



Our year in

2022

Introduction from the Chair



When I became chair of The Institute of Cancer Research (ICR), London, just over a year ago, I knew I was joining a truly world-class cancer research institution. My high expectations have not been disappointed, I have been hugely impressed by the organisation, its brilliant staff and students and the wealth of scientific expertise across The ICR. But most of all I have been struck by the collective passion of all those who work and study in the Institute and our colleagues at our partner The Royal Marsden NHS Foundation Trust, to improve the lives of people with cancer.

The ICR has emerged from the two-year shadow of the Covid-19 pandemic in remarkably robust health. Despite having to absorb a series of cuts to our core infrastructure funding and research programme grants due to the impact of the pandemic on our charitable partners, we have grown our overall income by 10% and increased expenditure on our research, thanks to our successfully finding new sources of funding and attracting record philanthropic support. Over the next few years, we face even stronger financial headwinds, as inflation and economic turbulence start to bite. Fortunately, we can draw on strong financial reserves, and an ambitious but pragmatic plan to grow our income further while increasing the efficiency of our professional services.

Building on a platform of sound finances, the ICR has enjoyed another exciting, productive and successful year. There have been high-profile discoveries, international accolades, and recognition of our outstanding science in the Government's Research Excellence Framework, REF 2021. A personal highlight for me was the ICR's annual awards ceremony – the first since 2019 because of the pandemic – in which we celebrated the fantastic achievements of our students. It was an honour too to award an honorary degree posthumously to the late and great Dame Deborah James, along with her co-hosts on the You, Me and the Big C podcast.

We look forward to the coming year with real optimism – armed with a new institutional strategy for our research, our educational provision and our organisation called Defeating Cancer. This strategy aims to open up fresh ways of understanding, diagnosing and treating cancer; to develop our future leaders; and to grow our impact for society. I'm confident it will ensure we can continue to transform the lives of people with cancer and their families.

Professor Julia Buckingham
Chair of the Board of Trustees

“
Building on a platform of sound finances, the ICR has enjoyed another exciting and successful year.”

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**The Institute of Cancer Research:
Royal Cancer Hospital**

Company Number 00534147

Annual Report and Financial Statements
for the year ended 31 July 2022

Chief Executive's review



It has been a tremendous privilege to lead the ICR, since joining as Chief Executive just over a year ago. It's with great pleasure that I look back over an initial 12 months packed with exciting discoveries and successes. At the same time, we know there is so much more to be done to fulfil our mission to defeat cancer, and I'm delighted too to give some insight into our thinking for the future, as we set out our new strategy for the organisation.

We've had some excellent achievements as an organisation over this year – many of them the result of years of effort from a wide range of people.

One way of looking at success is the Government's Research Excellence Framework, the latest version of which, REF 2021, was announced earlier this year. The ICR ranked second overall in a league table of all universities, and came top for biological sciences. We're proud of what these rankings say about the quality of our research and the impact it is having for patients.

Our scientific discoveries over the last year have been many and various. To give just three examples, we discovered a key mechanism allowing pancreatic cancers to grow and spread, revealed that commensal bacteria in the gut can help prostate cancers to resist treatment, and showed how to predict whether patients with head and neck cancer will respond to immunotherapy. We can have confidence that many of these findings, even those in early-stage discovery science, will go on to have real benefits for patients.

We were also proud that in April, a group of scientists and clinicians at the ICR and our partner The Royal Marsden received a highly prestigious award from the American Association for Cancer Research for their work on breast cancer. This team, drawn from different fields across cancer research, worked together to transform treatment for many women with the disease. It was great to see too that one of the treatments the team helped pioneer, the targeted drug olaparib for early-stage breast cancer, has now been licensed in the UK.

One of the most significant milestones of the year was the opening of our Centre for Protein Degradation to find new ways to target cancer proteins that have been considered undruggable.



We can look forward to the coming year with real optimism – armed with a new strategy for our organisation

The centre was made possible through a hugely generous donation from the philanthropists David and Ruth Hill of £9 million, which will support a four-year programme of research into drug discovery and cancer biology.

It was in fact a record year for our fundraising, with £21.1 million generated from a mixture of major donations, legacies, and many more smaller gifts. Thank you to all our supporters, and to our passionate Development team. It contributed to another solid financial performance, with a total annual income of £161.2 million, and an operating surplus of £29.2 million, before adjusting for a revaluation of USS pension liabilities. However, we are acutely aware that £38.2 million of our income came from royalties that are due to end in the coming years, and that we have to meet the financial challenge going forward. And that is before you factor in the difficult economic environment.

We are addressing the challenges of the future through a new institutional strategy, which we preview on page 46. Our strategy *Defeating Cancer* aims to deliver world-class research with ever closer connections between our discovery science to unravel the cancer ecosystem, translational research to diagnose and target cancer more effectively, and clinical studies to build evidence for advances in patient care. We will deliver our internationally renowned programme of education, to bring forward a new cadre of cancer research leaders and expert oncologists. And we will grow our impact for patients, by sharing our findings across society – including with life-science businesses, partners and the NHS – and increasing income for tomorrow's research.

To support our research and our continued organisational excellence, our professional services teams are working together with our scientists on a new programme of work called Evolve. This work aims to develop new, streamlined models for supporting our science, and to ensure that we spend our money as efficiently as possible on the activities that are most essential for our mission.

I am thankful to everyone who has helped make the last year such a success and excited to be leading the ICR to the next stage in our journey.

Professor Kristian Helin
Chief Executive
The Institute of Cancer Research, London

Year at a glance

The ICR enjoyed a successful year after weathering the challenges of the pandemic and returning to something much more like normal.

We celebrated the results from the Government's Research Excellence Framework, in which we ranked second, secured record fundraising income, and welcomed the first companies into the Innovation Gateway at The London Cancer Hub.

We were also excited to see further progress for two drugs we helped pioneer – with a new HSF1 pathway inhibitor entering clinical trials, and olaparib licensed in the UK for early-stage breast cancer.

Here are some of the highlights:



Research excellence
In May we celebrated the REF2021 results – the Government's evaluation of university research quality – where we ranked second among all institutions in the UK that submitted at least two units of assessment.



97.6%

World leading
Some 97.6 per cent of the ICR's research was rated as either 'world-leading' or 'internationally excellent' – the highest proportion in the UK.



Olaparib approval
Precision medicine olaparib was approved by the Medicines and Healthcare products Regulatory Agency, for patients with high-risk, early-stage breast cancer and inherited faults in BRCA1 or BRCA2 genes.

Year at a glance (continued)



100%

Education and learning
The PhD pass rate at the ICR was 100% in 2021/2022



Innovative treatment
The first cancer patients received doses of an innovative new drug called NXP800, discovered at the ICR.



2040

The ICR launched *Sustainable Discoveries* – our new action plan setting out how we will address sustainability at the ICR, and our work towards our new target of net zero on carbon emissions by 2040.



Income generated from intellectual property
The ICR ranked top among UK universities for income per capita generated from intellectual property in 2020/21.



£161.2m

In 2021/22 the ICR had a total income of £161.2m.



Protein degradation centre
The ICR opened a new Centre for Protein Degradation, made possible through the huge generosity of a £9 million donation from philanthropists David and Ruth Hill.



2027

This Autumn, the ICR launched our new 2022-2027 strategy – *Defeating Cancer*, building on the success of our 2016-2022 strategy *Making the Discoveries*.



Innovation Gateway
Precision medicine start-up Vesynta was the first medtech company to move into laboratories at the Innovation Gateway at The London Cancer Hub in Sutton.



£21.1m

Record year of fundraising
The ICR celebrated a record year for fundraising, with £21.1 million generated from a mixture of major donations, legacies and many smaller gifts, thanks to the generosity of our funders, supporters and donors.

Financial summary

Our finances over 2021/22

£161.2m

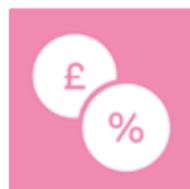
of income in 2021/22



In 2021/22 the ICR had a total income of £161.2m. Some 40% of our income came from research funding, which fell by £5.3m compared with 2020/21 because of cuts to several core grants. In addition, 24% of our income came from royalties on our discoveries, 18% from public funding as a higher education institution, 13% from donations and endowments, and 5% from tuition fees, investments and other sources.

£163.5m

of expenditure in 2021/22



Expenditure in 2021/22 was £163.5m, of which 75% was spent directly on research and education and 19% was on supporting our research by creating the best possible environment for our scientists. This included investment in cutting-edge new laboratories to accommodate our new research teams, and work to realise the ICR's digital vision by creating world-class capability for analysing research data.

£2.3m

deficit in 2021/22



Our deficit (before gains and losses) was £2.3m which included a £31.5m increase in pension liabilities. Once gains and losses are included, our total increase in reserves was £10.9m (7% of total income). We will be investing all surplus funds into our ambitious research strategy.

£7.1m

investment in new buildings and equipment in 2021/22



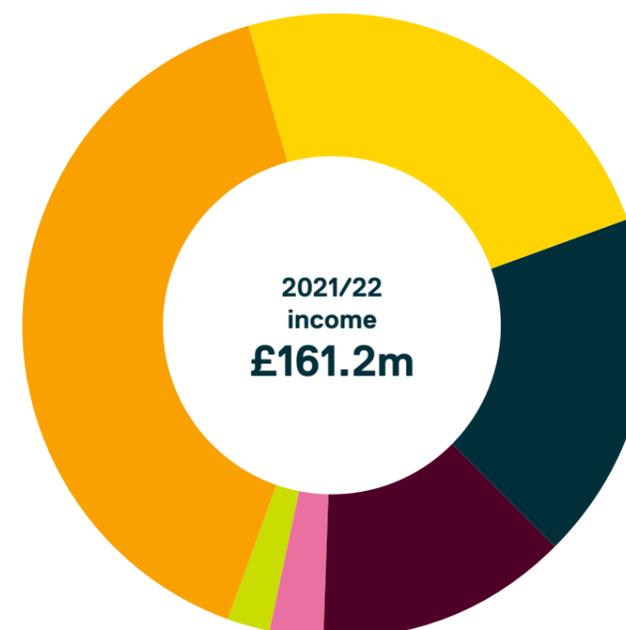
Capital expenditure was £7.1m, including £4.2m on research equipment and extensive refurbishment work at our Chelsea site. The ICR continues to invest in new Faculty, team recruitments and research infrastructure in key strategic areas.

The ICR has demonstrated financial resilience and agility in its performance in 2021/22, despite the continued impact of the pandemic and wider economic uncertainty. We increased overall funding, continued to benefit from significant royalty income and achieved our highest level

of fundraising income to date. The ICR's laboratories were active throughout the year, and we were able to bring in new research teams, and launch new studies and initiatives with a broad range of partners and funders.

Financial summary (continued)

Total income 2021/22



40%
Research grants and contracts of which:
40% Cancer Research UK
12% Industrial collaborations
15% Breast Cancer Now
5% Wellcome
4% MRC

24%
Royalty income

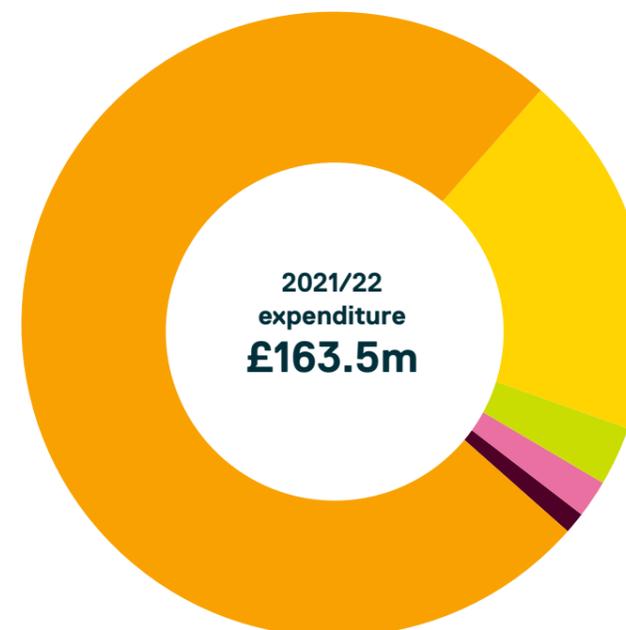
18%
Funding body income

13%
Donations and endowments

3%
Investments and other income

2%
Tuition fees and education contracts

Total expenditure 2021/22



75%
Direct research costs

19%
Research support costs

3%
Fundraising

2%
Other

1%
Information and education

This financial performance has been instrumental in enabling the ICR to mitigate the impact of cuts to several of our core research grants. Traditional areas of research funding remain at risk through pressures on medical research charities' finances and Government budgets, and our invention income

is declining as key drugs come off patent. It will therefore be essential that we build on our success this year to continue growing and diversifying our income, so that we can continue to achieve our mission to make the discoveries that defeat cancer.

Our mission and strategy



Our mission and strategy

The ICR is one of the world's most influential cancer research organisations. We are a higher education institution and a charity, and are dedicated to making advances which improve the lives of people with cancer.

Our mission is to make the discoveries that defeat cancer.



Research:
Making the discoveries



Together with our clinical partner The Royal Marsden, we have sought to undertake world-leading research that can overcome the challenges posed by cancer's complexity, adaptability and evolution.



Find out more about each of our research pillars and our people who are making the discoveries on page 14

Learning and teaching:
Inspiring tomorrow's leaders



We offer excellent learning and teaching for the very best researchers and clinicians – helping to bring forward the next generation of cancer scientists and to enhance knowledge about the latest cancer advances and treatments.



