

NCRI Annual Review for the year ended 31 March 2020



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 its broad membership with representation across both charity and Government funders, as well as all four nations of the United Kingdom.



New Partners for 2019–20

- Prostate Cancer Research Centre
- Cancer Research Wales
- Pancreatic Cancer UK

“ We are looking forward to working with the other NCRI Partners to coordinate our approach to prostate cancer research. We hope that through this partnership we can use data to better inform where we should focus and improve the quality of the science we fund by using the extended networks available to NCRI.

Oliver Kemp, CEO, Prostate Cancer Research Centre

“ It is a great privilege for Cancer Research Wales to become NCRI Partners. As we work alongside other Partners, we hope that our unique contribution will provide added value to the overall aims and objectives of the NCRI for the advancement of cancer research and cancer treatment everywhere.

Ann Tate, CEO, Cancer Research Wales

“ Being a member of the NCRI allows us to work in partnership with some of the biggest and most influential cancer charities and funders in the world. It’s a unique opportunity to learn, to collaborate on key cross-cancer problems and to ensure that pancreatic cancer research is firmly on the agenda.

Diana Jupp, CEO, Pancreatic Cancer UK

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Introduction

The National Cancer Research Institute (NCRI) is a UK-wide partnership between research funders working together to make faster progress against cancer. Through collaboration NCRI aims to accelerate progress in cancer-related research, improving health and quality of life.

NCRI Goals

- Ensure a coordinated portfolio of research related to cancer
- Seize opportunities and address challenges in research relevant to cancer
- Improve the quality and relevance of research related to cancer
- Accelerate translation of cancer-related research into practice

Key achievements for 2019–20

Health data and AI

Developing working relationships with organisations such as HDR UK and Public Health England (PHE) and to support them in their endeavours to enable researchers to effectively and safely use health data for patient benefit.

Prevention and early diagnosis

Creating the NCRI Prevention and Early Diagnosis Group to provide strategic oversight of UK cancer (screening) prevention and early diagnosis research and the development of new research proposals.

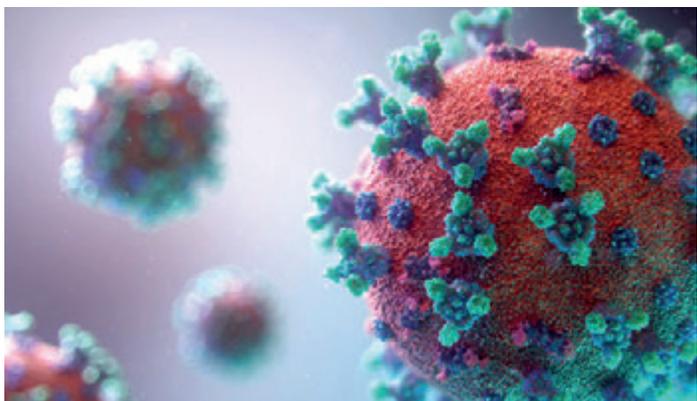
Immunology and immunotherapy

Setting key objectives in cancer immunology and working in partnership with the British Society for Immunology (BSI) to bring the immunology and cancer research communities together, driving collaborations and addressing challenges in cancer immunology and immunotherapy through a series of joint initiatives.

Living with and beyond cancer

Promoting greater levels of high-quality living with and beyond cancer research, bringing together clinical academics, patients, carers, students, NHS social and health care professionals, charities and research funders to facilitate discussions, ideas and collaborations.

Coronavirus statement



The new coronavirus (Covid-19) that first emerged at the end of 2019 has spread to nearly every country in the world and has been declared a global pandemic. In order to slow the spread of the disease, in March 2020 countries around the world enforced major changes on daily life, including the UK.

Consistent with Government advice, the NCRI team have moved to remote working. NCRI operates a flexible way of working, so adapted to this quickly. This move did have a substantial effect on several of NCRI's key activities, particularly bringing people together to collaborate. The NCRI rapidly adjusted

to ensure NCRI Groups and meetings of key initiatives could take place virtually, to continue their work while ensuring they were productive and accessible.

After careful consideration we made the difficult decision to postpone the 2020 NCRI Cancer Conference, originally scheduled for 2–4 November in Belfast, UK. The next face-to-face Conference will take place in Manchester, as initially planned, from 7–9 November 2021. This decision was made after a thorough review and discussion of all factors impacting the annual Conference, and the ability of delegates, speakers, presenters and sponsors to take part. We are now exploring options for running a series of virtual events to continue to provide the community with the opportunity to present new data, exchange information and collaborate.

The impact the coronavirus pandemic has had on charities ability to fundraise has been widely reported in the media, and this is true of a number of NCRI's charity partners who expect to see a significant reduction in income. This is likely to affect NCRI financially. As a result, NCRI has taken the decision to reduce expenditure in order to ensure the longevity of the organisation. This includes a temporary 20% reduction in both pay and hours for all staff as well as reducing expenditure in other areas. As a result, we have made some changes to our 2020–21 business plan, putting some work on hold, and cancelling or delaying some planned activities. We will be considering our long-term strategic approach whilst we take stock of how we might work more effectively in the future. We will be capitalising on some of our ongoing strategic work in areas such as health data and AI and immunology and immunotherapy. We will emerge as a more focused and stronger organisation, relevant to funders of cancer research, researchers and of course patients and their carers.

While the financial impact is expected to be significant, we felt it was important for NCRI to maintain operations during this time, supporting our partners and the cancer research community. NCRI has provided data from the Cancer Research Database (CaRD) to inform Partners' immediate decisions and future planning, as well as offering strategic support. The NCRI Groups are working to capture the impact of the pandemic on cancer research and patient outcomes.

Looking forward, the work of NCRI will be essential to coordinate a re-start of cancer research following the pandemic. Continued momentum in the development of high-quality studies will ensure progress in cancer research doesn't stall. Momentum in key areas such as living with and beyond cancer, where research is likely to have significantly higher impact following the pandemic, will be essential.

This reporting period, April 2019 – March 2020, was largely unaffected by coronavirus. However, as the situation unfolds, NCRI's plans for the year 2020–21 may be revised.

Chair's Statement



At NCRI our purpose is to improve health and quality of life by accelerating progress in cancer research, through collaboration. We are midway through NCRI's strategy (2017–22) and over the last year we have continued to see fantastic progress made in achieving our strategic objectives.

The NCRI Strategy Advisory Group was established to provide strategic advice to the NCRI Executive regarding the implementation of the strategy. The group identified 10 key strategic priorities for NCRI where significant impact could be made, and the lives of cancer patients improved. Healthcare data and cancer immunology are two areas that have been identified as priorities. NCRI's partnerships with the British Society for Immunology (BSI) and Health Data Research UK (HDR-UK) were established for this reason and over the past 12 months we have seen these relationships evolve. The BSI-NCRI

Cancer Immunology Group has been formed and has compiled four key objectives to guide NCRI's work in cancer immunology, including working more closely with the immunology community to translate some of the great success of immunotherapy treatments seen in some cancer types to a larger number of patients, and understanding adverse events to reduce the serious side effects experienced by some patients. We also know that patients want their data to be used for research and NCRI is working with HDR-UK to explore better ways of facilitating the safe and efficient use of patients' health data for cancer research and work has already taken place to engage with the cancer research community establishing current experiences of accessing health data, as well as anticipating future needs.

The Strategy Advisory Group has also identified a number of opportunities for the NCRI Executive to develop its operations in order to further support NCRI Partners and the cancer research community. I'm delighted to see the ongoing evolution of the NCRI Groups to ensure they are accessible and inclusive to all disciplines, especially in basic and translational research. The NCRI Consumer Forum, our research involvement group led by patients, carers and others affected by cancer, is building a wider network with more opportunities for members of the public to become involved in research. Work is also ongoing to define a unique identity for the NCRI, implementing a new communications strategy and striving for improved dialogue, coordination and collaboration between Partners.

This year we welcomed Sarah Woolnough to the Board of Trustees, representing NCRI Partner Cancer Research UK. I would like to thank the Board of Trustees and the NCRI Executive for their continuing support and determination to ensure that NCRI continues to accelerate progress in cancer research through collaboration. Thank you also to all NCRI Partners and supporters in the cancer research community and beyond for all they do to support NCRI.

In March 2020 the coronavirus pandemic resulted in the UK Government imposing strict rules on daily life in the UK. This affected the work of NCRI, and all charities and organisations in the UK, particularly the move to remote working and the cancellation of face-to-face events. I am proud of how the NCRI team has responded to these changes and the speed that they have re-organised their plans to reflect the uncertain environment, but also continue to support Partners and the cancer research community through this uncertain time.

