned by the risk management policy which was based on 'Charities and Risk Management: a guide for charity trustees (CC26 published by the Charity Commission)'.

The risk management framework is an essential tool in managing the successful delivery of the NCRI strategy and protecting the long-term viability of the organisation. The process provides trustees with an appropriate method of identifying, assessing and managing the organisation's significant risks. Progress against a register of significant risks is reported to trustees at their regular meetings and is based on information provided by the NCRI Senior Management Team who review the risk register monthly.

The NCRI Executive will apply the principles of risk management to the operating environment to identify and assess the risks it faces in all areas of its work. These risks may be associated with ongoing activities, arise through new activities being undertaken, or emerge because of a change to legislation or the operating environment. A summary of the current areas of risk NCRI monitors routinely is below.

NCRI risks are grouped under four headings Operational, Financial, Environment and Governance/compliance and include the risks set out below:

Risks	Mitigation
Unplanned loss of key staff	<ul style="list-style-type: none"> Increasing resilience through developing Standard Operating Procedures for key processes. Opportunities for secondments from Partners. Review of talent and succession planning. Support to staff who feel unsettled following the decision to leave the EU.
Decline in conference quality	<ul style="list-style-type: none"> Conference finance report and delegate feedback reviewed by trustees annually. Plans for future Conferences shared with Partners - decision to rotate venue every 2 years. Future programmes and marketing/sponsorship activities subject to on-going development.
Loss of facilities	<ul style="list-style-type: none"> Hosting agreement review with CRUK every six months. New finance system in place since April 2017. Following the development of several alternative options Trustees agreed that it would be in NCRI's best interests to begin planning to relocate to Stratford in 2019 and continue to be hosted by CRUK.
Income shortfall	<ul style="list-style-type: none"> Monthly reviews of expenditure against budget by Senior Management Team with regular reports to each meeting of NCRI trustees. Trustees delegate financial authority to NCRI Director annually in line with the agreed budget. Budgetary control included in role profiles and annual

	<p>objectives of all budget holders.</p> <ul style="list-style-type: none"> • Upgraded finance role established. • Development of NCRI Business Continuity Planning ongoing. • Timely information available following since the implementation of new finance system by host organisation.
Reducing membership	<ul style="list-style-type: none"> • Regular engagement with Partners by Executive. • Work ongoing to improve interaction with and between trustees, Partners, Executive and other stakeholders. • All staff actively gathering feedback from Partners to inform the development of NCRI activities. • Consultative approach taken in building the 2017-22 strategy.
External influences have a negative impact on research and, thereby reduce the impact of NCRI e.g. changes to government policy regulation and continued economic austerity	<ul style="list-style-type: none"> • Increased promotion by NCRI of the benefits of collaboration and partnership working. • Monitoring of impact on research activity due to loss/wind down of EU funding. • Increased monitoring of impact <ul style="list-style-type: none"> • of economic pressures on Partners, • on research activity levels, and • of loss of skills/knowledge base. • Discussion with Partners and other key stakeholders to ensure a cohesive approach is in place to help mitigate impact of this risk.
Meeting statutory and regulatory requirements	<ul style="list-style-type: none"> • Trustee recruitment, induction and feedback. • Refreshed skills audit. • Regular 1-2-1's between Chair/Director. • Annual audit. • Customer Relationship Management solution implemented. • Novel or contentious procurement activity requires approval of Board.

Structure, governance and management

NCRI is a Charitable Incorporated Organisation (CIO) governed by a 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. Up to three additional trustees may also be appointed by the Board. The day-to-day running of the CIO is the responsibility of the Senior Management Team within the NCRI Executive, led by Dr Karen Kennedy, NCRI Director.

The Board of Trustees, led by the NCRI Chair, oversees a robust governance framework. The CIO'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 CIO's activities to the NCRI Director.