Meet some of our students and hear what it's like to study at the ICR on page 26

Operations:
Powering our research



The ICR aims to deliver world-class operations so we can provide excellent services, infrastructure and support across our organisation, and underpin research and education of the highest quality.



Highlights from the work we are doing to build our strength as an organisation on page 33

Our new 2022-2027 strategy *Defeating Cancer* will build on our success by harnessing the latest scientific knowledge and technology to drive innovation in diagnosis and treatment for patients. Read more on pages 46-47.



Making the discoveries

We developed *Making the discoveries: our strategy to defeat cancer* jointly with our hospital partner The Royal Marsden.

As part of this 2016-22 strategy, we have sought to deliver world-leading research that can overcome the central clinical challenge of cancer evolution and drug resistance. The strategy is structured around four pillars of activity.

These four central pillars are:

- > unravelling cancer's complexity to identify new weaknesses
- > exploiting those weaknesses through innovative approaches to therapy
- > developing smarter, kinder treatments for patients
- > making our research count by helping embed advances into routine care.

On pages 16-25, we report our progress against each of these four pillars.

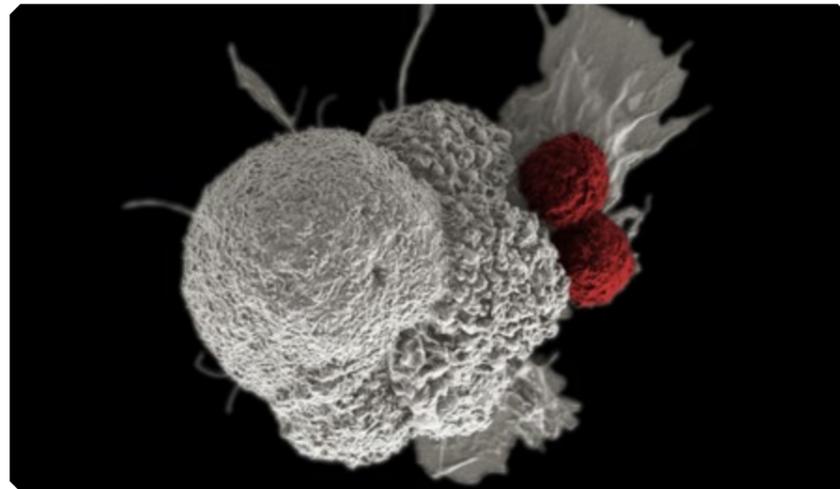


Pillar 1

Unravelling cancer's complexity

Just as every patient is different, so is their cancer — even the cells within an individual tumour can vary enormously from one another, and cancer does not stand still, but changes over time. This makes cancer incredibly difficult to treat. But we're starting to unravel some of this complexity to open up cancer to fresh lines of attack that can lead to new treatments and cures.

A field rich for discovery – realising the potential of immunotherapy



Widely considered a revolutionary treatment, immunotherapy has become a powerful tool against cancer. The ICR is leading research into how to harness the immune system to recognise and attack cancer cells, and seeking to develop more effective, targeted approaches to using immunotherapies.

We still don't fully understand why current cancer immunotherapies only work in some patients and the mechanisms by which they succeed – or not. Our researchers are learning more about the biology of the immune system, and how to turn it against cancer. We aim to use this knowledge to create a new generation of immunotherapies, or ways of making current drugs work more effectively. The aim is to tap into the full potential of this innovative type of treatment.

One strategy the ICR has explored is to combine immunotherapies with other treatments to improve their effectiveness. A team led by Dr Anguraj Sadanandam, Team Leader in Systems and Precision Cancer Medicine, found that bowel cancers that have become resistant to radiotherapy might be made susceptible again with targeted immunotherapy. These findings could also be relevant for other cancer types.



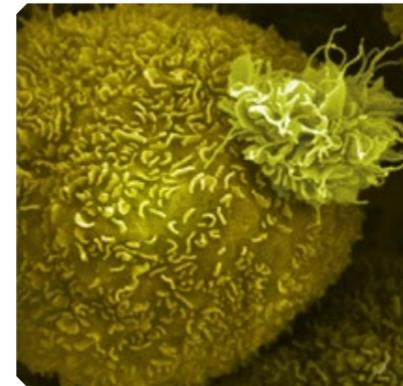
Professor Kevin Harrington

Immunotherapy drugs tend to work best on tumours that have already had some immune response triggered against them, and so making tumours immunologically active is another avenue for the ICR's research.

Professor Kevin Harrington, Professor of Biological Cancer Therapies at the ICR, and Professor Alan Melcher, Professor of Translational Immunology, are studying how to use modified viruses that infect and kill cancer cells to spark the immune system into action. These modified viruses boost an anti-cancer immune response in the tumour and simultaneously turn on the immune response.

“ ”
 Making immunotherapy work better, and for more people with cancer, is a vital objective – and one our researchers are determined to meet. We can expect a brighter future for immunotherapy and for cancer patients.

Professor Alan Melcher



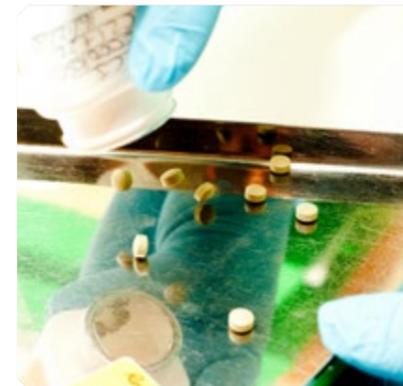
Scientists discover mechanism controlling spread of pancreatic cancer

Scientists led by Professor Axel Behrens, Professor of Stem Cell Biology at the ICR, have identified a new mechanism that controls the growth of dangerous pancreatic cancer cells. The team found that triggering the mechanism can lead to more aggressive disease – but also crucially that the fate of these cancer cells can be reversed.

The findings show that a protein called GREM1 controls genetic diversity in pancreatic cancers and plays a vital role in regulating the behaviour of cancer cells.

Deactivating the GREM1 gene in mice switched pancreatic cancer cells into a more dangerous and invasive cell type – but in cells where GREM1 was highly active there was a near-complete reversal back to their less aggressive, more manageable state. This novel finding could open up opportunities to discover future treatments for pancreatic cancer, which has the lowest survival rate of all common cancers.

A protein called GREM1 controls genetic diversity in pancreatic cancers



Uncovering how cancers resist precision treatment

Scientists led by Professor Chris Lord, Professor of Cancer Genomics at the ICR, have revealed how cancer can resist PARP inhibitors – a precision medicine used to treat thousands of patients worldwide for ovarian, breast, prostate and pancreatic cancer.

PARP inhibitors target a protein used by cells to repair DNA called PARP1 – locking it in place on the DNA to render it inactive. Some cancer cells are particularly vulnerable to PARP inhibitors because they also have other weaknesses in their DNA repair machinery, and can be effectively killed by the drugs. But PARP inhibitors don't work for everyone, and it is estimated that over 40 per cent of eligible patients don't respond to them.

The team found that some cancer cells could dodge the effects of PARP inhibitors by removing the PARP proteins that get trapped onto their DNA. A small molecule called p97 could play a crucial role in detaching PARP1 from DNA, saving cancer cells from destruction. Blocking p97 could open up new ways to treat cancer.

Some cancer cells could dodge the effects of PARP inhibitors

Pillar 2

Innovative approaches to therapy

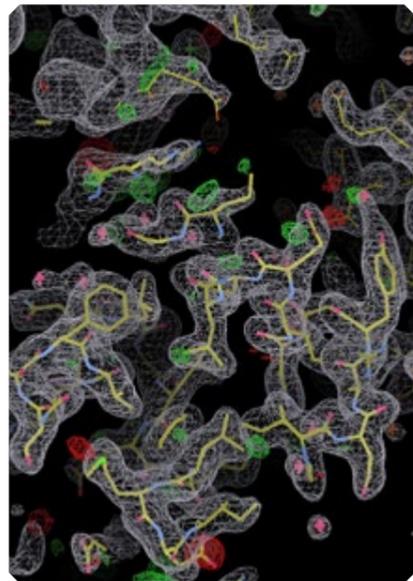
Cancer is a disease that is constantly evolving, so to combat it we need pioneering ideas and groundbreaking technologies. At the ICR, our scientists are redefining what's possible with new fields of cancer research that are helping to create the cancer drugs of the future.

Drugging the undruggable

For decades, some cancer proteins have been considered undruggable – and that's meant that some patients have forms of cancer which can't be treated with new precision medicines.

But increasingly, scientific and technological advances are opening up opportunities to target cancers caused by these so-called undruggable proteins.

Our researchers are taking forward a state-of-the-art technique called protein degradation as a brand new way to eradicate cancer proteins – and a potentially exciting approach to treating people with cancer.



A crystal structure of a protein used for drug design

Targeted medicines work by binding to and inactivating an active part of a cancer protein – but some cancer proteins have a relatively smooth outer surface, and that makes them hard to drug by this approach.

Protein degradation doesn't need to inactivate a cancer protein – instead, it attaches a tiny label to the protein to tag it for destruction. By removing all the target proteins from a cell, protein degradation drugs not only block the major function of the protein, but also stop it interacting with other proteins in the cell.

Dr Olivia Rossanese is Director of the Cancer Therapeutics Unit at the ICR – the largest academic cancer drug discovery group in the world.

She says: "Protein degradation drugs, also known as degraders, can bind to a protein and cause them to be destroyed. Not only are degraders a new way to target important and 'undruggable' proteins, but they are also potentially a more powerful way."

This year, we launched a new Centre for Protein Degradation which brings together researchers working in drug discovery, cancer biology and artificial intelligence. The new research unit will be based within our Centre for Cancer Drug Discovery and will form part of our pioneering drug discovery programme dedicated to overcoming cancer evolution and drug resistance.



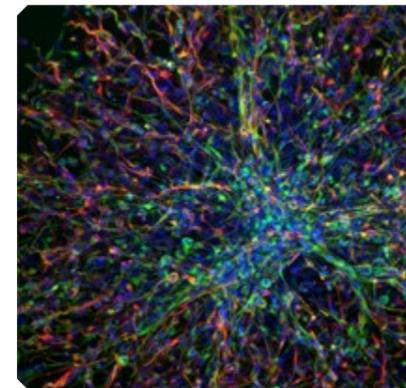
Dr Olivia Rossanese

It is a pivotal moment for this field of research as new protein degraders move from the lab towards the clinic.



This is an exciting time for the clinical development of protein degraders, Our researchers are using this innovative area of drug discovery to make the so-called 'undruggable' druggable, one protein at a time.

Dr Olivia Rossanese



AI identifies new drug combination for childhood brain cancer

Scientists have used artificial intelligence tools to successfully propose a new combination of drugs for use against diffuse intrinsic pontine glioma (DIPG), an incurable childhood brain cancer.

The team, led by Professor Chris Jones, Professor of Paediatric Brain Tumour Biology at the ICR, worked with the company BenevolentAI – which has built a leading AI drug discovery platform and its own pipeline of drug discovery programmes.

The researchers identified drugs that could be used to target mutations in a gene called ACVR1 in DIPG. Although a quarter of children with DIPG have an ACVR1 mutation, there is currently no treatment that targets it that is approved for use in DIPG. Vandetanib is a drug that acts against ACVR1, but has difficulty getting past the blood-brain barrier.

But the study found that combining vandetanib with the drug everolimus could enhance its capacity to pass into the brain to treat the cancer. The proposed combination has proven effective when tested in mice, extending survival by up to 14 per cent, and has already been tested in a small cohort of children.

The proposed combination has proved effective when tested in mice



AI test could predict cancer drug combinations in less than two days

Scientists led by Professor Udai Banerji, Professor of Molecular Cancer Pharmacology at the ICR, have created a prototype test using artificial intelligence that can predict which drug combinations are likely to work for cancer patients in as little as 24 to 48 hours.

The cutting-edge test uses AI to analyse large-scale protein data from tumour samples, and is able to predict patients' response to drugs more accurately than is currently possible. The team tested the new technique on individual cancer cells in the lab and tumour cells isolated from lung fluid in people with non-small cell lung cancer.

As well as successfully identifying drug combinations that have previously been shown to have promise, the test also found possible new combinations, such as using vemurafenib together with capivasertib.

This is the first prototype test that can offer personalised predictions of which drug combinations are likely to work in different individuals. Researchers at the ICR believe the new technology could be crucial in overcoming cancer evolution and treatment resistance by allowing doctors to analyse how drugs work in combination.

The test also found possible new drug combinations

Pillar 3

Smarter, kinder treatments

Together with our partner hospital The Royal Marsden, we run a world-leading programme of clinical trials. We have developed innovative new drugs and led major trials demonstrating the effectiveness of precision treatments. But we need more effective personalised therapies for cancer. To do this, we must take new discoveries into the clinic more quickly and more smartly.

Improving treatment through digital diagnosis

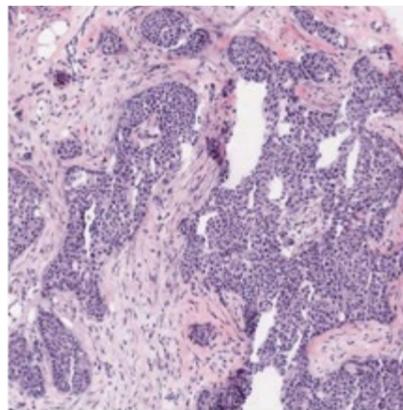
The ICR's researchers are pioneering a new field that's set to transform the way that cancer is diagnosed and treated – a high-tech specialism called digital pathology. Using sophisticated computing tools and artificial intelligence to uncover crucial clues about tumours, digital pathology promises to make sense of all the data generated by microscopy, imaging and DNA sequencing to make it easier and faster to diagnose cancer.