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

Baroness Delyth Morgan
Chair, NCRI

CEO's Statement



Collaboration is key to achieving NCRI's goals, which is why I am delighted that over the past 12 months we have welcomed three new Partners, Prostate Cancer Research Centre, Cancer Research Wales and Pancreatic Cancer UK. These organisations join 17 other cancer research charities and funding bodies that make up the NCRI Partnership, and collectively spent over £700m on cancer research in the year 2018–19.

The NCRI Groups are essential in ensuring a coordinated portfolio of cancer research and supporting the wider cancer research community to develop high quality, fundable research proposals, and we are making progress to ensure they provide wide thought leadership across their specific topic areas. NCRI Groups, including the Upper Gastrointestinal Group and the Gynaecological Group, have transitioned to an executive structure and we will continue to expand this to other relevant groups. The Living With and Beyond Cancer (LWBC) Group is now established and has been engaging with funders and researchers to support LWBC research, identifying sources of funding currently available and raising awareness of these opportunities, which we hope will translate into more excellent research. Over the next year we will be focussing on the re-structure of the Screening, Prevention and Early Diagnosis (SPED) Group to drive high quality research in this area and on creating a formal structure to engage with early career researchers to ensure the support and development of the next generation of researchers.

NCRI's flagship initiative, the Clinical and Translational Radiotherapy Research Working Group (CTRad), celebrated its tenth anniversary in 2019 and we took the opportunity to highlight many of the initiative's significant achievements in providing leadership in the national effort to enhance radiotherapy research. The Cellular Molecular Pathology Initiative (CM-Path) welcomed Professor David Harrison as its new chair and announced new aims and strategic plans in order to boost the UK's research activity in cellular molecular pathology.

In 2019 we delivered another successful NCRI Cancer Conference in Glasgow, celebrating the 15th anniversary of the event. Highlights included thought-provoking sessions on obesity, nutrition, early detection and pharmacoeconomics among many others. With attendees from across disciplines, we hope to have raised awareness of some of these issues within the cancer research community and provided a platform to collaborate to overcome some of these challenges. I would like to thank the Scientific Committee for their insight, advice and support in producing an excellent programme, and all of the speakers, exhibitors, supporters and delegates that made the conference such a success.

In March 2020, the coronavirus outbreak meant that the NCRI office had to be closed and we had to postpone or cancel a number of face-to-face meetings and events. It was reassuring to see how quickly the NCRI team has adapted to the challenges presented, enabling us to continue to support our Partners and the community through this time. We were disappointed to have had to postpone the 2020 NCRI Cancer Conference which was due to be held in Belfast, but we look forward to bringing the conference to the city in 2022.

A big thank you goes to our Trustees, Partners, Scientists, Clinicians, Research Nurses and Consumers who continue to support our work. Together we will get through this time and we look forward to continuing working together next year.

A handwritten signature in black ink, appearing to read 'Iain Frame'.

Dr Iain Frame
CEO, NCRI

Our strategy

Driving the NCRI's strategy

The NCRI's success to date comes from our ability to identify where collaborative working adds value and where we as a partnership can capitalise on opportunities, address challenges and strengthen the excellent work that NCRI Partners and others do to improve the lives of people affected by cancer. To identify these areas, we formed the NCRI Strategy Advisory Group, which consists of thought leaders drawn from across the research spectrum from basic science through translational and clinical research, to living with and beyond cancer research.

NCRI's Strategy Advisory Group advises on the strategic direction of the NCRI to enable us to deliver on our goals outlined in the organisational strategy, as well as supporting us on the development of future strategies.

Strategic Priorities

1. Health data and AI

There is undoubtedly a major opportunity to accelerate cancer research through enabling the coordinated collection and secure sharing of high-quality health data for research purposes. We believe that through fostering a culture of information sharing and collaboration, the cancer research community can overcome challenges including barriers to use and lack of standardised data.

2. Prevention and early diagnosis

Several NCRI Partners are strategically focussed on prevention and early diagnosis and dedicate considerable resources to drive this research. NCRI is ideally placed to support Partners and researchers in their work by coordinating research through the NCRI Groups, as well as facilitating the development of studies through the NCRI Screening Prevention and Early Diagnosis (SPED) Advisory Group.

3. Immunology and immunotherapy

Together with the British Society for Immunology (BSI) we will create a supportive and coordinated research environment to advance cancer immunology, as well as the care that patients receive. We have an opportunity to bring the immunology and cancer research communities together to drive research collaborations and address challenges in immunotherapy that will lead to better patient outcomes.

4. Living with and beyond cancer

NCRI can speak with a strong, unified voice on behalf of our Partners and can drive research in areas of unmet need. NCRI has established the top priorities for research that will help people live better with and beyond cancer, and the NCRI Living With and Beyond Cancer (LWBC) Group is actively engaging with Partners and the wider research community to promote and drive progress on these priorities.

5. Imaging

There is an opportunity to build the UK imaging workforce to enable efficient imaging data collection and its integration into research studies. NCRI has partnered with three of the UK Research and Innovation (UKRI) centres of excellence for digital pathology, imaging and AI to support the development of high-quality imaging studies, specifically by facilitating patient involvement and public engagement.

6. Clinical research delivery

At the core of NCRI's activities is a strong focus on improving the delivery of clinical research. NCRI Groups, including CM-Path and CTRad, review and advise on clinical trial proposals, as well as develop their own clinical studies to address gaps in the portfolio. In addition, the NCRI Cancer Clinical Trials Units (CTUs) Group brings together leading cancer CTUs to contribute at a national level to the advancement of cancer clinical trials.

Our strategy

7. Training and retention

There is a need to address the key academic attrition points during the clinical training and career pathway to ensure research can remain part of the core business of the NHS. We will work together with our Partners to improve the training and retention of clinical academics and early career researchers.

8. NCRI Consumer Forum

NCRI involves patients and carers at all stages of its activities. All consumers involved in the work of NCRI, including in developing clinical trials and high-quality studies, are members of the NCRI Consumer Forum. Building on this success, we are looking to create a national cancer consumer network through which we want to enable more people to become involved in research.

9. NCRI Groups

The NCRI Groups have the opportunity to evolve to become think-tanks driving the research agenda in their specific areas. This requires improved engagement with fundamental and pre-clinical researchers in order to drive translation of innovative ideas into clinical application.

10. NCRI identity

The NCRI Partnership represents all people involved in cancer research or affected by cancer and as such, has a strong voice to push for more high-quality research, better patient care and a unified national strategy in areas of unmet need. NCRI has the opportunity to be an opinion leader on issues related to cancer research and inform national strategy.

“ It is really encouraging to see the progress that NCRI has made in a number of the areas identified by the Strategy Advisory Group. This includes new projects and collaborations in areas such as health data and AI and cancer immunology, which are key areas where collaborative solutions could really accelerate the progress seen in cancer research.

Professor Tim Maughan, Chair of NCRI Strategy Advisory Group

“ One of the strengths of NCRI is its ability to draw on the knowledge and experiences of researchers and experts from across the entire spectrum of cancer research to identify the challenges, opportunities and gaps in cancer research that the organisation should address. NCRI have embraced the priority areas identified by the Strategy Advisory Group and it is great to see the progress made so far.