The Board of Trustees monitor the CIO's governance on an ongoing basis. They have annual one-to-one meetings with the NCRI Chair and they conduct an annual evaluation. Each meeting of the Board of Trustees includes a period for private discussion amongst trustees if required. The NCRI Board of Trustees was established in June 2015, an evaluation of Board effectiveness is accepted good practice, and a review was conducted during 2017–18 and activities put in place to further strengthen board performance.

The Board of Trustees met four times during 2017–18.

The Board of Trustees

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 CIO. Each trustee undertakes an induction programme that includes meetings with the NCRI Director and Senior Management Team.

The NCRI Board of Trustees are shown below:

Trustee	Elected	Appointed
Baroness Delyth Morgan – Chair (Breast Cancer Now) +	23 June 2015	
Ms Mary Basterfield		25 March 2016
Dr Helen Campbell (Department of Health & Social Care)	23 June 2015	
Mr Alan Chant (Consumer)		25 March 2016
Dr Iain Frame** (Prostate Cancer UK) +	28 June 2017	
Professor Peter Johnson ** (Cancer Research UK) +	23 June 2015	
Mr Angus McNair		25 March 2016
Dr Alisdair Rankin (Bloodwise) +	28 June 2017	
Ms Cathy Scivier		25 March 2016
Professor Charles Swanton (Cancer Research UK) +	17 January 2018	

** Professor Peter Johnson stepped down as a trustee at the end of September 2017.

** Dr Iain Frame stepped down as a trustee 8 May 2018 on appointment as NCRI CEO and played no part in the selection process for a new CEO.

+ Indicates a member who has been elected as a trustee by Partners.

To find out more about our trustees: <http://www.ncri.org.uk/about-us/our-board-of-trustees/>

Related parties and relationships with other organisations

Related party transactions

The following related party transactions were made in 2017/18:

Partner/Member	Total Income
	£
Bloodwise	62,564
Breast Cancer Now	45,073
Cancer Research UK	795,024
Department of Health & Social Care	312,393
Prostate Cancer UK	11,882
Total Received	1,226,936

Partner/Member	Total Expenses
	£
Cancer Research UK*	295,779
Breast Cancer Now**	58,541
Total Expenses	354,320

£248k Accommodation charge and £48k Press charge from CRUK

**Payment made in relation to a secondment with NCRI

Trustee	Partner Organisation
Baroness Delyth Morgan - Chair	Breast Cancer Now
Dr Helen Campbell	Department of Health & Social Care Social Care
Dr Iain Frame	Prostate Cancer UK
Dr Alasdair Rankin	Bloodwise
Professor Peter Johnson/Professor Charles	Cancer Research UK

NCRI Partners

NCRI consists of 19 organisations made up of 18 members who may participate in formal governance processes and decision-making, plus one associate member with no voting rights. The membership is drawn from charities, health departments from the four devolved nations and research bodies. A Partner may be an individual, a corporate body, or an individual or corporate body representing an organisation which is not incorporated. 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. Partners are entitled to attend two meetings (a winter and summer meeting) which includes the Annual Meeting where they receive the Annual Review and Accounts. Regular contact is maintained with Partners through a monthly newsletter and meetings with the Director.

Executive

The Senior Management Team are responsible to Trustees for the day-to-day management of the Executive. The Senior Management Team proposes to the Board of Trustees the annual budget and advises where the CIO 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.

- Dr Karen Kennedy, Director*.
- Professor Matt Seymour, Clinical Research Director (part-time).
- Dr Ian Lewis provided interim cover until January 2018. Ms Nicola Keat resumed as Head of Clinical Research Group returned to work in January 2018.
- Dr Stuart Griffiths provided interim cover on secondment from Breast Cancer Now. Dr Ian Lewis assumed the role of Head of Strategy, Planning and Initiatives.
- Ms Nicole Leida, Head of Conference and Events.
- Mr Wayne Brads, Head of Business Operations.