The field of pathology is vitally important to treating cancer.

Pathologists specialise in evaluating cells, tissues, organs and test results to help diagnose patients, and use their expertise to determine whether people have cancer and if so, which type. Digitising pathology images and information allows researchers and clinicians to analyse them using computational tools, integrating data from different sources to help spot patterns and crucial clues that wouldn't be visible to the naked eye.

Under the leadership of Professor Manuel Salto-Tellez and Professor Yinyin Yuan, we've been building our expertise in digital pathology with the goal of making a huge difference to the way we understand, diagnose and characterise cancer, and to help transform how it is treated.

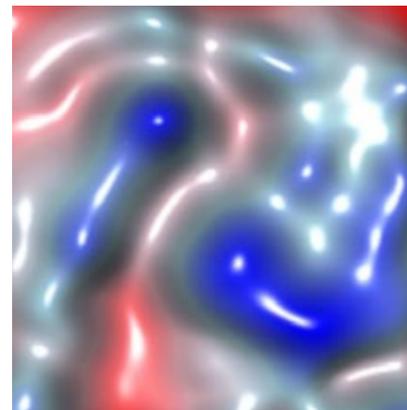
Our Computational Pathology and Integrative Genomics Team, led by Professor Yuan, aims to train computers to automatically identify



A digitised image of the tumour microenvironment, showing hotspots and cold spots linked to characteristics of the cells. Credit: Professor Yinyin Yuan

cancer cells in pathology samples from the clinic, and ensure all our pathology images are captured digitally. This opens numerous doors: we can extract new information about the biology of cancer from existing images, or look at multiple biological markers of cancer simultaneously, as well as use AI to support pathologists in making key decisions about a cancer diagnosis.

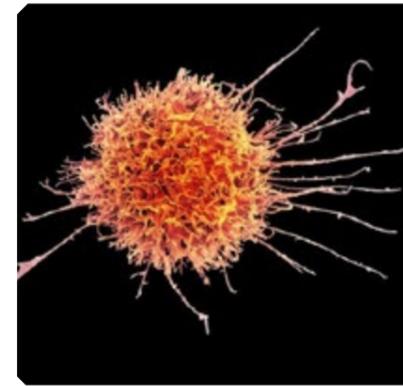
Professor Yuan, Professor Salto-Tellez and their colleagues at the ICR and elsewhere are also building a range of laboratory and computer tools to process and classify images of tumour tissue. By drawing on the cancer-associated features that are contained in these images, and combining them with other types of information such as DNA sequencing data from cancer cells, we'll be able to visualise cancer and its surrounding tissues in new ways.



Digital pathology holds the potential to uncover amazing new information about cancer – from how it interacts with its environment as it develops and spreads, to predicting how patients might respond to a treatment. The goal is to make cancer treatment and diagnosis as kind and effective as possible for patients.



Digital pathology holds the potential to uncover amazing new information about cancer.



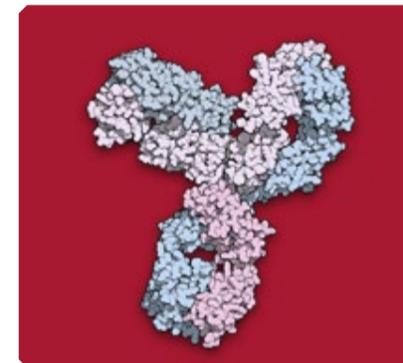
Colourised scanning electron micrograph of a natural killer cell from a human donor. Credit: National Institutes of Allergy and Infectious Disease

New combination therapy destroys head and neck tumours

A treatment combination of radiotherapy, immunotherapy and a DNA repair inhibitor drug is highly effective at suppressing the growth of head and neck tumours, new research has found. The new therapy works by activating natural killer cells, a type of white blood cell that can kill cancer cells directly.

Researchers led by Professor Kevin Harrington, Head of the ICR's Division of Radiotherapy and Imaging, showed the benefits of the new combination treatment in mice. When mice with head and neck cancer received radiotherapy plus a drug that inhibits ATR – a key protein in DNA damage repair – they survived longer than those that received either treatment alone. And adding in immunotherapy to boost the anti-tumour activity of natural killer cells created an even more effective combination – with some mice having their tumours completely eradicated.

Only around 15–20 per cent of patients with head and neck cancer respond to current immunotherapies. However, this novel strategy to boost the effectiveness of natural killer cells could considerably expand the number of patients with these cancers who benefit.



The test measured levels of the protein PD-L1 in tumours and in surrounding cells

Test can personalise use of immunotherapy and chemotherapy for head and neck cancer

Matching cancer patients to treatment based on their levels of a key immune protein may allow doctors to select those who would benefit the most from a combination of immunotherapy and chemotherapy.

Researchers at the ICR and The Royal Marsden showed that patients with head and neck cancer enrolled in the major KEYNOTE-048 trial benefited from different treatments depending on the results of a test, which measured levels of the protein PD-L1 in tumours and on surrounding cells. Patients with low levels of PD-L1 are highly unlikely to benefit from the immunotherapy drug pembrolizumab alone, and should receive chemotherapy alone or chemotherapy plus the drug cetuximab. But patients with moderate PD-L1 levels may benefit most from a pembrolizumab and chemotherapy combination, and those with high PD-L1 levels may benefit most from pembrolizumab alone.

The researchers, led by Professor Kevin Harrington, Professor of Biological Therapies at the ICR, hope that use of the test will be adopted in guidelines as a way to personalise patients' treatment by selecting immunotherapy, chemotherapy or the combination of the two depending on PD-L1 levels.

Pillar 4

Making it count

It is hugely important to us at the ICR that our research delivers real benefits for the lives of people with cancer – and people who may develop cancer in the future. We are proud that so many of our advances have been translated to the clinic to help transform outcomes for cancer patients.

Here we describe a selection of real-world impacts that have benefited patients in the last year as a result of ICR research – sometimes from studies we have conducted recently, and on other occasions from work we did some time ago that is now improving the lives of patients.

OlympiA trial shows benefits of precision drug in breast cancer

The targeted drug olaparib improves survival in women with high-risk, early-stage breast cancer who have inherited faults in their BRCA1 or BRCA2 genes, a major clinical trial has shown. Results from the OlympiA trial found that olaparib cut patients' risk of dying by 32 per cent, resulting in more people remaining cancer free and becoming breast cancer survivors.



The development of olaparib has been underpinned by the work of ICR researchers, including Professor Andrew Tutt, Professor of Oncology at the ICR and King's College London, who chaired the steering committee for OlympiA.

As a precision medicine, olaparib targets the specific biology of the BRCA genes, killing cancer cells

while leaving healthy cells alone. The OlympiA trial researchers studied 1,836 women with HER-2 negative breast cancer, who also had a mutation in their BRCA1 or BRCA2 genes and had undergone standard treatment, including surgery, chemotherapy, hormonal therapies and radiotherapy, where appropriate. Patients were randomly allocated to receive either 300mg daily of olaparib or a placebo for one year and were then followed up.

As well as improving survival, the researchers found the drug can also help reduce the risk of a patient's cancer returning by 42 per cent.

The international study, involving 671 study locations, was coordinated globally across multiple partners by the Breast International Group.

In August this year, olaparib was approved in Europe by the European Medicines Agency to treat patients with high-risk, early-stage breast cancer with BRCA1 or BRCA2 mutations, following the drug's approval in March by the US Food and Drug Administration.

Most recently, the UK's Medicines and Healthcare products Regulatory Agency (MHRA) also approved olaparib, granting marketing authorisation for the use of the drug in the UK. In November 2022,

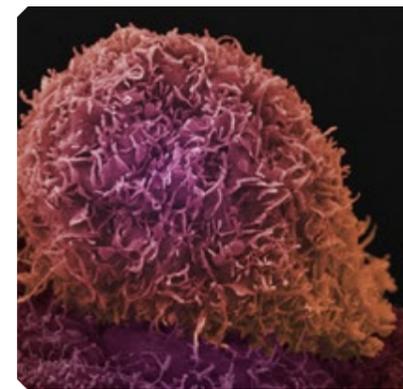
NICE announced a draft decision not to recommend olaparib for women with this type of early-stage, inherited breast cancer. The ICR is urging NICE, NHS-England and the drug's manufacturer to continue discussions to make olaparib more widely available through the NHS.

“ ”

Olaparib offers the first treatment that exploits the specific biology of this inherited type of breast cancer to reduce the risk of cancer returning and improve survival in women diagnosed with early-stage disease. I am hopeful it will become a new standard of care.

Professor Andrew Tutt

Showcasing the impact of our research



FDA approval of 'search and destroy' treatment for advanced prostate cancer

In March, the ICR welcomed the news that 177Lu-PSMA-617, a potent radioactive medicine that searches for tumour cells to deliver a radioactive payload, was approved by the US FDA for treating some advanced prostate cancers.

The approval allowed people with advanced prostate cancer previously treated with at least one targeted hormone treatment – such as enzalutamide or abiraterone – alongside taxane chemotherapy to begin gaining access to the new drug. In August 2022, the UK's drug regulator, the MHRA, also approved Lu-PSMA.

Professor Johann de Bono, Professor of Experimental Cancer Medicine at the ICR, and Consultant Medical Oncologist at The Royal Marsden, co-led the phase III trial, VISION, which led to this approval. The trial showed that Lu-PSMA helps men with advanced prostate cancer live longer and with a better quality of life.

Lu-PSMA helps men with advanced prostate cancer live longer



Monte Rosa Therapeutics lists on New York Stock Exchange

Monte Rosa Therapeutics, a biotechnology company originally formed as a spin-out from science carried out at the ICR, was listed on the Nasdaq stock exchange in New York. The company was formed in collaboration with Versant Ventures's drug discovery engine Ridgeline Therapeutics.

Monte Rosa has developed a platform to rationally design small molecules that reprogramme degradation agents called ubiquitin ligases to eliminate cancer proteins that were previously deemed undruggable. During 2021, Monte Rosa Therapeutics secured \$377.6 million in funding.

Professor Ian Collins, who was Professor of Medicinal Chemistry at the ICR and a scientific founder of Monte Rosa Therapeutics, said: "It's great to see the progress of Monte Rosa through its new investment and expansion phase, which I'm sure will lead to more really exciting, collaborative science to develop promising drug candidates and eventually make a difference to cancer patients' lives."

Monte Rosa focuses on a drug strategy called protein degradation

Research excellence

Our researchers lead the way in their fields and are often the recipients of prestigious awards and recognition to mark their achievements. Here is a selection of awards and prizes from 2021/22:



Clinicians and researchers at the ICR and The Royal Marsden won the prestigious Team Science Award from the American Association for Cancer Research for their work on breast cancer.



Dr George Poulogiannis won the UK Research and Innovation Future Leaders Fellowship and the British Association of Cancer Research-AstraZeneca Young Scientist Frank Rose Award.



Postdoctoral researchers Dr Luca Ermini and Dr Jeff Francis were awarded the George C Williams prize for evolutionary biology by Evolution Medicine and Public Health.



PhD student Megan Morris received the Best Abstract award at the European Society for Magnetic Resonance in Medicine and Biology



ICR Chief Executive Professor Kristian Helin and Professor Trevor Graham, Director of the Centre for Evolution and Cancer, were awarded prestigious Fellowships by the Academy of Medical Sciences.



Professor Robert Huddart has been appointed the new chair of the NCRI Clinical and Translational Radiotherapy Research Working Group.



Dr Crescens Tiu was awarded the inaugural Dame Vera Lynn Translational Research Fellowship, funded by Breast Cancer Now.