Professor Paul Workman, Deputy Chair of NCRI Strategy Advisory Group

Our achievements

Scientific achievements

Health data and AI

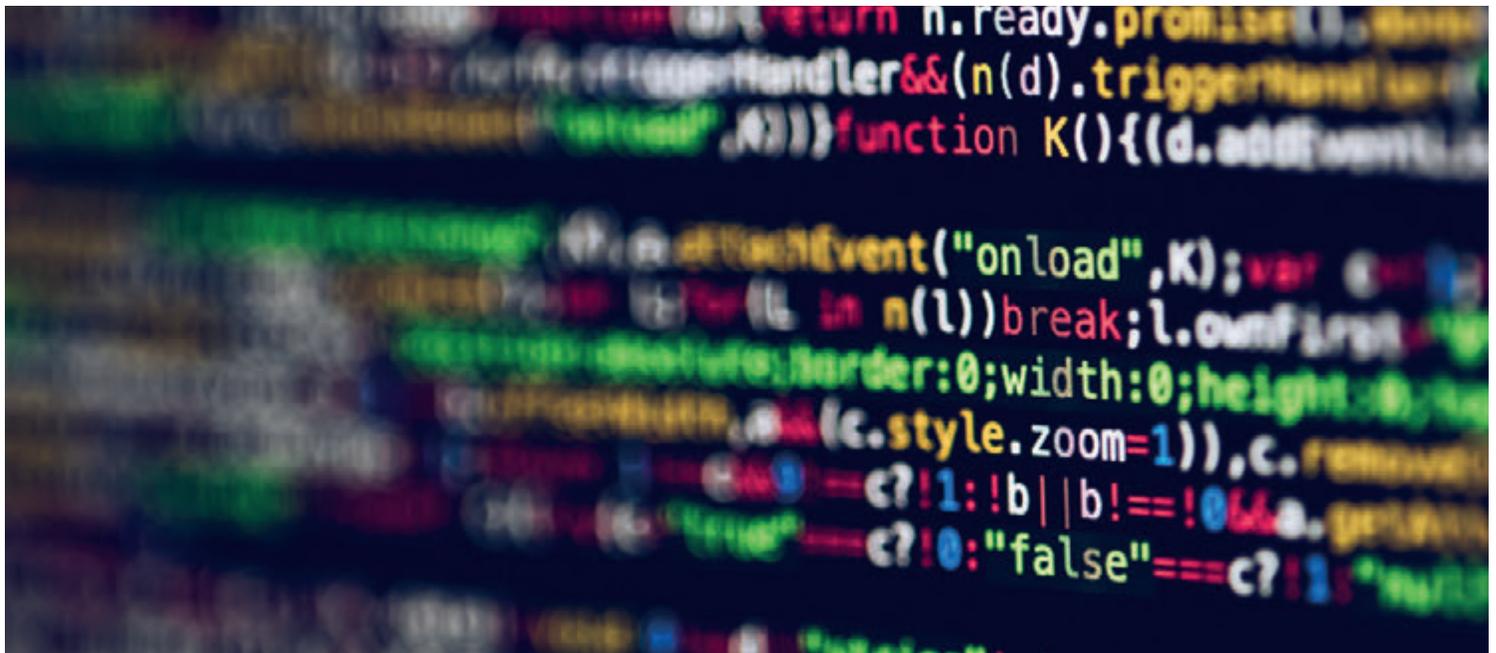
Further improving the coordinated collection and secure sharing of high-quality health data for research purposes could lead to transformative advances in cancer research and care. NCRI has developed working relationships with organisations such as HDR UK and Public Health England (PHE) and we aim to support them in their endeavour to enable researchers to effectively and safely use health data for patient benefit.

NCRI utilised its connections with multidisciplinary experts to convene a group of specialists in cancer-related health data to advise on HDR UK's strategy. The group discussed what is needed to make health data more accessible to cancer researchers and the role the NCRI could play in driving cancer related health data research. Key points were raised on trust and safety, the use of AI and the need to facilitate and support Patient and Public Involvement and

Engagement (PPIE) on research projects that use patients' health data.

Using its access to a vast number of cancer researchers, NCRI conducted a survey exploring their experiences when accessing health data. We found that less than half of respondents were completely successful in accessing the health data they requested. Respondents cited a range of barriers, but also offered valuable suggestions on changes that could be implemented to facilitate the safe and efficient access to health data for research.

This project has already raised awareness of the current issues in using health data for research and increased the profile of data research. Together with NCRI Partners and through our strategic partnership with HDR UK, we are continuing to work on effective solutions to the barriers that were highlighted. It is hoped that by focusing on this strategic area, access to health data can be improved, resulting in better outcomes for patients.



Our achievements

Scientific achievements

NCRI Consumers identify actions to increase tissue use

useMYdata, a patient led organisation to increase the use of health data, is coordinating a campaign to increase the use of tissue samples held in UK biobanks for research. NCRI Consumers took part in a stakeholder workshop which explored how patients, who want to make sure that their consented samples and data are used for medical research, can ensure that this happens.

The resulting report makes a number of recommendations which, while patient led, need to be taken up by a range of stakeholders.

Researchers and funders shaping research strategies focused on health data

Through its unique position, NCRI identified an opportunity for collaboration between NCRI Partner Prostate Cancer UK and the NCRI Prostate Group to examine the use of health data in prostate cancer research, identifying whether there are specific challenges or gaps in prostate cancer research that could be addressed using health data.

Discussions identified opportunities to answer research questions using existing health data, but also revealed concerns from the research community on the availability and completeness of the data sets. Prostate Cancer UK have included the use of data as one of three key areas in their 2020–2030 research strategy, specifically the use of existing data. They are already investing in large-scale data collection initiatives and projects to improve the quality of existing data and through the research strategy will use the data to transform the lives of men affected by prostate cancer.

“ The UK is a leader in involving patients in research and it is great to see NCRI putting patients at the centre of this discussion. It is really important to put patients at the heart of the use of health data for research, it is their diagnosis, treatments, experience and outcomes the data describes.

The NCRI Consumer Forum members that attended the ‘issue with tissue’ workshop came up with a number of recommendations to support increased use of tissue samples for research and will be key to actioning these.

Chris Carrigan, Expert Data Adviser, use MY data

“ We believe that there are huge untapped opportunities to use data to help us reduce the harm caused by prostate cancer. However, this is an area with many different organisations and initiatives overlapping, feeding one another and sometimes competing. Working with NCRI helped us better understand that landscape in order to make sure we were talking to the most appropriate groups to inform our data strategy.

By bringing our developing thinking to the NCRI Prostate Group we were able to make sure that the questions we had prioritised were real knowledge gaps that could impact patient care if answered, as well as start to think about some of the wider and longer-term opportunities to go beyond our initial areas of focus.

Dr Matthew Hobbs, Deputy Director of Research, Prostate Cancer UK and NCRI Board of Trustees

Our achievements

Scientific achievements

Prevention and early diagnosis

NCRI is ideally placed to support Partners and researchers to capitalise on advances in our understanding of tumour biology and new technologies to develop high quality research studies for the prevention and early diagnosis of cancer.

NCRI Prevention and Early Diagnosis Group workstreams

- Population health
- Asymptomatic early diagnosis
- Symptomatic early diagnosis
- Technology and implementation

Evolution of NCRI Prevention and Early Diagnosis Group

This new NCRI Group, evolved from the previous Screening, Prevention and Early Diagnosis Advisory Group, will have strategic oversight of UK cancer (screening) prevention and early diagnosis research and the development of new research proposals. The cross-cutting group was identified as well-suited for the activities in this area and will work with other site specific NCRI Groups. Key activities for the group will include the identification of research gaps, the development of new research, supporting researchers to develop fundable research proposals and developing links with the wider cancer research community.

“ The evolution of this group in its cross-cutting format will allow better integration with the wider prevention and early diagnosis streams of NCRI, including translation into NHS services and activities. I am looking forward to evaluating how the modified structure works and how we can use this opportunity to progress research in this important area, including continuing to identify gaps in current research and developing links with the wider cancer research community.

Professor David Baldwin, Chair, NCRI Prevention and Early Diagnosis Group

Our achievements

Scientific achievements



Highlighting opportunities for innovation and funding in early detection of cancer

Professor Fitzgerald, MRC Programme Leader (tenure) at the MRC Cancer Unit and Honorary Consultant in Gastroenterology and General Medicine at Addenbrooke's Hospital explained during her plenary session at the NCRI Cancer Conference 2019 that researchers have shied away from early detection research, due to its difficulty. She explained that while research has focussed on new therapies, these might not provide blanket benefit to all patients.

She lobbied that the potential to detect and effectively intervene in the early stages of cancer warrants significant and reformed interest and resources and highlighted some key initiatives driving research in this area. This session identified the many opportunities in early detection research and highlighted them to both researchers and funders.

Encouraging research to better prevent cancer – obesity

During the plenary session at the NCRI Cancer Conference 2020 Stephen D Hursting, Department of Nutrition and Nutrition Research Institute, University of North Carolina outlined the past, present and (potential) future approaches to break the obesity cancer link.

He explained that while modern cancer research has rallied to understand more about the obesity-cancer link, possible solutions are still relatively new. He raised the question of how we can empower future research to reduce the burden of obesity associated cancers and hypothesised that a precision medicine approach could be key.