* Dr Karen Kennedy stepped down as Director NCRI 30 June 2018.

Trustees established a nominations committee to lead the recruitment of a Chief Executive Officer and following a competitive selection process, Dr Iain Frame was appointed into this role effective from 1 August 2018

Find out more about our Senior Management Team: <http://www.ncri.org.uk/about-us/director-and-executive/>

Employment policy

NCRI is hosted by Cancer Research UK and all NCRI Executive staff are employed by Cancer Research UK, however to ensure clarity over the management and control of staff working for NCRI, each member of staff has received a side letter to their contract of employment clarifying 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, is approved annually by the Board of Trustees and is based on benchmarking data which draws on national and sector comparators.

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:

- 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 page 8.

The reference and administrative details on page 42 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



Baroness Delyth Morgan, NCRI Chair

6 December 2018

Auditors report to Members of NCRI

Opinion

We have audited the financial statements of National cancer research institute (the 'charity') for the year ended 31 March 2018 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 2018 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 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 Act 2011 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 144/145 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 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 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

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 2018

		Unrestricted	Restricted	2018 Total	Unrestricted	Restricted	2017 Total
	Note	£	£	£	£	£	£
Income from:							
Donations	2	-	-	-	916,230	528,206	1,444,436
Charitable activities							
Strategic planning, initiatives and partner income	3	1,456,350	260,172	1,716,522	1,357,055	366,816	1,723,871
Clinical research groups	3	95,093	68,035	163,128	114,803	55,821	170,624
Conferences and events	3	652,368	28,750	681,118	664,790	-	664,790
Investments		849	-	849	2,043	-	2,043
Total income		2,204,660	356,957	2,561,617	3,054,921	950,843	4,005,764
Expenditure on:							
Charitable activities							
Strategic planning and initiatives	4	(397,184)	(476,032)	(873,216)	(425,938)	(178,061)	(603,999)
Clinical research groups	4	(859,483)	(185,619)	(1,045,102)	(909,565)	(208,762)	(1,118,327)
Conferences and events	4	(852,796)	(28,750)	(881,546)	(828,223)	-	(828,223)
Total expenditure		(2,109,463)	(690,401)	(2,799,864)	(2,163,726)	(386,823)	(2,550,549)
Net (expenditure)/income for the	5	95,197	(333,444)	(238,247)	891,195	564,020	1,455,215
Transfers between funds		-	-	-	(94,937)	94,937	-
Net (expenditure)/income for the		95,197	(333,444)	(238,247)	796,258	658,957	1,455,215
Net movement in funds		95,197	(333,444)	(238,247)	796,258	658,957	1,455,215
Reconciliation of funds:							
Total funds brought forward	13,14	796,258	658,957	1,455,215	-	-	-
Total funds carried forward		891,455	325,513	1,216,968	796,258	658,957	1,455,215

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 14 to the financial statements.

Balance sheet as at 31 March 2018

	Note	2018 £	2017 £
Current assets			
Debtors	10	683,033	568,944
Cash at bank		1,171,965	1,291,790
		1,854,998	1,860,734
Liabilities			
Creditors: Amounts falling due within one year	11	(638,030)	(405,519)
Net current assets		1,216,968	1,455,215
Total assets less liabilities		1,216,968	1,455,215
Funds of the Charity			
Restricted income funds	13,14	325,513	658,957
Unrestricted income funds:			
General funds	13,14	891,455	796,258
Total Charity funds		1,216,968	1,455,215

Approved by the trustees on and signed on their behalf by



Baroness Delyth Morgan

Chair

6 December 2018



Ms Mary Basterfield

Trustee

6 December 2018

Statement of cash flow for the year ended 31 March 2018

	Note	2018 £	2017 £
Net cash used in operating activities	15	(120,674)	1,289,747
Cash flows from investing activities:			
Investments		849	2,043
Net cash provided by investing activities		849	2,043
Change in cash and cash equivalents in the year		(119,825)	1,291,790
Cash and cash equivalents at the beginning of the year		1,291,790	-
Cash and cash equivalents at the end of the year		1,171,965	1,291,790