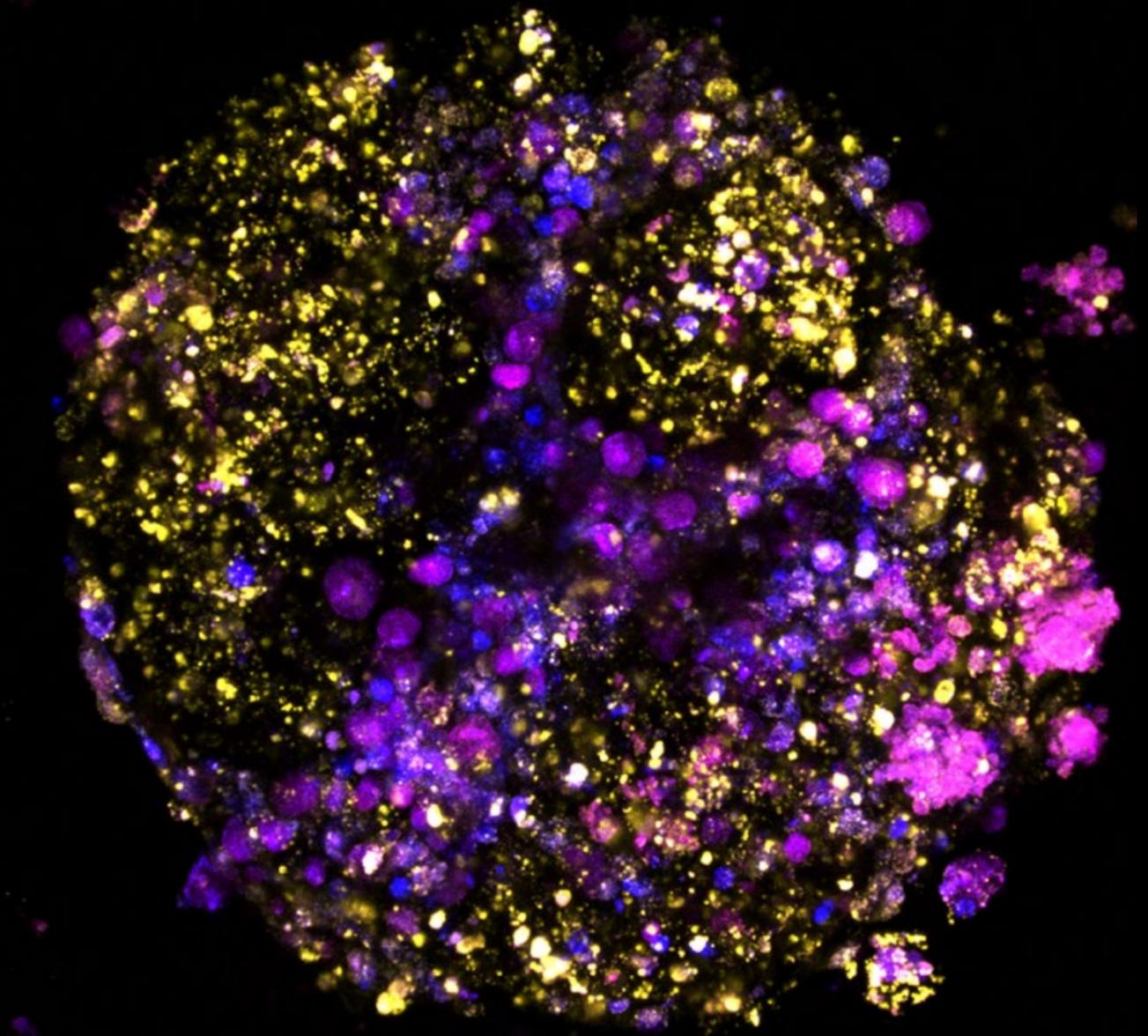
Professor Nick Turner was awarded the prestigious Translational Cancer Researcher Award 2022 by the Pezcoller Foundation European Association for Cancer Research.



Eight technicians at the ICR were selected for a new national Herschel Programme for women in technical leadership.

REF 2021

The ICR has ranked second in REF 2021 – the Government’s evaluation of university research quality – among all higher education institutions in the UK that submitted at least two units of assessment. The ICR was also rated as the leading higher education institution in the UK for its research in biological sciences in the weighted assessment of research quality, impact and environment. The results of ‘the REF’ show the continued outstanding quality of the ICR’s research – after excellent scores in previous assessments in 2014 and 2008 – and the benefits our research is delivering for people with cancer. Some 97.6 per cent of the ICR’s research was rated as either ‘world-leading’ or ‘internationally excellent’, the highest proportion in the UK.



Inspiring tomorrow's leaders

As part of our 2016-2022 strategy, the ICR is committed to educating and training the next generation of cancer researchers and clinicians. Inspiring tomorrow's leaders will also be a key pillar in the new 2022-2027 strategy *Defeating Cancer*.



Through the Student Charter, the ICR commits to providing 'a supportive, high-quality learning environment which embraces diversity, where all students can reach their full potential and will be treated with kindness and respect.'

Our learning and teaching strategy, *Inspiring Tomorrow's Leaders*, sets out our priorities for education and training at the ICR from 2016-2022. The strategy is structured around three pillars of activity.

► **Pillar 1**
Provide world-class research degree programmes

We aim to further develop and enhance the quality of the ICR's research degree programme and the support we provide for students.

► **Pillar 2**
Teach tomorrow's leaders today's discoveries

We aim to provide postgraduate taught degrees that support the rapid translation of scientific advancement into benefits for cancer patients, and fuel the pipeline of highly skilled researchers working to defeat cancer.

► **Pillar 3**
Partner with our peers and the public

We aim to maintain, forge and develop partnerships that support our education and training goals, and to widen participation in science education through promotion of student and staff volunteering, community outreach and public engagement.

Our students are integral to the ICR and our culture – they are the people who will be making the cancer discoveries of tomorrow, and it is important they help shape us as an organisation today. We have worked closely with our students to meet their needs across the Covid-19 pandemic, and where there is the opportunity, used the disruption to do things differently and improve student experience.

For example, our MSc in Oncology is now taught on a face-to-face basis on alternate weeks, with the remainder of teaching days delivered remotely, making the course more accessible for those students further afield while maintaining the benefits of in-person teaching.

This year for the first time, the ICR ran a workshop for PhD applicants as part of a wider effort to enhance information, advice and guidance around the recruitment process and to promote the concept of an ICR PhD to students who are under-represented in science. The recruitment process itself was also revised with an additional strand of shortlisting to ensure highly skilled students not otherwise selected are seen at first-stage interview, again with a particular focus on groups that have been identified as underrepresented at the ICR. These initiatives have proved successful and will be further refined and repeated next year.

100%

PhD pass rate in 2021

Learning and teaching at a glance



Sixteen students sit on the Student Committee representing students across both sites and from each degree programme

38

The number of student presentations given at the ICR conference



We ran a workshop for PhD applicants for the first time to enhance guidance around the recruitment process



The Clinical Academic Training Programme at the ICR and Imperial recruited to two Clinical Fellowships, one at each institution



18

The number of summer students enrolled in the 2022 undergraduate student placement scheme



We used an additional strand of shortlisting to ensure highly skilled students not otherwise selected were invited to the first-stage interview in the main round of PhD recruitment.

1st

The first cohort of students graduated successfully from the MRes in Cancer Technology we run in collaboration with Imperial College London



Eight summer studentships were ring-fenced for Black British and first-generation students, as these groups have been identified as under-represented among both ICR students and the wider UK postgraduate community

PhD studentships

This year, we were able to open 24 new PhD studentships for the 2022/23 intake.



Ten studentships are attached to the new MRC-funded Doctoral Training Partnership



One studentship is funded by an individual grant awarded by Cancer Research UK



Three studentships are attached to the recruitment of new Team Leaders



Two studentships are attached to the Cancer Research UK Convergence Science Centre at the ICR and Imperial College London, with a third registered at Imperial

24



One studentship comes via the National Institute for Health Research Biomedical Research Centre



One studentship is funded via the MRC-NIHR Trials Methodology Research Partnership

4

Four of the 10 studentships are part of iCASE projects in collaboration with four industry partners: Merck, AstraZeneca, Intelligent Imaging Innovations, and Artios Pharma



Two studentships are funded via charitable trusts and major donors

MSc in Oncology profile

Dr Rebecca Shakir



Dr Rebecca Shakir was awarded the Professor Alan Horwich Prize for outstanding achievement in our MSc in Oncology. The programme educates medically qualified doctors specialising in oncology on the theory and practice of cancer science and advanced cancer treatment – all for the benefit of patients.

Why did you want to study at the ICR?

I initially joined the course as preparation for the Fellowship of the Royal College of Radiologists (FRCR) examinations, and really enjoyed having some dedicated time to learn the science behind my chosen medical specialty. The second year gave me the opportunity to learn more about the treatment of various cancers from world leaders in the field. The final year enabled me to gain practical experience in conducting clinical research, guided by experts from one of the world's leading cancer research centres.

What was your experience of the MSc in Oncology programme?

I have gained a huge amount of diverse knowledge, including the core scientific principles behind our specialty, the evidence for the treatments we offer, the ethical and personal aspects of oncology, and research principles. I have also built a network of colleagues to call upon for advice and support for the duration of my career.

What advice do you have for future students?

Make the most of the opportunity to learn from some of the best cancer researchers in the world, question them, and learn from their vast experience. Take time to consider what aspects of oncology interest you the most, and talk to people you find inspiring to explore different potential career paths.

What's next for you?

I'm now in the last few months of my clinical training, looking to specialise in the treatment of people with head and neck cancer, and lymphoma. I hope to integrate clinical research into my future career, and I sit on the National Cancer Research Institute Living With and Beyond Cancer working group.

96%

On the ICR's MSc in Oncology course, 96 per cent of students said they were satisfied with the overall taught course experience in the Postgraduate Taught Experience Survey.



The final year enabled me to gain practical experience of conducting clinical research, guided by experts from one of the world's leading cancer research centres.

MDRes profile



Dr Priyanka Patel

Dr Priyanka Patel is a Clinical Oncology Registrar in training. She is currently carrying out an MD(Res) degree looking at the emerging concept of oligoprogression in metastatic prostate and lung cancer – where just a small number of a patient's tumours start growing again after initially successful treatment.

Why did you want to study at the ICR?

Studying at the ICR provides access to lots of valuable educational resources and forums to further my research career. I can also learn from experienced academics and clinical research teams.

Talk us through your typical day

I see patients on clinical trials, complete trial-related assessments, and participate in multi-disciplinary meetings discussing specific trial patients. I also closely work with the ICR Clinical Trials and Statistical Unit (ICR-CTSU), analysing data and preparing documents for clinical trials.

What big projects are you working on?

I am currently working on the TRAP and HALT phase II/III clinical trials, which are recruiting patients with oligoprogression in prostate and lung cancer respectively.

What opportunities has studying at the ICR given you?

I have attended many useful courses, including on statistics and how to write a paper, which has been very helpful for my research when writing my thesis and scientific papers. I'm also a member of the Clinical Academic Forum and Student Committee.

What's it like to study at the ICR with a medical background?

Studying at the ICR exposes you to so many other jobs and teams surrounding cancer research, which you wouldn't get to experience if you remained purely in a clinical setting. This helps you to understand how research is developed and conducted – and all the different available opportunities.



Studying at the ICR exposes you to so many other jobs and teams surrounding cancer research, which you wouldn't get to experience if you remained purely in a clinical setting.

PhD profile



Caroline Clarke

Caroline Clarke is a fourth-year PhD student in the Genome Instability and Cancer Team at the ICR. Her PhD is carried out in collaboration with AstraZeneca as part of the industrial CASE (iCASE) studentship scheme. She is focusing on understanding how cells repair damage to their DNA and why this is important in cancer.

What is your educational background?

I completed a BA and an MSci in Natural Sciences at the University of Cambridge, specialising in biochemistry. I undertook several research projects both as part of my studies and as a summer research student.

What big projects are you working on?

I'm defining the molecular mechanisms of resection and the spatial/temporal recruitment of repair factors to sites of DNA damage – or put more simply, looking at how breaks occur in DNA and how the cell goes about fixing them!

What opportunities has studying at the ICR given you?

I appreciate the range of internal training opportunities that are enabling me to broaden my skill set and prepare me for both my PhD and future career.

What are you learning on your industrial placement?

My industrial placement has allowed me to approach my project from a different perspective, ultimately widening the scope of my PhD to also include a more translational angle. I'm experiencing first hand how collaborations between academia and industry can accelerate research, which is very exciting to see.

What differences have you experienced between academic and industrial research?

Academic and industrial research laboratories have very distinct research cultures, and completing an iCASE PhD has allowed me to benefit from experience in both environments.



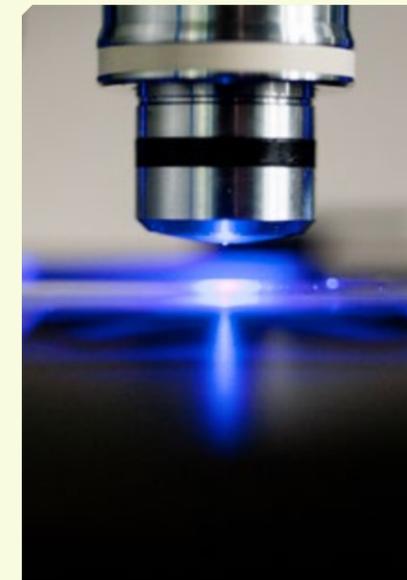
I'm experiencing first hand how collaborations between academia and industry can accelerate research, which is very exciting to see.



Lab coat art tells cancer patients' stories
Three of our scientists' lab coats are now works of art, with messages and drawings from children and adults with rare and hard-to-treat cancers.

Powering our research

As part of our 2016-2022 strategy *Powering our research*, we are supporting our research and teaching through world-class services and by attracting new sources of income to the ICR. Our excellent organisation underpins our new 2022-2027 strategy *Defeating Cancer*.



800

The ICR has a new catalogue of more than 800 items of equipment

Our operational strategy, *Powering our research*, sets out our priorities for supporting research at the ICR from 2016-2022. The operational strategy is structured around two pillars of activity.

Pillar 1: Growing income

We will increase the resources available to power research by growing commercial and fundraising activities, building partnerships and maximising value for money.

Pillar 2: World-class environment

We will deliver excellent support, services and infrastructure that enable us to achieve our research and education goals.

As we continue to emerge from the effects of the Covid-19 pandemic we have been re-evaluating the way we work and shaping our environment for a more sustainable future.

While the ICR is in a strong financial position a key focus for our organisation is ensuring we remain financially stable for years to come. We want to support our research ambitions by maintaining and seeking out new sources of funding – from invention income to fundraising. And we are also reviewing how we spend our money, to ensure we are as efficient as possible in achieving our mission.

Our focus on infrastructure and technology to support our research and teaching ensures we deliver the best possible environment for staff and students. A key part of this environment is tailored support for researchers at every stage in their working lives, and identifying opportunities to streamline our governance and improve use of information to support decision making. We have also sought to learn lessons from the pandemic by embedding more flexible approaches to the ways we work.