Our achievements

Scientific achievements

Living with and beyond cancer (LWBC)

NCRI LWBC Group: Focus areas

- Malignancy of unknown origin/cancer of unknown primary
- Acute care and toxicities
- Late consequences
- Advanced disease and end of life care
- Methodology

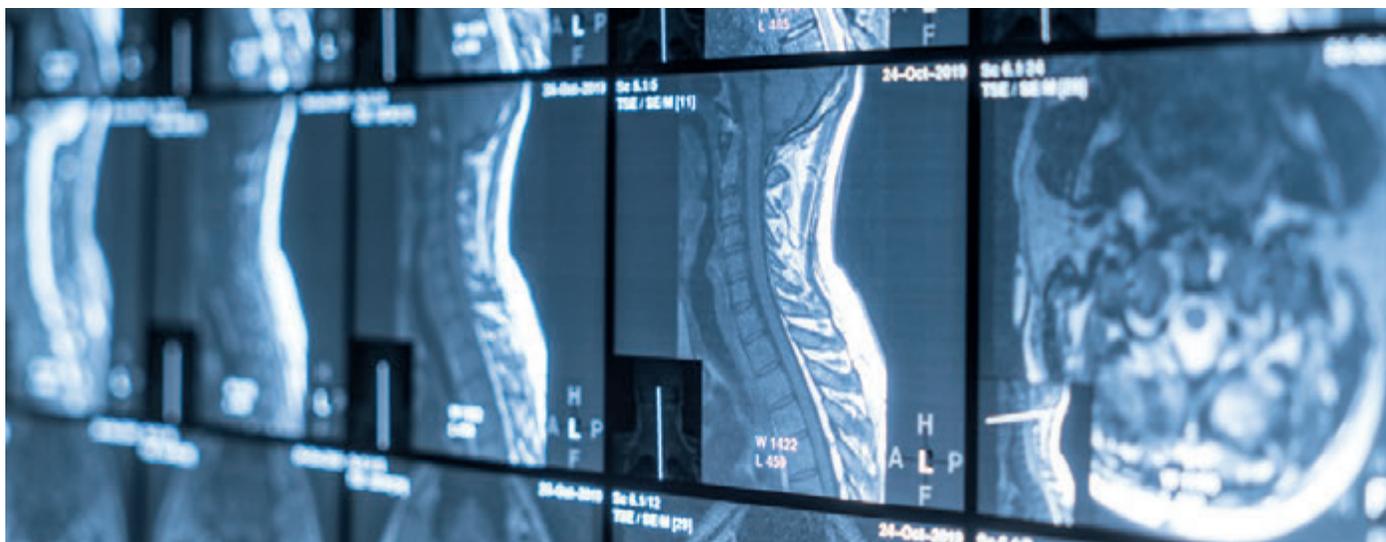
The NCRI LWBC Group is now well established to ensure an efficient and aligned approach to LWBC research and promote greater levels of high-quality research in this area. The group has a strategic role, providing oversight of the research landscape and proactively identifying where gaps in research exist. Individual workstreams will identify new opportunities and develop new trials within their focus areas.

Facilitating discussions, ideas and collaborations in LWBC

In one of the first events of its kind dedicated to this field, NCRI and NHS England co-hosted the LWBC event in April 2019. The event brought together over 200 clinical academics, patients, carers, students, NHS social and health care professionals, charities and research funders.

Plenary sessions focussed around key issues in LWBC research, increasing awareness of issues such as study design and patient reported outcomes, both of which were highlighted as valuable learning opportunities by attendees. Attendees also commented that they were encouraged to see the progress already made in addressing some issues including some of the top 10 research priorities.

The event aimed to encourage interest in the area of LWBC research and encourage collaboration between the cross-disciplinary attendees. Workshops where attendees could take part in more focussed discussions identified some key themes, which the NCRI LWBC Group will look to address.



Our achievements

Scientific achievements

Progress made in UK's Top 10 LWBC Research Priorities

In 2018 NCRI launched the UK's top 10 research priorities for people living with and beyond cancer. NCRI is actively engaging with partner organisations, other funders, researchers and the NHS to promote and drive progress in these priorities, translating them into research and patient benefit.

Since the launch of the priorities, the landscape for this research area has changed dramatically. A number of NCRI Partners have announced funding for areas such as multimorbidity and pre-habilitation which the NCRI LWBC Group have inputted into. A number of promising research studies can be seen in areas such as wellbeing and pain.

The NCRI LWBC Group workstreams are working to identify opportunities and to develop new trials within the other priority areas including methodology, intervention studies and pain, wellbeing and psychological impact with nine proposals being presented to the group for review.

Encouraging multidisciplinary research

NCRI is engaging with researchers working in other chronic diseases to enable the community to learn best practice and develop high quality multidisciplinary research projects. In the area of multimorbidity, NCRI has worked with researchers to share information about current research activities and to discuss opportunities for joint working. We are also engaging with other medical research charities through The Association of Medical Research Charities (AMRC) who have held discussions on multimorbidity.

To discuss research in cancer, nutrition and physical activity, NCRI brought together experts from the UK and around the world for a workshop with the NIHR Cancer & Nutrition Collaboration and the World Cancer Research Fund. The workshop identified possibilities for international partnerships on cancer nutrition.

NCRI has identified other areas that would benefit from a multidisciplinary approach, including fatigue, where we will look to learn best practice and solve problems alongside experts from other chronic diseases.

Shedding light on evolving research areas: cancer as a chronic disease

New therapies are turning some incurable cancers into a chronic disease. These welcome advances result in new challenges with both patients and healthcare professionals needing to cope with uncertainty, particularly in fear of cancer recurrence and fear of cancer progression.

This popular session at the 2019 NCRI Cancer Conference addressed this new 'good problem' by looking at the scale of the issue, understanding patient stressors, reviewing new research in the area and by hearing patient voices.

Phyllis Butlow, psycho-oncology researcher at the University of Sydney, Australia, highlighted the need to manage uncertainty and explained the psychological theories that underpin the management approach to fear and uncertainty.

Our achievements

Scientific achievements

Imaging

NCRI has an excellent opportunity to build the UK imaging workforce and address challenges currently hindering efficient imaging data collection and its integration into research studies.

Putting patients at the centre of digital pathology and imaging innovation

The UKRI funded Centres of Excellence for Digital Pathology and Imaging will work collaboratively across the UK to develop technology solutions and products for more intelligent analysis of medical imaging and pathology data. NCRI are partners on three of the centres, which will bring together NHS, universities and industry.

NCRI will continue to work with the centres, contributing its expertise in involving patients and the public in research and providing a link to the wider cancer research community.

Supporting imaging and pathology in breast cancer trials

Imaging and pathology are critical elements of breast cancer care and research. The Translational and Imaging Subgroup of the NCRI Breast Group provide expertise to ensure that all trials developed by the group are designed to include appropriate imaging and translational support.

The subgroup has been developing collaborative studies to confirm if risk adapted breast screening is valuable and to evaluate new imaging modalities. Their work has resulted in the successful funding and setting up of the BRAID (Breast Screening – Risk Adaptive Imaging for Density) trial which is evaluating several breast imaging modalities which could provide personalised breast cancer screening to women with high density breast parenchymal patterns on mammography.

““ The Translational and Imaging Subgroup is a multidisciplinary panel of scientists and clinicians who have a range of niche areas of interest. Their expertise supports the development and delivery of research; they strive to continue actively facilitating opportunities for the incorporation of cross-cutting translational themes within portfolio studies.

Professor Iain Lyburn, Chair of Translational and Imaging Subgroup, NCRI Breast Group

Raising awareness of the advancements in digital pathology and machine learning

The research of Dr Matt Humphries, Queen’s University Belfast, concerns the use of programmed cell death ligand 1 (PD-L1) as a prognostic biomarker in breast cancer. However, during the parallel session at the 2019 NCIR Cancer Conference he highlighted the variation in the approaches in assessing PD-L1, despite the importance of accurate and reproducible scoring. Dr Humphries told the conference audience that he believes image analysis could aid pathologists in the decision-making process, triaging the more routine cases much faster, leaving more time to the specialist and time-intensive assessment of more difficult cases.

The session provided an understanding of how digital pathology and artificial intelligence applied to cancer tissues can help cancer discovery and cancer diagnosis, as well as an appreciation of how digital pathology tools are developed, utilised for biomarker discovery and used for clinical analysis of biomarkers.

Our achievements

Scientific achievements

Immunology and immunotherapy

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

A key driver of this work is the BSI-NCRI Cancer Immunology Group. The group consists of academic and clinical researchers, patient representatives from the NCRI Consumer Forum and industry representatives from the Association of the British Pharmaceutical Industry (ABPI) Cancer Project Group.

NCRI and the BSI have established four key objectives to guide their work in cancer immunology with the aim of advancing understanding and accelerating research in the area.

Setting key objectives in cancer immunology

- Facilitate the interaction of immunologists with cancer researchers and clinicians
- Foster research on immune-related adverse events (IrAEs)
- Improve the basic understanding of immunology
- Unify researchers, clinicians, funders, industry and government on areas related to cancer immunotherapy

Through the establishment of this group and the increased communication between the two communities resulting from the joint activities of the NCRI and the BSI, we have created a forum for the exchange of ideas and for scientific interactions that may lay the foundation for impactful future collaborations.

This collaboration will facilitate quality research in cancer immunology, enhance cancer immunotherapies, improve the management of treatment related toxicities, and ultimately ensure better patient outcomes. By providing a link between NCRI Partners, cancer researchers and the wider community with the excellent work of the BSI and their large network of immunologists, we can drive collaborations and address challenges in cancer immunology and immunotherapy.

“ Cancer immunotherapy is an exciting and innovative area of immunology. Our collaboration with the NCRI has already facilitated dialogue and collaboration between the immunology and cancer communities. In the future we aim to launch new initiatives to speed up this knowledge transfer and bring positive change to the lives of people living with cancer.