Notes to the accounts for the year ended 31 March 2018

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.

e) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Charity; this is normally upon notification of the interest paid or payable by the bank.

f) 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.

g) 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 is classified under the following activity headings:

- 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.

h) 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:

- Strategic planning and initiatives 30%
- Clinical research groups 49%
- Conferences and events 21%

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

i) 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.

j) 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.

k) Creditors

"Creditors are recognised where the Charity (a) has a present obligation resulting from a past event 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."

l) 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.

m) 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.

2 Income from donations

	2018 £	2017 £
Net assets transferred from Cancer Research UK	-	1,436,847
Other donations	-	7,589
Total income from donations	-	1,444,436

In the prior year, reserves held by Cancer Research UK Group were transferred to the Charity. Prior to 31 March 2016, the Charity operated as part of Cancer Research UK.

3 Income from charitable activities

	Unrestricted £	Restricted £	2018 Total £	2017 Total £
Partner income	1,456,350	-	1,456,350	1,357,055
Strategic planning and initiatives	-	260,172	260,172	366,816
Income from strategic planning, initiatives and partner income	1,456,350	260,172	1,716,522	1,723,871
Income from clinical research groups	95,093	68,035	163,128	170,624
Income from conferences and events	652,368	28,750	681,118	664,790
Total income from charitable activities	2,203,811	356,957	2,560,768	2,559,285

4 Expenditure for the year

	Charitable activities						
	Strategic planning and initiatives £	Clinical research groups £	Conferences and events £	Governance costs £	Support costs £	2018 £	2017 £
Staff costs (Note 6)	256,811	279,482	176,683	62,192	345,897	1,121,065	1,162,685
Other staff costs	-	-	-	-	42,982	42,982	123,581
Event costs	128,629	247,210	441,830	-	79,811	897,480	696,195
Travel & subsistence	45,028	123,807	92,345	1,338	5,502	268,020	353,860
Memberships & subscriptions	15,737	1,175	390	-	5,568	22,870	31,199
Consultancy fees	9,557	-	-	-	-	9,557	15,647
Other professional fees	225,770	83,246	24,749	11,040	72,400	417,205	127,588
Overhead costs	464	2,043	10,198	-	7,980	20,685	39,794
	681,996	736,963	746,195	74,570	560,140	2,799,864	2,550,549
Reallocation of:							
Support costs	168,754	271,937	119,449	-	(560,140)	-	-
Governance costs	22,466	36,202	15,902	(74,570)	-	-	-
Total expenditure	873,216	1,045,102	881,546	-	-	2,799,864	2,550,549

5 Net income for the year

This is stated after charging:		
	2018	2017
	£	£
Auditors' remuneration (excluding VAT):		
Audit fees (current year)	7,200	7,000
Audit fees (prior year under-accrual)	2,000	-

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

Staff costs were as follows:		
	2018	2017
	£	£
Salaries and wages	938,477	979,020
Social security costs	85,492	101,225
Employer's contribution to defined contribution pension schemes	97,096	82,440
	1,121,065	1,162,685
The number of employees whose benefits (excluding employer pension contributions) fell within the following bands above £60,000 were:		
	2018	2017
	No.	No.
£60,000 - £69,999	1	1
£80,000 - £89,999	1	1

The total employee benefits including pension contributions and employer's National Insurance contributions of the key management personnel were £395,727 (2017: £382,291). Key management personnel is defined as members of the Executive Board.

Three Trustees' (2017: three) were reimbursed £1,338 (2017: £754) 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.