Growing our income

ICR gets top scores in prestigious measures of success

The ICR has been rated as one of the UK's top higher education institutions in three categories in the latest Knowledge Exchange Framework (KEF), a Government assessment of universities' influence on society. The ICR placed in the top fifth – the highest mark available – in research partnership, intellectual property and commercialisation, and public and community engagement, alongside other leading institutions such as King's College London, Imperial College London, and the Universities of Oxford and Cambridge.



The Innovation Gateway

Scientists at the new centre will seek to discover new research tools and treatments for hard-to-treat cancers that work by precisely labelling and eradicating cancer proteins.

First companies move into the Innovation Gateway

The first companies have moved into the Innovation Gateway – a new incubator space next to the ICR's laboratories in Sutton – marking a significant milestone in the development of The London Cancer Hub.



The team at start-up, Vesynta

Precision medicine start-up Vesynta became the first medtech company to move into the sophisticated laboratories at the Innovation Gateway. Spun out from University College London, Vesynta is developing a new technology platform to support personalised dosing across a range of diseases including cancer.

The Exercise Clinic, a new company offering physiotherapy and exercise regimes for cancer patients, also moved in, with others to be announced soon.

The Innovation Gateway is adjacent to the ICR's Centre for Cancer Drug Discovery and will be home to a range of companies such as start-ups, spin-outs and small teams from the biotech, medtech, data science and pharmaceutical industries. The London Cancer Hub is an ambitious project led jointly by the ICR and the London Borough of Sutton. It is projected to create 7,000 jobs in the life-science sector and contribute £1.2bn each year to the UK's economy.

ICR comes top in university invention income

The ICR has again ranked among the top academic institutions in the UK at generating income from its intellectual property.

We received the fifth highest amount of invention income overall – and the most income per member of academic staff – compared with all other UK higher education institutions in the 2020/21 academic year.

The figures from the Higher Education and Statistics Authority show that the ICR was behind only the much larger University of Oxford and University of Sheffield in invention income.

A higher education institution's invention income is a marker of success in commercialising its research for public benefit, as well as a useful source of funding to invest back into its research programmes.

Evolving for the future

The ICR is carrying out a strategic review to strengthen our organisation, grow and diversify our income, and ensure we operate more efficiently. Through our Evolve programme, we will build a stronger organisation ready to meet the challenges of the future and ensure we can continue to carry out world-class research that delivers real benefits for patients.

We will develop our research centres as focal points for income generation, strengthen our brand, and work more closely with our Board of Trustees to support fundraising and commercial work. We will also deliver services and support in more cost-effective ways and make our systems and processes work better, so that we can focus efforts and resources where they make a difference.

Outcomes of the review will be implemented over the next three to five years. Through these changes, we will ensure the ICR remains both financially sustainable and a great place to work into the future, attracting talented people to support and deliver our vital mission.



We will ensure the ICR remains a great place to work in the future

All research teams have moved into the new Centre for Cancer Drug Discovery, and as Covid-19 restrictions have eased the building is coming into its own

Centre for Cancer Drug Discovery

World-class environment

The ICR's research is cutting edge and world leading – and we aim to support it through a vibrant scientific environment and top-class facilities and infrastructure. This year we have established several new research centres, intended to stimulate new collaborations and partnerships, as well as developing existing centres to accelerate discoveries from bench to bedside. We have also established various new state-of-the-art facilities and are investing heavily in digital infrastructure so we can store, share and analyse huge amounts of research data.



Professor Trevor Graham

Centre for Evolution and Cancer

The Centre for Evolution and Cancer's goal is to understand the dynamics and drivers of cancer evolution, and to translate that knowledge to the clinic to better diagnose and treat cancer.

In March, Professor Trevor Graham joined us as the new Director of our Centre for Evolution and Cancer. His research uses evolutionary principles and computational modelling to reveal how cancer develops, with the aim of improving cancer diagnosis, treatment and prevention.



Professor Manuel Salto-Tellez

Integrated Pathology Unit

The ICR and The Royal Marsden this year launched a new Integrated Pathology Unit to drive research programmes involving digital pathology and the use of AI to guide diagnosis.

The unit is recruiting a team of nearly 20 biologists and computer analysts led by Professor Manuel Salto-Tellez, Professor of Integrative Pathology at the ICR, Dr Katharina von Loga, Deputy Head of the IPU and Consultant Molecular Pathologist at The Royal Marsden, and Dr Tom Lund, Scientific Lead of the IPU and Senior Postdoctoral Research Fellow at The Royal Marsden.

Centre for Translational Immunotherapy

In 2021, the ICR established the Centre for Translational Immunotherapy to enhance our biological understanding of immunotherapies so we can expand and optimise their use for patients. The centre aims to enhance communication between clinicians and scientists with an interest in immunotherapy, and to take forward research which will allow us to predict more accurately whether immunotherapy is likely to work for a patient.

Professor Alan Melcher is the Lead of the Centre for Translational Immunotherapy, and Dr Andrew Furness is the Clinical Lead.

RadNet receives funding for new immune pathology network

The ICR received almost £200,000 in funding in 2022 from Cancer Research UK to establish and lead a new pathology network studying the immune effects of radiotherapy – RadPath. RadPath will form part of the wider RadNet network, a major hub that connects seven UK centres, including the ICR and The Royal Marsden, to optimise radiotherapy through innovative research.

RadNet is led by a network of researchers and RadPath will be led by Professor Alan Melcher. RadPath is setting up the infrastructure to analyse the tumour immune microenvironment of patient samples from ongoing trials that include radiotherapy as a treatment modality. It aims to accelerate the development of advanced radiotherapy techniques, challenging the boundaries of this mainstay treatment through world-first exploratory projects.



Dr Olivia Rossanese

Cancer Therapeutics Unit

The Cancer Therapeutics Unit is the largest academic cancer drug discovery and development group worldwide. Its research teams cover every aspect of new drug discovery and development, from cell and molecular biology through to chemical synthesis of new agents and their evaluation in clinical trials.



Dr Charlotte Pawlyn (front) leads the Myeloma Biology and Therapeutics Team in the Division of Cancer Therapeutics at the ICR.

In May, Dr Olivia Rossanese took on the role of Head of the Division of Cancer Therapeutics and Director of the Cancer Therapeutics Unit. She directs our drug discovery work – bringing together passionate and dedicated teams to develop potential new therapies for patients, including her own work in cancer drug discovery which centres around overcoming cancer drug resistance.

New ICR equipment catalogue

The ICR launched a new specialised equipment catalogue in May 2022 to support researchers in gaining access to the research equipment available across the organisation.

The catalogue is an online data repository which will not only serve to accelerate research through a collaborative approach to sharing existing equipment, but also help us plan our infrastructure more effectively.

The catalogue is populated with more than 800 items of equipment ranging from specialist lab instrumentation to 3D printers.

It has been designed to be used by researchers and professional support services and will be continually updated both in terms of content and also functionality, to ensure it remains user friendly and accessible for everyone.

Supporting a modern way of working

The ICR is planning a major refurbishment of its office space to support its professional services staff in new ways of working and encourage them to work together on site more effectively.

The next phase of the Modern Worker project follows a major review of our working patterns in 2021, including a trial of blended working for professional services staff.

Led by our new Director of Estates and Facilities Simon Francis, the ICR has consulted staff across the organisation to understand their needs for revamped office spaces – including options like hot-desking and open plan working and new training spaces and meeting rooms.

Refurbishment could offer long-term cost savings to the ICR by reducing budget costs for external teaching space, as well as creating a more sustainable, energy-efficient workspace.

Information from the Modern Worker consultation will be used to develop the concept design brief and visualisations of what the new office could look like, before building work begins in 2023.

Migration to MS Teams

Staff and students have been successfully migrated across from Skype for Business to the full version of Microsoft Teams.

The Project 365 team within Digital Services has led the work to reach this significant and long-awaited milestone.

ICR users now have access to chats, calls and meetings through MS Teams, as well as dedicated channels for their groups and projects, to help them work together more effectively.

Sustainable Discoveries – Our new sustainability action plan

This autumn the ICR will launch *Sustainable Discoveries* – our new action plan which sets out how we will address sustainability at the ICR, and our work towards our new target of net zero on carbon emissions by 2040.

The ICR has made significant steps to improve sustainability, including in 2020 committing the ICR to the United Nations Sustainable Development Goals – an internationally recognised framework of 17 goals to transform and protect our planet.

We also declared a climate emergency to recognise the urgent need to tackle climate change, and for the ICR to reduce its carbon emissions and address the risks posed by the climate crisis.

Sustainable Discoveries sets out how we will tackle challenges to become a more sustainable institution and play our part in creating a more sustainable world. The plan embeds sustainability into our core functions, while setting ambitious goals for net zero, partnerships, reduced consumption and improved health and wellbeing.

The plan has four pillars:

1. Sustainable foundations
2. Sustainable operations
3. Sustainable science
4. Sustainable procurement



We declared a climate emergency to recognise the urgent need to tackle climate change



The ICR has higher carbon emissions per unit of floor area than any other UK higher education institution due to the high energy consumption from laboratories and their specialised equipment. This includes large quantities of single-use plastics and the greenhouse gas emissions they produce.

To reach net zero, we will set and implement a decarbonisation plan that will be reviewed and updated on a yearly basis, to reduce the environmental impact of our laboratory science and make significant improvements in how we manage our buildings and estate.

The ICR is participating in the international MyGreenLab Freezer Challenge programme, which aims to raise the temperature of our energy-intensive ultra-low temperature freezers from -80°C to -70°C , to help make our cold storage practices more sustainable. And we are gathering and sharing examples of best practice to help teams act now in this crucial area – from sustainable laboratory practices to responsible procurement.

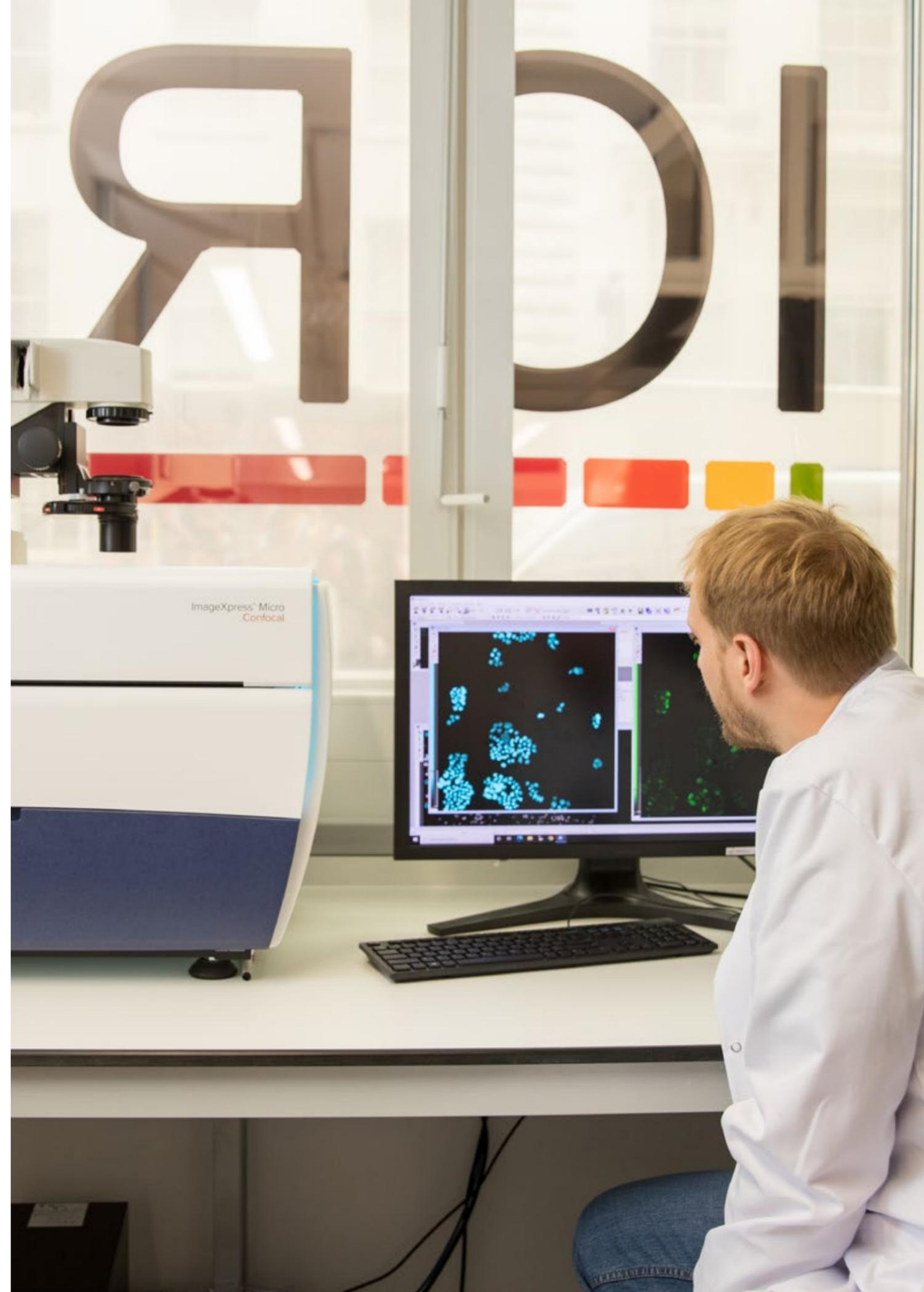
Our action plan will help the ICR build resilience to the rising costs in energy and potential supply shortages, lead to long-term cost savings and improve staff wellbeing and engagement.