Dr Doug Brown, Chief Executive, British Society for Immunology

Our achievements

Workforce and organisational achievements



Clinical research delivery

NCRI supports the delivery of high-quality research studies and has a defined and efficient implementation strategy for the translation of research into standard practice.

Basic research: Biomarker discovery

Researchers at the NIHR Manchester Biomedical Research Centre are investigating how to optimise treatments for patients with tumour hypoxia including identifying gene signatures to identify hypoxic tumours. This research was discussed at a number of NCRI Group meetings and follows on from work of the NIMRAD and NIMRAD-METAGENE studies, which were developed with input from NCRI CTRad and the NCRI Head & Neck Group.



Idea



Basic research



Our achievements

Workforce and organisational achievements

Phase I: OAsIS

The NCRI Lymphoma Group identified that mantle-cell lymphoma was a gap in the research portfolio. The OAsIS trial is looking at whether the combination of three targeted drugs is safe for people with mantle cell lymphoma that has relapsed or didn't respond to treatment. The first part of the trial showed that the combination of two targeted drugs, obinutuzumab and ibrutinib, were safe to be used in combination.

Phase II: Darwin1

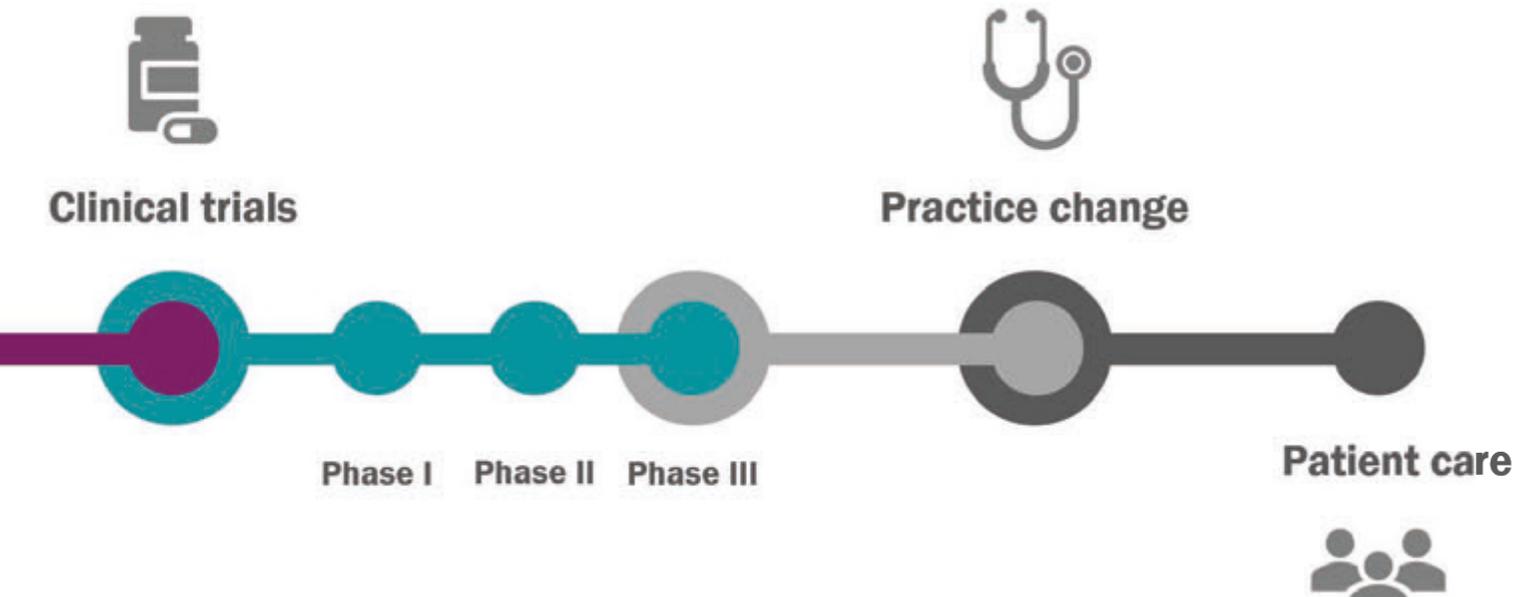
One of the NCRI Lung Groups flagship studies, DARWIN1 is exploring the impact of tumour subclonal dynamics on drug response, acquisition of resistance to therapy and clinical outcome in patients with relapsed non-small cell lung cancer.

Phase III: TORPEdO

TORPEdO (TOxicity Reduction using Proton bEam therapy for Oropharyngeal cancer) was the UK's first proton beam therapy clinical trial. The guidance and strategic oversight provided by NCRI's CTRad was pivotal in developing this trial.

Patient care: POUT Trial

The results of the POUT trial showed that chemotherapy reduces the chance of upper tract urothelial cancer returning, providing evidence and a standard of care for clinicians, where there previously was none. The NCRI Bladder and Renal Group identified this as an area of unmet need and worked with NCRI Consumers throughout the development of the trial.



Our achievements

Workforce and organisational achievements

Training and retention

NCRI is creating a research ready workforce, strengthening the retention of clinical academics and facilitating the early interaction of clinical and preclinical researchers.

NCRI's focus in this area to date has been on the training and retention of clinical trainees. The NCRI Trainee Scheme has been successful in enabling research participation for clinical trainees with 74 trainee members currently appointed across NCRI Groups, actively contributing to the development of trials within their areas of expertise.

Looking forward the programme will be expanded to include trainees on all NCRI Groups and Subgroups as well as including basic and translational researchers.

Coordinating training and retention at a national level

NCRI is working closely with NIHR and other national stakeholders to support and co-ordinate existing schemes and collaboratives with the aim of building a research ready workforce, bringing together existing clinical collaboratives and supporting clinical trainees at all levels. The NCRI-NIHR CRN Early Career Researchers' Steering Group is an important component of this work for which NCRI is an active member and provides secretariat.

“ We have greatly enjoyed being involved in the NCRI subgroups over the last two years. The trainee representative position has given us a detailed insight into the planning and delivery of national, world-class, phase III clinical trials which span all haematology-oncology disease groups. It is a unique opportunity to interact with leaders in the field, industrial partners and patient representatives, providing a unique learning opportunity that fosters collaboration.

Thomas Fox and Gillian Horne, Early Career Researcher members of the NCRI Haematological Oncology Group

Our achievements

Workforce and organisational achievements

Consumer forum

NCRI has constantly led the way in involving people affected by cancer in cancer research. The NCRI Consumer Forum is well-established and well-regarded and members of the forum are involved at all stages of NCRI's work, helping us to drive research forward.

Encouraging greater patient/public involvement and engagement in research activities

To increase the opportunities for engagement with a wider range of both researchers and consumers in the UK and internationally, NCRI is expanding its series of Dragons' Den events. The first was held in collaboration with Patient Voice in Cancer Research (PVCR) in Ireland.

Dragons' Den events are an opportunity for researchers to meet with a group of patients and carers, experienced in cancer research. They offer practical help and advice for researchers seeking patients and carers' input to their study proposal, at any stage of the research process. Patients and carers commented that the event was a fantastic opportunity to positively influence researchers' ideas and thinking while researchers commented that it provided them with valuable input from the people that research matters most to.

Consumer involvement crucial to practice changing prostate cancer trial

The Prostagram trial investigated the use of MRI scans to detect prostate cancer. Derek Price, a consumer member of the NCRI Prostate Group and member of the NCRI Consumer Forum, was the first patient representative to join the Prostagram trial management group, the group responsible for the day-to-day management of the trial. Derek played a crucial role on the trial management group expressing opinions from the patient's viewpoint.

The Prostagram trial needed to recruit men from GP surgeries and the community and the patient recruitment strategy was crucial to the trial's success. Derek was involved in developing the recruitment strategy and he was able to comment on posters designed to encourage recruitment, using his network to receive feedback from men in the community.

Derek was also involved in the development of communications with trial participants. This included invitation letters, patient information sheets and communications of test results. This is a vital role that patients and the public play in the development of clinical trials – ensuring trial information is accessible to patients. Derek inputted into the communications approach as well as specific wordings of the communications.



Our achievements

Workforce and organisational achievements

NCRI Groups



NCRI Groups are driving the cancer research agenda by actively managing portfolios of trials and engaging with pre-clinical researchers to improve translational research and develop innovative trials.

Enabling collaboration between research areas

The NCRI Brain Group hosted its first Brain Metastases Workshop in March 2018 and a second workshop in February 2020. The workshops brought together members of the NCRI Lung, Breast and Skin Groups, along with the Brain Meningioma & Metastasis Subgroup, patients and charities. The workshops allowed the NCRI Groups to collaborate in order to develop trials for brain metastases.

The workshop enabled experts with diverse skills sets and distinct areas of expertise to develop study ideas. Two trials developed at the workshop were subsequently developed and hope to recruit over 200 patients: the BRITEMET trial has now been funded, whilst the RADIANT BC trial hopes to secure funding in the coming months.