In 2016-17 no payments were made to Charity Trustees or benefits received in the prior year, and 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:		
	2018	2017
	No.	No.
Strategic planning and initiatives	5	5
Clinical research groups	9	12
Conferences and events	4	4
Support	6	6
Governance	1	1
Total number of employees (average)	25	28

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	
Professor Peter Johnson / Professor Charles Swanton	Cancer Research UK	
Dr Iain Frame	Prostate Cancer UK	
Ms Cathy Gilman / Dr Alisdair Rankin	Bloodwise	
The following related party transactions were made in the year		
Income from these organisations was as follows:	2018	2017
	£	£
Bloodwise	62,564	69,015
Breast Cancer Now	45,073	45,073
Cancer Research UK	795,024	795,024
Department of Health, England	312,393	312,393
Prostate Cancer UK*	11,882	-
*No income is shown for Prostate Cancer UK for the prior year as Dr Iain Frame was appointed as a Trustee in the year to 31 March 2018.		
Expenses to these organisations was as follows:	2018	2017
	£	£
Breast Cancer Now**	58,541	4,917
Cancer Research UK***	295,779	206,000
**Payment made in relation to a secondment of a member of staff to the Charity.		
***Accommodation charge was £249,428 (2017: £158,000) and press charge was £46,351 from Cancer Research UK (2017: 48,000).		

9 Taxation

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

10 Debtors

	2018	2017
	£	£
Trade debtors	304,669	250,922
Other debtors	374,683	307,758
Prepayments	3,681	10,264
Total debtors	683,033	568,944

11 Creditors: amounts falling due within one year

	2018 £	2017 £
Trade creditors	398,559	259,628
Taxation and social security	13,543	10,456
Other creditors	146,330	91,473
Accruals	31,214	4,358
Deferred income	48,384	39,604
Total creditors	638,030	405,519

12 Pension scheme

During the year, 25 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 which ranged between 1-16%.

13a Movements in funds (current year)

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

13b Movements in funds (prior year)

	Funds at 1 April 2016	Incoming resources & gains	Outgoing resources & losses	Transfers	Funds at 31 March 2017
	£	£	£	£	£
Restricted funds					
Strategy, planning and initiatives	-	366,816	(178,061)	25,110	213,865
Clinical research groups	-	584,027	(208,762)	69,827	445,092
Total restricted funds	-	950,843	(386,823)	94,937	658,957
Unrestricted funds					
General funds	-	3,054,921	(2,163,726)	(94,937)	796,258
Total unrestricted funds	-	3,054,921	(2,163,726)	(94,937)	796,258
Total funds	-	4,005,764	(2,550,549)	-	1,455,215

Individual restricted funds have been amalgamated in the categories shown above as the Trustees consider that this is the most appropriate disclosure. No individual fund is considered material in the context of the Charity's operations as a whole.

Purposes of restricted funds

Restricted funds as at 31 March 2018 have been, or will be, allocated to the following initiatives:

Strategy, planning & 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

Clinical and Translational Radiotherapy Research Working Group - Supports a portfolio of practice-changing trials in radiotherapy and radiobiology.

National Cancer Intelligence Network (NCIN) Programme / NCIN Registry & Conference - NCRI and NCIN have established a partnership to conduct analyses that both organisations see as priorities in providing intelligence to support improved patient outcomes.

Conferences and Events

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

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

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

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

	General funds	Restricted	2017 Total £
	£	£	
Cash at bank	632,833	658,957	1,291,790
Other net current (liabilities)/assets	163,425	-	163,425
Total	796,258	658,957	1,455,215

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

	2018 £	2017 £
Net (expenditure)/income for the reporting period (as per the statement of financial activities)	(238,247)	1,455,215
Interest from investments	(849)	(2,043)
(Increase) in debtors	(114,089)	(568,944)
Increase in creditors	232,511	405,519
Net cash used in operating activities	(120,674)	1,289,747

References and administrative details

Charity status

NCRI currently 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 objects

The objects 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 4 AD

Auditors

Sayer Vincent LLP
Invicta House, 108-
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