42%

We have made a commitment to achieve net zero by 2040, with an interim reduction in carbon emissions of 42% by 2030.

Carbon report

In 2020/21, the ICR emitted 29,211 tonnes of carbon dioxide equivalents (including impact of travel) and consumed 27,098,911 kWh of electricity and gas, equating to 757 kWh/m². This is a 5,355,640 kWh increase in energy consumption on our previous year, and reflects the impact of closing much of our laboratory spaces in 2020 during the first national coronavirus lockdown, coupled with the start this year of research activity in our new Centre for Cancer Drug Discovery.



Our people and culture

At the ICR, we know that to be able to undertake our world-class cancer research, it is essential that we harness the talents of all our staff and students through a supportive and inclusive working culture. We are committed to promoting equality, diversity and inclusivity, to sharing our research with the public and to involving a wide range of people in our decision making, so that we work in a way that is sustainable and has a positive impact on society.

We share examples of the progress we are making in our work on culture and wellbeing through a variety of routes, including formal reporting on the impact of our actions on society – from our work to address our gender pay gap, to how we engage with our local communities and stakeholders.

This year, we published our first ethnicity pay gap report and we are widening the scope of our reporting on sustainability.

Launched in 2021, our culture and engagement strategy aims to bring our wide community together as One ICR – where everyone is equally valued in working towards a common goal to defeat cancer.

We will focus on five key themes for the next three years:

1. Vibrant research culture: celebrating innovation and new ideas
2. Breaking down barriers and promoting collaboration across the organisation
3. Work-life balance and wellbeing by building a supportive workplace with a focus on mental health
4. Equality, racial diversity and inclusivity
5. Staff and student recognition by encouraging peer-to-peer appreciation

Gender pay gap report

The ICR's 2021 gender pay gap report showed a continued pay gap between men and women. The report covers the 1,101 staff on the ICR's payroll in April 2021, of whom 58 per cent were female and 42 per cent were male.

The gender pay gap describes the difference in pay between men and women as an average across all job roles. It differs from equal pay, which measures the differences between men and women who carry out similar jobs or work of equal value.

Our mean gender pay gap for 2021 was 18.8 per cent, compared with 17.9 per cent in 2020, 21.0 per cent in 2019, 17.9 per cent in 2018 and 18.4 per cent in 2017. The ICR's figure is higher than the national average, which was 15.4 per cent in 2021. Our median pay gap for 2021 was 7.9 per cent.

Data from the last five years show that our mean gender pay gap has persisted at around 18 per cent, despite continued action to address it.



Gender pay gap

Mean gender pay gap for 2021:

18.8%

The ICR workforce is:

42% male | 58% female

Ethnicity pay gap

Mean ethnicity pay gap for 2020:

12.5%

*The ICR workforce is:

74% white | 23% Black, Asian or other ethnicity

*3% of staff chose not to share this data

The persistent pay gap is a concern and continues to be driven by the distribution of male and female staff across our workforce – there are fewer women in senior, higher paid roles. This is a common issue across the scientific research and higher education sectors, and an important one that needs to be tackled.

The ICR is committed to reducing the gender pay gap and we have put in place various measures to drive progress in this area – including standardising salary scales, reviewing our reward policy, updating our training around recruitment and appointing the majority of new roles at the market median to ensure consistency. We are also supporting the progression of more women in their careers and changing how we recruit our scientific Faculty.

Promoting gender equality is a key strategic priority for the ICR, as recognised in our Athena SWAN Silver award. We aim to build on the lessons we have learned so far and to continue to move towards an organisation that provides equality for all.

The complete gender pay gap report can be viewed on our website.

Ethnicity pay gap report

The ICR is committed to transparency on pay to ensure equality, diversity and inclusion. We have started to voluntarily publish results on our ethnicity pay gap each year to address and improve racial inequality.

Our first ethnicity pay gap report showed that staff from Black, Asian and other minority ethnic backgrounds earned less in average hourly pay than staff who identified as White.

The ethnicity pay gap shows the difference in the average pay between employees from minority ethnic backgrounds and White employees within an organisation, expressed as a percentage of average earnings for White employees. The report covers 1,059 staff on the ICR's payroll in April 2020, of whom 73.4 per cent identified as White and 23.3 per cent identified as Black, Asian or other minority ethnicity.

Our mean ethnicity pay gap for 2020 was 12.5 per cent. The 2020 ethnicity pay gap report is the latest report available.

The complete ethnicity pay gap report can be viewed on our website.

Race equality reverse mentoring programme

This year, the ICR launched a reverse mentoring programme as part of our race equality programme – Race Equality: Beyond the Statements.

In reverse mentoring, the junior colleague from an ethnic minority background becomes a mentor to a senior leader. It's an opportunity for senior leaders to listen, learn and build their understanding of the experiences of under-represented groups at the ICR. Our reverse mentoring scheme aims to have a positive impact on the individual leader's approach to their work, and drive changes to improve race equality within the ICR.

The ICR paired 10 staff from Black, Asian or from other ethnic minorities at the ICR as mentors to Gordon Stewart, our Chief Operating Officer, and our Professional Services Directors. The pairs met over several months to discuss topics including the mentors' career journeys, their experience of working at the ICR and other topics of interest. The beginning and end of the formal programme were marked by workshops bringing together all mentors and mentees to discuss the mentees' learning and how the ICR could change as a result. Following an evaluation of the programme, the aim is to expand the programme further within the organisation.

Public engagement

The ICR is committed to engaging with members of the public, especially in our local communities in Sutton and Chelsea, and with schools to encourage future diversity in science. This year, we found new and creative ways to engage the public more widely in our research and successfully returned to face-to-face engagement, whenever possible.

Our staff and students – from all research divisions and across a range of roles – have taken part in more than 40 public events and have reached more than 2,700 members of the public through virtual, hybrid and face-to-face activities and events.

Some of this year's public engagement highlights included the launch of the *Cancer Revolution: Science, innovation and hope* exhibition at the Science and Industry Museum in Manchester and the Science Museum in London, featuring a range of ICR researchers. We also took part in the

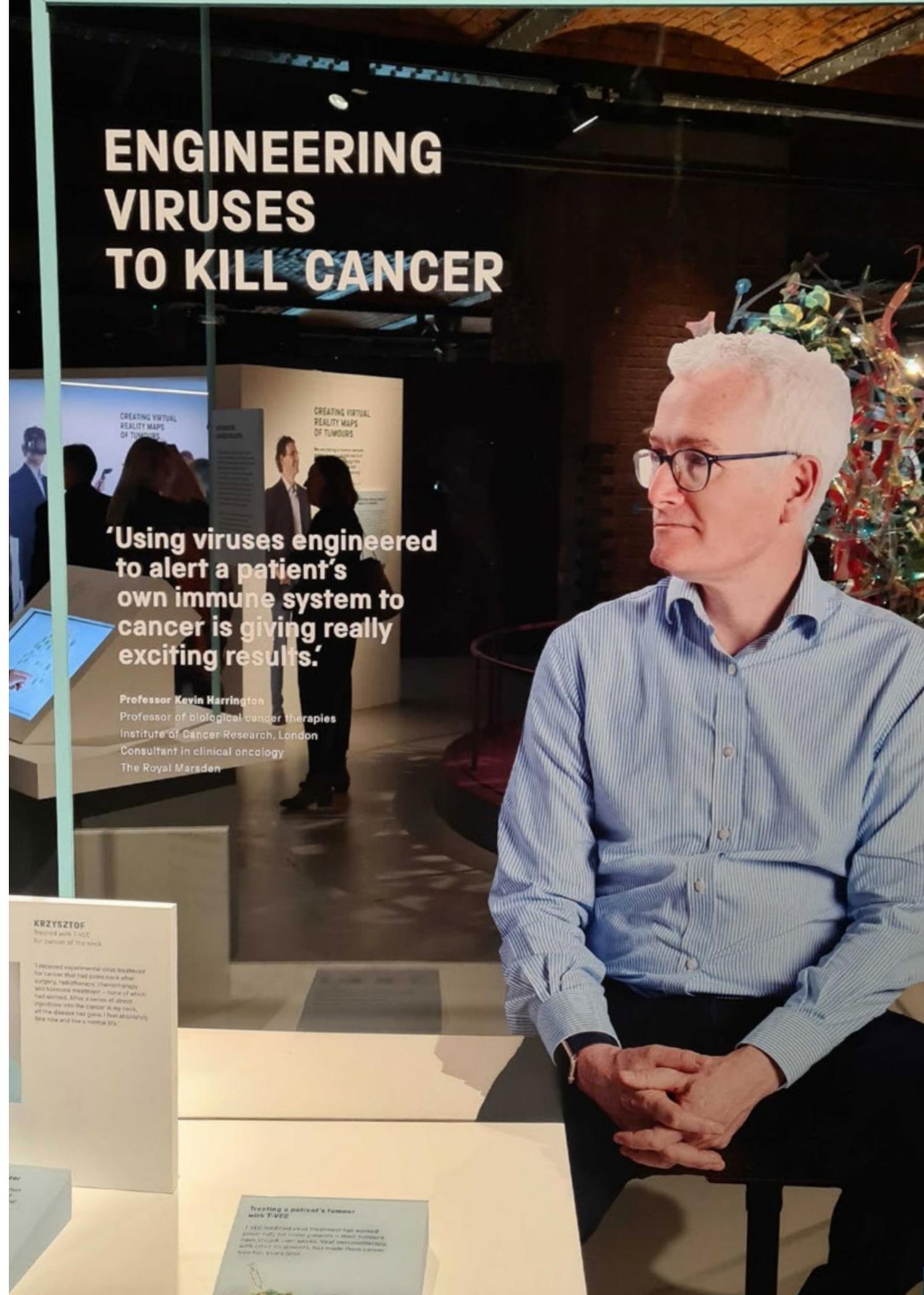
Cancer 'Lates' event at the Science Museum, reaching 150 people. The event gave us the opportunity to showcase three scientists' lab coats in public for the first time, which had been transformed into wearable works of art, embroidered with words and images from people with cancer.

One of our strategic priorities is to inspire the next generation of researchers, particularly in our local communities. A highlight of our work with schools was the Sutton Science Festival at the Sutton Grammar School, where we engaged more than

200 young people from the boroughs of Sutton, Croydon and beyond. Our researchers talked to students about the variety of career opportunities at the ICR, alongside demonstrating some of the science they do in the lab.

2,700

We reached more than 2,700 members of the public through events



Six values, one ICR

Our values make it clear how each and every one of us work to meet our mission – to make the discoveries that defeat cancer.

“Our values summarise our desired behaviours, attitudes and culture – how we value one another and how we take pride in the work we do, to deliver impact for people with cancer and their loved ones.”
Professor Kristian Helin



PURSUING EXCELLENCE

We aspire to excellence in everything we do, and aim to be leaders in our fields.



ACTING WITH INTEGRITY

We promote an open and honest environment that gives credit and acknowledges mistakes, so that our actions stand up to scrutiny.



VALUING ALL OUR PEOPLE

We value the contribution of all our people, help them reach their full potential, and treat everyone with kindness and respect.



WORKING TOGETHER

We collaborate with colleagues and partners to bring together different skills, resources and perspectives.



LEADING INNOVATION

We do things differently in ways that no one else has done before, and share the expertise and learning we gain.



MAKING A DIFFERENCE

We all play our part, doing a little bit more, a little bit better, to help improve the lives of people with cancer.

The new ICR strategy: Defeating Cancer



Making the discoveries that defeat cancer

Vision:

We will transform the lives of cancer patients through world-class research and education, and by growing our impact on society

This autumn, the ICR is launching our new 2022-2027 strategy – *Defeating Cancer*, building on the successes during the previous strategic period.

The new strategy aims to accelerate progress for cancer patients by harnessing the latest scientific knowledge and technology to drive innovation in diagnosis and treatment.

Over the last few years, advances in science have given us a new understanding of cancer, where we are increasingly seeing the disease as a complex ecosystem, in which cancer cells evolve amid a mesh of cells and signals from surrounding tissue and the immune system.

Our new strategy to defeat cancer rests on this understanding, and on the concept that cancer research is also an ecosystem. Together, our fantastic research and teaching and our knowledge exchange work to maximise our impact will form a vibrant, mutually supportive ecosystem.

In order to achieve this, our strategy has three pillars:

- ▶ **World-class cancer research**
- ▶ **Inspiring tomorrow's leaders**
- ▶ **Growing our impact for patients**

We will underpin these pillars by further developing:

- ▶ **Our excellent organisation**



We will unravel cancer's ecosystem, overcome drug resistance, and advance diagnosis and treatment for patients – through world-class fundamental, translational and clinical research.

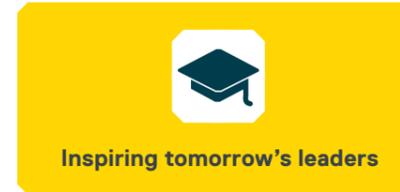
The ICR and The Royal Marsden have worked together on a joint strategy for world-class cancer research – motivated by the ambition of offering a long and healthy life for all people affected by cancer.

Our joint programme of research is aligned to the strategy for our National Institute for Health and Care Research Biomedical Research Centre, and with the NHS Long Term Plan's ambitions for cancer – to save even more lives and ensure people with cancer can live as well as possible.

We will learn from the latest scientific understanding of cancer, which sees cancer cells evolving within a complex interconnected ecosystem. Our scientists and clinicians will draw on fundamental discoveries about cancer right across the ICR and beyond, find ways to diagnose and target cancer more effectively, and advance cancer treatment through our innovative programme of clinical trials.