“ The workshop was a great success. We had two very powerful talks from patients that really set the scene for how brain metastases impact people and the real lack of available studies. I was delighted that so many experienced clinicians and researchers worked together to develop two new studies for patients with brain metastases.

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

Recognising the importance of pre-clinical science

The NCRI Lymphoma Group identified that its ability to secure funding and the reach and impact of its research was limited by the lack of scientific input. The group created a Science Subgroup of scientists and clinicians representing different disease areas to facilitate and co-ordinate the integration of science across all areas of the group and fully exploit all the relevant expertise and resources available.

The Science Subgroup aims to:

- Optimise and harness pre-clinical models to drive innovative phase I trials, linking in the Experimental Cancer Medicine Centres (ECMC)
- Integrate high-quality science and sample collection into all new group trials where possible
- Optimise, harmonise and join up all existing sample collections and associated databases to create a single platform that will support a co-ordinated programme of discovery science and biomarker development
- Ensure that trials related discovery science feeds back into preclinical models

Our achievements

Workforce and organisational achievements

Encouraging engagement with pathologists in research

The importance of pathology is increasingly being recognised in drug development and clinical research. NCRI's CM-Path therefore aim to change the way pathologists engage with, conduct and are recognised for their work in research studies in the UK. Looking forward to the next two years, new Chair Professor David Harrison and CM-Path have announced new aims alongside strategic plans to help make this transformative change in pathology and cancer research a reality in the UK.

“ By creating internationally recognised standards for pathology, cutting down on regulatory and time burdens and ensuring that pathology is fully costed in clinical trials we will be able to have a transformative effect, not just for pathologists but all disciplines involved in clinical cancer research.

Professor David Harrison, CM-Path Chair

“ CM-Path's renewed focus and the specific objectives set out in the new plan will benefit pathologists to ensure they have the time and resources to continue their excellent work in clinical trials. Their expertise in the era of precision medicine is vital to help oncologists offer the best treatments to the right patients.

Professor Ruth Plummer, NCRI Strategy Advisory Group Member

Enhancing radiotherapy research

Since its inception in 2009, NCRI's CTRad has been providing leadership in the national effort to enhance radiotherapy research and making the UK a leader in the global effort to improve outcomes for cancer patients through radiotherapy. In the year 2019–20 CTRad reviewed 18 research proposals, with expert input aimed to facilitate successful funding and add value to the proposals.

A specific focus of CTRad has been to optimise trial delivery through the use of novel methodology. CONCORD is a randomised, phase I platform study evaluating five different inhibitors of the DNA damage response in combination with radical radiotherapy for non-small cell lung cancer (NSCLC). The trial was developed following a CTRad and NCRI Lung Group consensus meeting to consider the optimal approach in the development of radiotherapy-drug combination trials in the treatment of NSCLC. Participants included UK clinical and medical oncologists, statisticians, methodologists and industry partners active in NSCLC research. As well as bringing together researchers from multiple UK centres, CONCORDE represents effective partnership with the pharmaceutical industry and a unique opportunity to rapidly improve outcomes for patients with NSCLC in a collaborative fashion.

Our achievements

Workforce and organisational achievements

NCRI identity

NCRI is engaging with stakeholders in the cancer research community to re-evaluate its identity.

NCRI was set up in 2001 with a mission to bring together all the key players in cancer research in the UK to identify where research was most needed and where it was most likely to contribute to progress. Early work included providing a forum to build connections between Partners and establishing a database of cancer research funding to understand areas of strength and weakness in the UK.

This role has since grown and diversified to address some of the challenges identified, and to deliver other activities that support the development of cancer research. As a result of this evolution, it is important to re-evaluate our identity to ensure it is in line with our current priorities.

Engaging with stakeholders

As part of this process, NCRI have engaged with over 30 internal and external stakeholders through a series of interviews and workshops to understand how we are viewed as an organisation.

Positive perceptions of NCRI:

- *Promotes collaborative working to the benefit of patients. Moves trials along more quickly.*
- *Brings cancer research professionals together to drive research trials forward.*
- *The Research Groups can be very effective.*
- *Willingness to work across boundaries and with different organisations.*
- *A coherent voice for the cancer research community.*

Areas for development:

- *There is confusion about its purpose.*
- *Getting the message out there. Need to communicate what the groups have achieved.*
- *Update the brand – but don't throw the baby out with the bath water.*

This research will form the basis of a brand uplift and website redesign.

Establishing an assertive voice on behalf of the cancer research community

The stakeholder engagement has highlighted the uniqueness of NCRI as an independent voice and its ideal placement to play a leading role as an independent and impartial voice of cancer research in the UK. In the cancer research community, there is a desire for NCRI to adopt this role, acting with authority and being more proactive, and this will be encompassed in NCRI's identity.

Collaborating with the global cancer research community

NCRI has had several engagements with international organisations with opportunities to collaborate and share best practice in areas that affect cancer research around the world. Discussions have been had with the American Association for Cancer Research (AACR) on the topic of living with and beyond cancer research and we have an ongoing collaboration with the International Cancer Research Partnership (ICRP) to share data and enhance global collaboration and strategic coordination of research.

We are lucky that a number of international representatives have been able to join the five-year review process of the NCRI Groups and were pleased to welcome Professor Michael Baumann, Chairman and Scientific Director of the German Cancer Research Centre, to NCRI's Strategy Advisory Group.

Thank you

Thank you to the NCRI Group Chairs who have handed over the reins of the following NCRI Groups in the past 12 months:

NCRI Breast Group

Professor Daniel Rea, Professor of Medical Oncology, University of Birmingham

NCRI Sarcoma Group

Professor Lee Jeys, Consultant Orthopaedic Surgeon, Royal Orthopaedic Hospital NHS Foundation Trust

Clinical and Translational Radiotherapy Research Group (CTRad)

Professor Anthony Chalmers, Chair of Clinical Oncology, University of Glasgow

Cellular Molecular Pathology Initiative (CM-Path)

Dr Karin Oien, Reader, University of Glasgow

Thank you also to the Joint-Chairs of the NCRI Cancer Conference Scientific Committee 2019:

Professor Clare Isacke, Professor of Molecular Cell Biology, The Institute of Cancer Research (ICR)

Professor Ruth Plummer, Professor of Experimental Cancer Medicine, Honorary Consultant Medical Oncologist, Newcastle University

Looking forward: Our 2020–21 priorities

Scientific opportunities

- Work with NCRI Groups to explore how **health data and AI** can benefit their research areas, having successfully piloted this with the NCRI Prostate Group and Prostate Cancer UK. NCRI will lead in training the public on the value of using data in research, working with the NCRI Consumer Forum and organisations such as HDR UK, DATA-CAN and useMYdata.
- With the NCRI Groups, work to drive the activities in **prevention and early diagnosis** and undertake an analysis of the NCRI Cancer Research Database to identify the current pipeline of research in this area to help in developing a portfolio of new studies.
- Focussing on **immunology and immunotherapy**, look at the issue of immune related adverse events, their underlying causes, how to predict and prevent them and the ways in which they can be treated. Working with the joint BSI-NCRI Cancer Immunology Steering Group to develop a joint policy paper on the issues surrounding the use of immunotherapy in cancer treatments.
- Engage with research funders, beyond the Partnership and cancer research community, to support research in **living with and beyond cancer**, identifying the sources of funding currently available and increasing awareness of these opportunities, also supporting the LWBC Group to develop high quality research proposals in priority areas.
- Continue to work with the UKRI funded digital pathology and **imaging** centres of excellence and provide support in the involvement of patients and the public and a link to the wider research community and the NCRI Partnership.

Workforce and organisation

- Identify new opportunities for **clinical research delivery**, including in areas common across the NCRI Groups, CTRad and CM-Path to help address gaps and challenges in clinical research delivery.
- Coordinate a programme of activity and to increase **training and retention** for early career researchers, including involving early career researchers on all NCRI Group subgroups and workstreams and developing an NCRI Early Career Researchers' Programme.



Looking forward: Our 2020–21 priorities

Existing NCRI components

- Undertake activities to increase the range and impact of **NCRI Consumer Forum** activities including piloting the expansion of the NCRI Consumer Dragons Den to increase the opportunities for engagement with a wider range of researchers and consumers.
- Establish an **NCRI Groups** review board and refresh the annual review process. Piloting different research-generating activities linking NCRI Groups and NCRI Partners in strategic areas. A working group will be established to update the processes for tracking and reviewing research proposals by NCRI Groups.
- Complete work on the **NCRI Identify** including website and brand elevation projects and continue to engage with Partners to continually improve opportunities for communications.

Organisation-wide priorities

- Develop a web portal for NCRI Partners to access the **NCRI CaRD Database** and offer bespoke analyses to the NCRI Groups and NCRI Partners to support the development of strategic research portfolios and research strategies.
- Deliver a successful **virtual events** programme, whilst developing content for the 2021 Conference, as well as utilising the Conference and Events teams' experience to deliver a high quality and consistent approach to all NCRI Trials meetings.



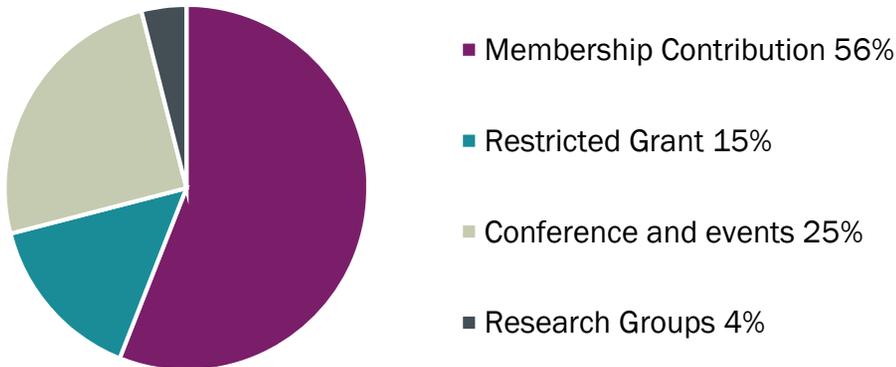
Financial review

Income

Total income for the year was £2.6m (2018/19 £2.9m), made up of £2.3m of unrestricted funds and £0.3m of restricted funds. This was a decrease of 9% compared to 2018/19 mainly due to a reduction in income for the 2019 NCRI Annual Conference .

NCRI's Partner membership contribution is the primary source of income and accounted for 56% of the total income (including unrestricted and restricted funds).

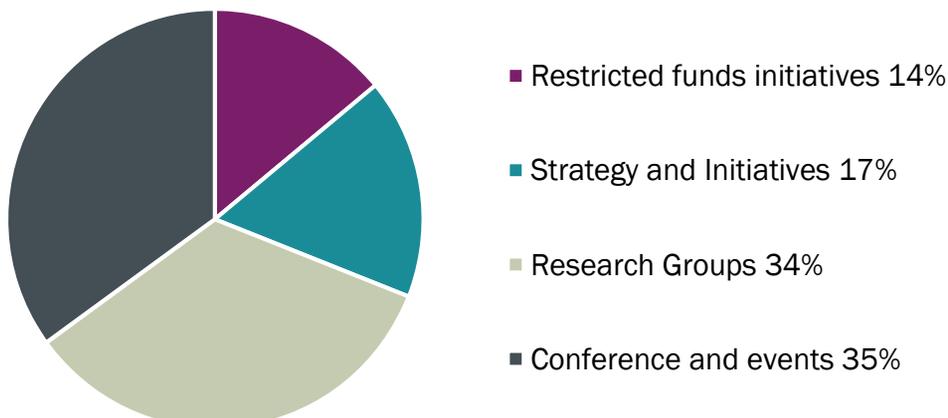
Breakdown of total underlying income (£2.6m)



Expenditure

Total expenditure for the year was £2.6m (2018/19 £2.5m) with £2.2m relating to unrestricted funds and £0.4m relating to restricted funds. Expenditure related to all NCRI activities, including: Strategy and Initiatives, Research Groups, Conference and Events, and Business Operations.

Breakdown of total expenditure (£2.6m)



Financial review

Reserves policy

The NCRI reserves policy was reviewed during the year and the revised policy was approved by the Trustees on 27 February 2020. The target set was for reserves to be maintained at a level of between two to three months operating costs. The Trustees agreed to review the level of reserves as part of the annual budget approval process to ensure it remains aligned to the NCRI operating plans, environment and risk appetite, to consider actions necessary to maintain reserves within the target, and to allow that the level of reserves may exceed the agreed level or drop below the agreed level for the short term, as long as there are plans in place to restore agreed levels.

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

The NCRI reserves target in line with the revised policy is a range of £470,000–£705,000. The current level of unrestricted reserves of £1.2m is significantly in excess of this target and it was proposed in the 2020–21 budget that the reserves would be partially utilised to meet ongoing commitments. Given that Partner contributions are only fixed until the end of March 2021 and that future income cannot therefore be guaranteed it was considered prudent to address the utilisation of surplus reserves as part of the 2021–22 planning process once future partner contributions have been agreed.

As a result of the Covid-19 pandemic, NCRI has taken the decision to reduce expenditure in order ensure the longevity of the organisation and has produced an emergency budget for the 2020-21 financial year. The level of reserves and cash at the end of March 2021 is sufficient to meet ongoing requirements and Trustees therefore consider that there are no material uncertainties about the charity's ability to continue as a going concern.

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 stakeholders 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.

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

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

The risk register was revised during 2019/20 at the request of the Board in order to provide clearer information to support the Trustees in their effective governance and to assist in the day-to-day management of NCRI.

In the new format agreed during 2019/20, NCRI risks are grouped under four headings: People, Financial,

Principal risks and uncertainties

Engagement/Reputation/Impact and Governance. Below is a summary of these areas of risks and how they are monitored and managed.

Category	Risk	Mitigation
People	A reduction in the capacity or capability of NCRI staff	Salary review following benchmarking Review of roles and responsibilities. Adherence to Cancer Research UK HR policies
Financial	Loss of partnership income	Develop impact reporting to demonstrate benefits of partnership. Review partnership agreement terms. Commence negotiations for new funding agreements.
	Expenditure exceeding budget	Cash flow forecasting and long-term planning to maintain reserves at acceptable level. Budgetary controls and management reporting.
Engagement / Reputation/ Impact	Failure to achieve intended impacts	Strategy Advisory Group. Project to measure and report impact.
	Loss of reputation or engagement	Review of structure of Research Groups. Cross sector engagement. Governance policies, training and monitoring.
Governance	Failure to comply with regulators	Governance policies Application of charity governance code Trustee recruitment, induction and feedback. Refreshed skills audit and review of Trustee Board.

Protecting vulnerable people

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

Structure, governance and management

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

The Board of Trustees, led by the NCRI Chair, oversees a robust governance framework. The 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 Chief Executive Officer. The day-to-day running of the CIO is the responsibility of the Senior Management Team within the NCRI Executive, led by the Chief Executive Officer.

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.

The Board of Trustees met four times during 2019–20.

The Board of Trustees

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

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

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

The NCRI Board of Trustees are shown below:

Trustee	Elected	Appointed
Baroness Delyth Morgan – Chair	23 June 2015 23 June 2018	
Ms Mary Basterfield		25 March 2016 25 March 2019
Dr Helen Campbell	23 June 2015 23 Jun 2018	
Mr Alan Chant*		22 June 2016 22 June 2019
Dr Matthew Hobbs	20 June 2018	
Mr Angus McNair		25 March 2016 25 March 2019
Dr Alasdair Rankin	28 June 2017	
Ms Catherine Scivier		25 March 2016 25 March 2019
Professor Charles Swanton**	17 January 2018	
Ms Sarah Woolnough	21 October 2019	

* Mr Alan Chant stepped down as a trustee during March 2020.

** Professor Charles Swanton stepped down as a trustee in August 2019

Structure, governance and management

The NCRI Executive

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

Name	Position
Dr Iain Frame	Chief Executive Officer
Professor Matt Seymour	Clinical Research Director (part-time)
Ruth McGregor	Head of Business Operations and Finance*
Nicola Keat	Head of Research Groups (on maternity leave)
Dr Gillian Rosenberg	Head of Research Groups (maternity cover)
Nicole Leida	Head of Conference and Events
Dr Ian Lewis	Head of Strategy and Initiatives

* Wayne Brads, previous Head of Business Operations, left in June 2019.

Employment policy

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

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

NCRI Partners

NCRI has 20 partners and 19 of those may participate in formal governance processes and decision-making. The membership is drawn from charities, research bodies and health departments from the four devolved nations.

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 Report is presented and discussed.

Statement of Trustees' responsibilities

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

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities
- make judgments and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy the financial position of the NCRI and to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

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

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

Auditors

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

The Trustees' Report was signed on behalf of the Trustees



Baroness Delyth Morgan, NCRI Chair 8 July 2020

Auditor's 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 2020 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 2020 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.