We will achieve our vision through four research themes:

1. Unravel the cancer ecosystem
2. Diagnose better and earlier
3. Target weaknesses in cancer
4. Treat more precisely



We will empower our students and early-career researchers to become tomorrow's leaders in cancer research and treatment by providing the best possible education, training and with career support.

Our education strategy sets out our future aspirations for education, training and support at the ICR – dovetailing with our goals for research, impact and organisational excellence as we work towards our mission of making the discoveries that defeat cancer. We aim to offer our students the highest possible standard of education, informed by the very latest scientific approaches and technological advances.

We are also committed to providing exceptional career support for postdoctoral scientists and clinicians to enable them to become leaders in cancer research, oncology and related professions all over the world.



We will maximise the impact of our research for patients by engaging with industry, funders, donors and the public, building partnerships in the UK and internationally, and influencing the uptake of our advances into routine healthcare.

It is our aim as an organisation to change the lives of people with cancer. We carry out extraordinary, world-leading research, but we know that alone is not enough to maximise our impact. We have ambitions to grow our impact even further over the period of this strategy to maximise the chances that our findings will change the lives of patients.

We will work to articulate the benefits of our research for society through an expanded programme of knowledge exchange, sector leadership and influencing.

We will continue to work with industry and other partners to enhance the ICR's global impact, and we will increase income for our future research by working with partners, donors and funders.



We will be an excellent organisation motivated by our mission and values – where brilliant and diverse people work together as One ICR, supporting our science and embracing a sustainable future.

We have made major strides as an organisation over the period of our last strategy – promoting our values and diversity, embracing multidisciplinary team science and collaboration, and offering excellent facilities and financial support for our research.

We want to continue to be a fantastic place to come and work – with an environment that attracts brilliant scientists, clinicians, professional staff and students from all over the world. The ICR aims to embrace a passionate, research-centred, 'can do' culture, delivering cutting-edge scientific facilities and services for our researchers that are simple, fast and reliable.

Inspired by our values, we will embed diversity and career support, work together as One ICR, and commit to environmental, social and financial responsibility.

The financial statements for the year ended 31 July 2022

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Financial review

The ICR has performed strongly throughout 2021/22, despite financial and operational challenges resulting from the continued impact of the pandemic and wider economic uncertainty. The ICR made considerable progress in diversifying our research funding portfolio and exceeded our targets for philanthropic income.

£+ **£161.2m**

of income in 2021/22

£- **£163.5m**

of expenditure in 2021/22

This financial resilience has allowed the ICR to sustain our research programmes despite some significant cuts to our core charity funding, along with year-on-year reductions to various research grants. We have worked to mitigate the financial and operational challenges arising from increasing inflation, energy pricing, the cost-of-living crisis, the war in Ukraine and the expected continuing reduction in royalty income.

Overall, the ICR's financial performance in 2021/22 has been strong, growing income while maintaining high levels of liquidity and consolidating our unrestricted reserves position. This will be key for the ICR as we face various financial challenges at a time when we need to invest in delivering our mission. The ICR will continue to employ agile planning and prudent financial management to address the financial risks and uncertainties ahead, so that we can sustain and build on our world-class research programmes in the years to come.

Overall results

The ICR's total income for 2021/22 was £161.2m, an increase of £19.2m (14%) compared with the previous year. The increase in income is attributable, in part, to a significant one-off receipt. On 15 December 2021, the ICR agreed to receive a gross settlement of USD\$85m in relation to rights to royalty income, of which USD\$61.1m is due to third parties. In addition, restricted donations (£9.1m – a 212% increase) were the main contributor in driving philanthropic income to £21.1m, £8.4m higher than in 2020/21.

These increases were offset by a decrease in research grants and contracts of £5.3m (8%), reflecting cuts to charity funder income and the ongoing challenges in diversifying our grant income portfolio and securing new grant awards in current market conditions.

Expenditure was £163.5m, an increase of £38.9m (31%) on last year's spend. The increase is primarily due to movements in the pension cost provision relating to the Universities Superannuation Scheme (USS), increasing costs by £31.5m. Excluding these exceptional charges, expenditure was £132m, which represents an increase of £5.7m (4%), reflecting the additional research activity that we were able to undertake during the year as we caught up on research that had been delayed through the pandemic.

£10.9m

The ICR reserves grew by £10.9m in 2021/22.

40%

40% of the ICR's income is research grants and industrial collaboration funding.

The income and expenditure position results in a deficit before gains and losses of £2.3m. After including gains and losses, our total increase in reserves for the year was £10.9m (7% of total income). This comprised:

- A restricted surplus of £8.2m; and
- An unrestricted surplus of £2.7m, including net valuation gains of £13.2m.

The restricted surplus reflects timing differences between the recognition of income and when we incur related costs on research grants.

The unrestricted surplus includes an unrealised loss on investments of £11.9m as the value of the portfolio was adversely affected by volatile economic conditions. The balance sheet value of the ICR's buildings rose by £9.5m following a formal revaluation. Excluding these changes in valuation, along with the USS pension movement described above, the ICR achieved an underlying unrestricted surplus of £8.2m

Income

The breakdown of our total income of £161.2m was as follows:

- 40% research grant and industrial collaboration income, with 40% of this income received from Cancer Research UK, 15% from Breast Cancer Now, 5% from Wellcome and 12% from industrial collaborations
- 24% royalty income (included in other income)
- 18% funding body income, received from the Office for Students (OfS) and UK Research and Innovation (UKRI). This included funding of £16.2m for research, £1.1m for teaching and £1.7m for capital expenditure
- 13% legacy income and donations raised through our Development Office
- 3% income from investments and other sources
- 2% tuition fees and education contracts.

An analysis of the 2021/22 income breakdown compared with historic levels is provided below:

Income history – £m



£30m

The ICR has continued to invest in new Faculty, team recruitments and research infrastructure in key strategic areas as part of the £30m five-year Research Investment Fund commitment.

94%

Some 94% of expenditure was on research and education activity – 75% direct research costs, 19% research support costs, 6% fundraising and governance.

Expenditure

Total expenditure in 2021/22 was £163.5m, an increase of £38.9m (31%) compared with 2020/21, primarily a result of exceptional movements in the USS pension scheme liability related to ICR staff. The majority of ICR staff, of whom 75% are researchers working purely on cancer research projects, are USS members.

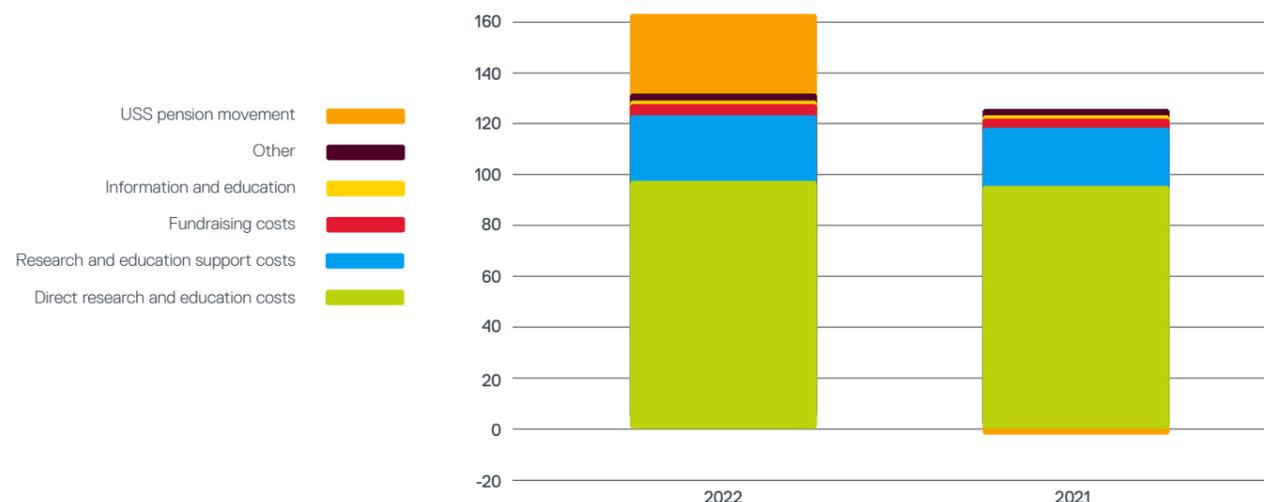
Excluding the pension provision movements, expenditure has increased by £5.7m (4%) compared with last year. Key changes in underlying expenditure relate to:

- expenditure on research grants and contracts, which has increased by £3.6m (6%), reflecting the additional research activity that the ICR was able to undertake over the past year as we caught up on research grant activity that had been delayed during the pandemic.
- investment in new Faculty recruitment and research infrastructure in key strategic areas as part of the £30m five-year Research Investment Fund commitment.

During 2021/22, we saw the first full year of activity for the eight new Faculty members who joined the ICR in 2021, along with the recruitment of our new Director of the Centre for Evolution and Cancer. In addition, £4.2m was invested in research equipment and extensive refurbishment work at our Chelsea site.

Some 94% of our expenditure was spent on research and education activity – 75% direct research costs and 19% research support costs (the other 6% related to fundraising and governance expenditure). Direct research expenditure comprises academic and related expenditure, research grants and contracts expenditure and those premises costs that relate directly to the construction and fit-out of research laboratories and some laboratory services. The expenditure chart, below, analyses the ICR’s expenditure in these areas.

Expenditure analysis – £m



£96.9m

In 2021/22 we spent £96.9m on the direct costs of research and education.

£100.6m

The Development Fund comprises £100.6m committed to scientific initiatives in the delivery of our research strategy.

In 2021/22, we spent £96.9m on the direct costs of research and education, an increase on the £95.6m spent in 2020/21, reflecting the scaling up of research activity in the year with the laboratory buildings now fully open, investment in our laboratories and the on-boarding of our new research teams. We also continued to invest heavily in our infrastructure and professional services. This included significant ongoing investment in Digital Services to realise the ICR’s digital vision and big data capability.

Net assets

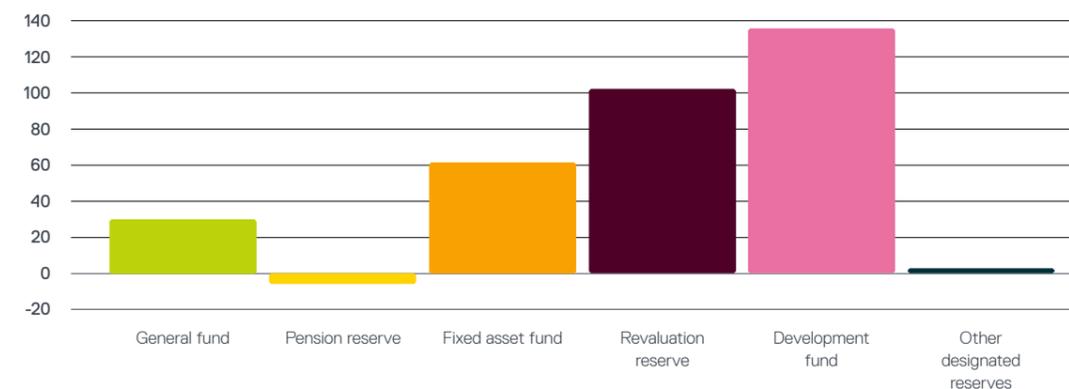
The ICR’s total net assets increased by £10.9m over the year, from £452.9m to £463.7m. This movement comprises the deficit in 2022 (£2.3m), loss on investments (£11.9m), the gain on revaluation of land and buildings (£9.5m), and the actuarial gain in respect of the ICR Pension Scheme (£15.6m).

Reserves policy and position

The ICR’s mission is a long-term undertaking, and while the Board of Trustees ensures all funds are expended towards it within a reasonable time after receipt, it also considers it prudent to maintain a reserve of free funds to protect our long-term financial viability. Free reserves are expendable at the Trustees’ discretion and not designated for a particular purpose.

The Board of Trustees has decided that the ICR should maintain free reserves in the range of £24.7m to £30.1m, which equates to 9-11 weeks of the ICR’s budgeted annual expenditure for the next year. In determining the level of free funds to be held in reserve, the Board of Trustees considers the ICR’s income and expenditure forecasts, and its future needs, opportunities, contingencies and possible risks. The Board reviews its Reserves Policy and the assessment and calculation of the level of free reserves at least every three years.

Unrestricted reserves at 31 July 2022 – £m



Total reserves at 31 July 2022 were £463.7m, of which £326.6m were unrestricted, including £30.1m free reserves (“General Fund”) and £101.3m revaluation reserves, which have limitations to their use. The General Fund balance is at the top end of the approved range in view of the challenging financial outlook.

Some £138.3m of unrestricted reserves are held within the Development Fund, which includes recent royalty income. This is being committed to make long-term investments in the priorities detailed in our research strategy, including key areas of Faculty recruitment and infrastructure. The Development Fund comprises £100.6m committed to scientific initiatives in the delivery of our research strategy, £5.8m to capital projects and £28.8m to other projects including the delivery of our operational strategy.

£463.7m

Total reserves grew to £463.7 million of which £30.1 million is free reserves

£16.7m

The ICRPS deficit reduced by £16.7m in the year

Financial outlook

The ICR continues to analyse and stress-test different financial scenarios that could arise over the medium term. Sustainability remains a core foundation of the ICR's planning arrangements. The ICR looks forward from a position of strength, both in terms of current resources and infrastructure, and regarding systems, governance and management processes, to navigate financial risks and sustain its mission.