Auditor's report to Members of NCRI

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 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

Auditor's report to Members of NCRI

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

8 July 2020

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 2020

	Note	Unrestricted £	Restricted £	2020 Total £	Unrestricted £	Restricted £	2019 Total £
Income from:							
Charitable activities							
Partner income		1,441,173	-	1,441,173	1,442,025	-	1,442,025
Strategy and Initiatives		-	315,616	315,616		359,916	359,916
Research Groups		108,502	62,071	170,573	101,744	89,723	191,467
Conferences and Events		665,995	-	665,995	853,915	-	853,915
Investments		5,089	-	5,089	3,096	-	3,096
Total income		2,220,759	377,687	2,598,446	2,400,780	449,639	2,850,419
Expenditure on:							
Charitable activities							
Strategy and Initiatives	2	(449,291)	(287,420)	(736,711)	(403,503)	(382,674)	(786,177)
Research Groups	2	(887,395)	(84,353)	(971,748)	(826,834)	(51,190)	(878,024)
Conferences and Events	2	(907,470)	-	(907,470)	(863,292)	-	(863,292)
Total expenditure		(2,244,156)	(371,773)	(2,615,929)	(2,093,629)	(433,864)	(2,527,493)
Net movement in funds		(23,397)	5,914	(17,483)	307,151	15,775	322,926
Reconciliation of funds:							
Total funds brought forward	11,12	1,198,606	341,288	1,539,894	891,455	325,513	1,216,968
Total funds carried forward		1,175,209	347,202	1,522,411	1,198,606	341,288	1,539,894

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 2020

	Note	2020 £	2019 £
Current assets			
Debtors	8	369,643	87,597
Cash at bank		<u>1,567,906</u>	<u>1,822,466</u>
		1,937,549	1,910,063
Liabilities			
Creditors: Amounts falling due within one year	9	<u>(415,138)</u>	<u>(370,169)</u>
Net current assets		1,522,411	1,539,894
Total assets less liabilities		1,522,411	1,539,894
Funds of the Charity			
Restricted income funds	11,12	347,202	341,288
Unrestricted income funds:			
General funds	11,12	<u>1,175,209</u>	<u>1,198,606</u>
Total Charity funds		<u>1,522,411</u>	<u>1,539,894</u>

Approved by the trustees on 8 July 2020 and signed on their behalf by



Baroness Delyth Morgan
Chair



Ms Mary Basterfield
Trustee

Financial statements

Statement of cash flow for the year ended 31 March 2020

		2020	2019
	Note	£	£
Net cash used in operating activities	13	(259,649)	647,405
Cash flows from investing activities:			
Investments		5,089	3,096
Net cash provided by investing activities		5,089	3,096
Change in cash and cash equivalents in the year		(254,560)	650,501
Cash and cash equivalents at the beginning of the year		1,822,466	1,171,965
Cash and cash equivalents at the end of the year		1,567,906	1,822,466

Notes to the financial statements for the year ended 31 March 2020

1. Accounting policies

a) Statutory information

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

b) Basis of preparation

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

The financial statements have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a ‘true and fair view’. This departure has involved following the 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) 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

Notes to the financial statements for the year ended 31 March 2020

on charitable activities includes the costs of delivering services, events and other research activities undertaken to further the purposes of the Charity and their associated support costs.

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

g) Allocation of support costs

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

	2020	2019
Strategy and Initiatives	30%	31%
Research Groups	45%	48%
Conference and Events	25%	21%

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.

m) Going Concern

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern. The trustees do not consider that there are any sources of estimation uncertainty at the reporting date

Notes to the financial statements for the year ended 31 March 2020

that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period. As a result of the Covid-19 pandemic, NCRI has taken the decision to reduce expenditure in order ensure the longevity of the organisation and has produced an emergency budget for the 2020-21 financial year.

Notes to the financial statements for the year ended 31 March 2020

2a. Expenditure (current year)

	Charitable activities		Conference and Events	Governance costs	Support costs	2020
	Strategy and Initiatives	Research Groups				
Staff costs (Note 4)	352,825	343,634	196,114	57,730	261,931	1,212,234
Event costs	48,462	258,862	361,275	-	59,406	728,005
Travel & subsistence	95,903	115,170	89,869	-	19,641	320,583
Memberships & subscriptions	19,758	278	5,317	-	2,986	28,339
Consultancy fees	-	-	-	-	-	-
Other professional fees	62,593	21,826	111,702	8,928	71,946	276,995
Overhead costs	4,347	2,742	15,839	-	26,845	49,773
	583,888	742,512	780,116	66,658	442,755	2,615,929
Reallocation of:						
Support costs	132,826	199,240	110,689	-	(442,755)	-
Governance costs	19,997	29,996	16,665	(66,658)	-	-
Total expenditure 2020	736,711	971,748	907,470	-	-	2,615,929

Notes to the financial statements for the year ended 31 March 2020

2b. Expenditure (previous year)

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

3. Net expenditure for the year

This is stated after charging:

	2020	2019
	£	£
Auditors' remuneration (excluding VAT):		
Audit	7,550	7,400
Audit fees (prior year under-accrual)	-	2,000

Notes to the financial statements for the year ended 31 March 2020

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

	2020	2019
	£	£
Salaries and wages	1,001,726	980,287
Social security costs	124,738	105,532
Employer's contribution to defined contribution pension schemes	85,770	86,815
	1,212,234	1,172,635

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

	2020	2019
	£	£
£60,000 – £69,999	2	5
£90,000 – £99,999	1	-

The total employee benefits including pension contributions and employer's National Insurance contributions of the key management personnel were £396,919 (2019: £414,613). Key management personnel is defined as members of the Senior Management Team.

Three Trustees' (2019: three) were reimbursed £1,227 (2019: £1,377) 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.

5. Staff numbers

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

	2020	2019
	No.	No.
Strategy and Initiatives	5	5
Research Groups	8	10
Conference and Events	5	4
Support	5	5
Governance	1	1
Total number of employees (average)	24	25

Notes to the financial statements for the year ended 31 March 2020

6 Related party transactions

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

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

* Resigned September 2019

** Appointed October 2019

The following related party transactions were made in the year

Income from these organisations was as follows:	2020	2019
	£	£
Blood Cancer UK	66,041	67,746
Breast Cancer Now	46,097	48,324
Cancer Research UK	682,614	704,247
Department of Health, England	398,714	405,330
Prostate Cancer UK	19,191	19,191

Expenses to these organisations were as follows:

	2020	2019
	£	£
Cancer Research UK***	237,378	255,835

***Accommodation and hospitality charges were £227,506 (2019: £212,743), other charges £9,872 (2019: £43,092).

7 Taxation

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

Notes to the financial statements for the year ended 31 March 2020

8 Debtors

	2020	2019
	£	£
Trade debtors	201,626	61,000
Other debtors	18,352	11,943
Prepayments	149,665	14,654
Total debtors	369,643	87,597

9 Creditors: amounts falling due within one year

	2020	2019
	£	£
Trade creditors	69,283	30,863
Taxation and social security	32,063	99,132
Other creditors	111,953	100,599
Accruals	143,759	85,295
Deferred income	58,080	54,280
Total creditors	415,138	370,169

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 which ranged between 3–16%.

11a Movements in funds (current year)

Movements in funds (current year)

	Funds at 1 April 2019	Incoming resources & gains	Outgoing resources & losses	Transfers	Funds at 31 March 2020
	£	£	£	£	£
Restricted funds					
Strategy and Initiatives	169,438	315,616	(287,420)	-	197,634
Research Groups	171,850	62,071	(84,353)	-	149,568
Total restricted funds	341,288	377,687	(371,773)	-	347,202
Unrestricted funds					
General funds	1,198,606	2,220,759	(2,244,156)	-	1,175,209
Total unrestricted funds	1,198,606	2,220,759	(2,244,156)	-	1,175,209
Total funds	1,539,894	2,598,446	(2,615,929)	-	1,522,411

Notes to the financial statements for the year ended 31 March 2020

11b Movements in funds (prior year)

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

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

Purposes of restricted funds

Restricted funds as at 31 March 2020 have been, or will be, allocated to the following initiatives:

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

Notes to the financial statements for the year ended 31 March 2020

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

	General funds	Restricted funds	2020 Total
	£	£	£
Cash at bank	1,220,704	347,202	1,567,906
Other net current liabilities	(45,495)	-	(45,495)
Total	1,175,209	347,202	1,522,411

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

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

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

	2020 £	2019 £
Net income/(expenditure) for the reporting period		
(as per the statement of financial activities)	(17,483)	322,926
Interest from investments	(5,089)	(3,096)
Decrease/ (Increase) in debtors	(282,046)	595,436
(Decrease)/ Increase in creditors	44,969	(267,861)
Net cash used in operating activities	(259,649)	647,405

Reference and administrative details

Charity status

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

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

Charity objectives

The objectives of the NCRI are:

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

Governing document

National Cancer Research Institute is governed by its constitution.

Charity number 1160609 in England and Wales

Registered office

2 Redman Place

London

E20 1JQ

Auditors

Sayer Vincent LLP

Invicta House,

108–114 Golden Lane

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Find out more and get involved

www.ncri.org.uk