The ICR continues to explore new ways to diversify its research funding and develop its strategic budgeting model to ensure that key areas of research can be safeguarded as much as possible in the event of financial challenges escalating. We are seeking to grow philanthropic, commercial and public funding, to further strengthen our financial performance. However, we operate within an extremely challenging financial environment and expect this to persist. Traditional areas of research funding remain at risk and the ICR's royalty income is forecast to continue to decline from the high levels of recent years as the key drugs come off patent. It is therefore crucial that the ICR builds on its successes in 2021/2 and continues to grow and diversify its income.

Investment policy and performance

Under the Articles of Association, the ICR can "invest and deal with any monies not immediately required for its purposes in such a manner as may be thought fit". The ICR does not invest directly in any company perceptibly involved in the sale of tobacco or tobacco products.

The aim of the Investment Policy is to maintain a balance between current income and capital growth commensurate with the ICR's liquidity requirements. The asset distribution is subject to review at regular meetings of the Investments and Building Development Committee and is dependent on the ICR's programme for future development.

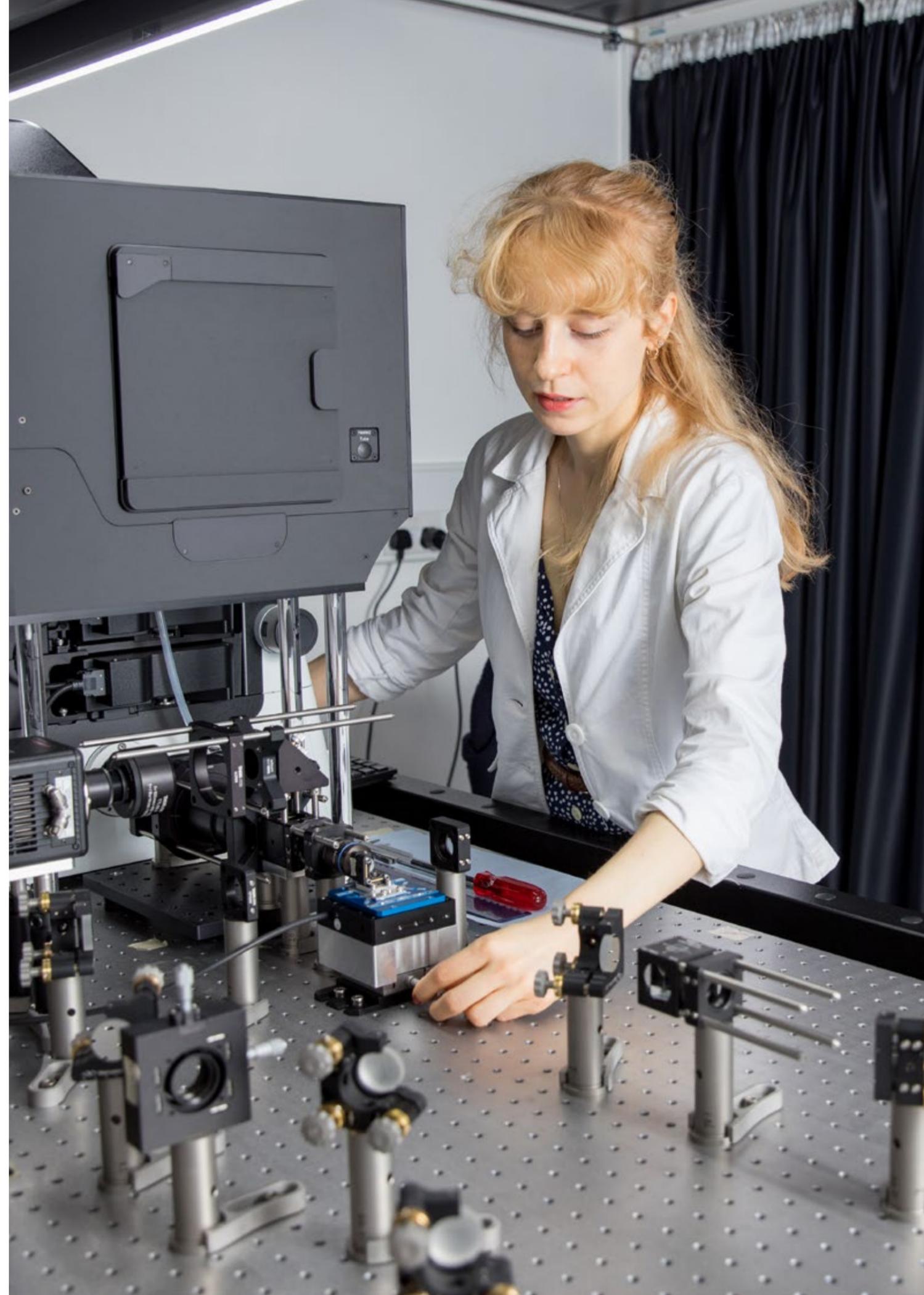
The ICR's investments decreased in value by £11.9m over the year and the total return on investments, including investment income, was a loss of £7.2m.

Pensions

The majority of ICR staff are members of the Universities Superannuation Scheme (USS). The ICR recognises a liability for the contributions that will arise from the current recovery plan agreement. During the year, USS completed its 2020 valuation, the scheme benefits were amended and a new recovery plan and schedule of contributions were put in place. As a result, the ICR's provision for its obligations to the USS recovery plan increased to £51.0m (2020/21: £19.5m). The next formal valuation of USS is due as at 31 March 2023 and, if current conditions persist, will lead to a significant reduction in the ICR's provision. However, the outcome of that valuation will not be known until 2024.

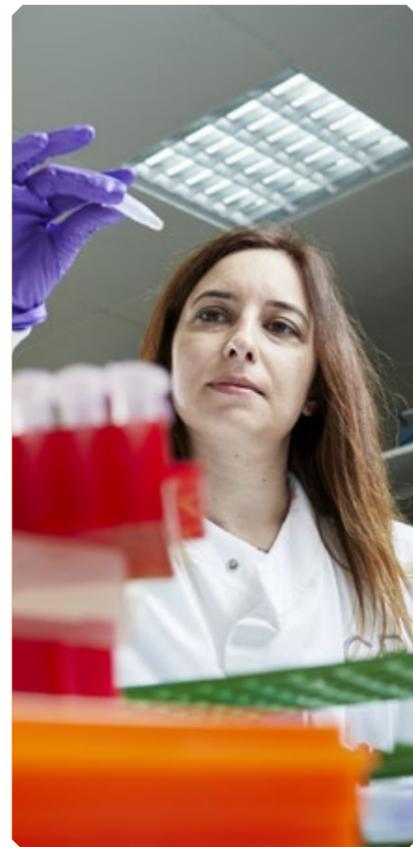
The ICR Pension Scheme (ICRPS) closed to future accrual on 31 July 2008 and active members were able to build future pension within USS after that date. The financial statements report that the ICRPS deficit, calculated under the FRS102 accounting standard, improved in the year to £5.3m (2020/21: £22.0m).

The ICRPS's and the ICR's Trustees continue to review the options with regard to the future of the closed scheme and how best to secure the funding position and build on the pension risk management framework and investment strategy adopted in 2016. The last triennial valuation, as at 31 March 2019, led to the current recovery plan which targets clearing the deficit by 2034. The triennial valuation of ICRPS as at 31 March 2022 is currently in progress and will be completed during 2022/23.



Risks

The period ahead continues to hold challenges for the ICR, as we face higher costs and an uncertain funding landscape for higher education, further complicated by the aftermath of the Covid-19 pandemic and Brexit.



We continue to monitor the challenges ahead, identifying risks and taking action to mitigate them to ensure we can continue to deliver world-leading research to improve the lives of people with cancer.

Inflation

Inflation has risen considerably over the last 12 months to levels exceeding most expectations.

Energy prices have seen the most dramatic increase, although many other parts of the supply chain have seen significant rises. The ICR's activities are particularly energy intensive but we have been able to mitigate the impact of recent cost increases through forward purchasing of energy contracts over the last two years. We are also working to reduce our energy requirements, refine our decarbonisation plans and explore opportunities for self-generation of some of our energy needs. However, if energy prices do not fall back over the next 12 to 24 months, our running costs will significantly increase the cost of our research.

Other inflationary pressures are also a concern. Increased operating costs, including higher staff costs, will continue to put pressure on our research activities. We are conducting a thorough strategic review of our cost base to maximise the efficiency of our operations.



Research funding

Most research funders do not pay the full economic cost of research activities and the ICR must find other sources of income to meet those shortfalls. The uncertainty of research funding continues to threaten the financial sustainability of our research. The resilience of our funding streams in the coming years will be key to the ICR's success.

The ICR continues to lobby for increased core funding for UK science, to ensure the research environment is sustainable, and that we can maintain infrastructure at the cutting edge and support staff and students appropriately.

As an English higher education provider, the ICR operates under the regulatory control of the Office for Students (OfS), with research activities overseen by Research England.

Despite being one of the very strongest performing institutions at REF 2021, the ICR's 'quality related' (QR) research grant from Research England for 2022/23 will decrease from previous levels. This is as a result of the substantial increase in fundable activity throughout the English higher education sector. However, several other funding allocations from Research England have increased, including Specialist Institution research funding, which will mitigate the immediate reduction in QR funding. Separately, the 2021/22 formula teaching grant from the OfS was consistent with previous years, and core elements have been maintained at the same levels for 2022/23.

Following the multi-year funding settlement from the Government, the ICR has greater assurance than previously on funding for the period to 2025.



Fundraising and philanthropy

While we surpassed our fundraising targets for 2021/22, the rising cost of living presents new challenges in attracting donations, just as organisations are beginning to recover from the effects of the pandemic.

Donors have welcomed the return of in-person fundraising and attendance has slowly returned to pre-pandemic levels both for philanthropic events and sporting events with rollover registrations.

But the rising cost of living is beginning to erode the levels of giving we are receiving from individual supporters and the amounts that are being raised in sporting events and challenges. We are seeing similar impacts on giving across the charity sector and it is leading to increased competition across all areas of fundraising from individual donations to grants from trusts and foundations.

Legacy income was £5 million in 2021/22 and will be an important area of growth in the long term. However, in the near term, bequests may be affected by volatility in the investment and housing markets.

We are conducting a review of income generation possibilities to ensure we protect and build on our existing capabilities. We will also identify and develop new opportunities to grow and diversify our income to maximise funding for our research.

Continuing impacts of Brexit

Nearly three years on from the UK's formal exit from the EU on 31 January 2020, the UK's science and technology landscape continues to change. The UK-EU Trade and Cooperation Agreement initially provided reassurance that the UK would become an associate partner of Horizon Europe, the EU's funding programme for research and innovation. However, the UK's association within Horizon Europe remains uncertain with the UK Government saying only that it would be its preferred option. The ICR continues to take actions to mitigate any potential negative effects by supporting our researchers in applying for Horizon Europe funding and monitoring developments and alternative measures that may be implemented.

The ICR has seen reductions to the UK-based talent pool which have affected staff and student recruitment and retention. The Covid-19 pandemic has exacerbated these issues and higher education sector vacancy rates are at an all-time high as the employment market has become increasingly competitive and candidate driven.

The Government has proposed legislative changes to existing regulations that may affect the ICR. It consulted on proposals to improve and strengthen the UK clinical trials legislation to help make the UK the best place to develop safe and innovative medicines. Proposed changes to the UK Data Protection Act 2018 focus on improving the clarity of the legal framework, particularly for research organisations. The ICR will monitor changes to legislation to ensure we can continue our research and to collaborate with colleagues in the EU.

Pensions

While economic changes over the last 12 months will have reduced the liabilities of the ICR's defined-benefit pension arrangements, these long-term liabilities continue to constitute a significant risk.

Most ICR staff are members of the Universities Superannuation Scheme (USS) and the high and volatile cost of that scheme presents financial risk to our ability to continue investing in research activities at current levels. Recent strikes across the sector, in response to reductions in the pension benefits provided by the scheme, demonstrated the employee relations risks that arise from this high-profile scheme and its funding requirements.

The changes to USS benefits during the year, following the completion of its 2020 valuation, defrayed significant increases in contributions for both members and employers. Notwithstanding this progress in addressing this financial risk to the sector, the liabilities which higher education providers are responsible for in respect of the USS will continue to be significant and ongoing risks to both employee relations and financial sustainability remain.

Governance and management

Everything we do is aimed at fulfilling our mission.



Everything we do is aimed at fulfilling our mission, which is to make the discoveries that defeat cancer

Public benefit

The charitable objects of the ICR are:

- the study of disease and particularly the disease of cancer and allied diseases
- to initiate, encourage, support and carry out research into the causes, prevention, diagnosis and methods of treatment of such diseases
- to assist in the prevention, diagnosis and treatment of such diseases; and
- to provide for education and practical training in subjects relevant to the study of cancer and allied diseases and the alleviation of suffering.

Everything we do is aimed at fulfilling our mission, which is to make the discoveries that defeat cancer. We are focused on undertaking research of the highest quality which will ultimately have the greatest impact on improving outcomes for cancer patients.

Our research students make a significant contribution to our scientific endeavour and we are committed to inspiring them to become the next generation of researchers. Our long-term achievements are set out on our website and highlight the ICR's contribution to many significant advances in reducing mortality for a wide range of cancers.

The Board of Trustees gives due consideration to the Charity Commission's guidance on public benefit.

Statement of Corporate Governance

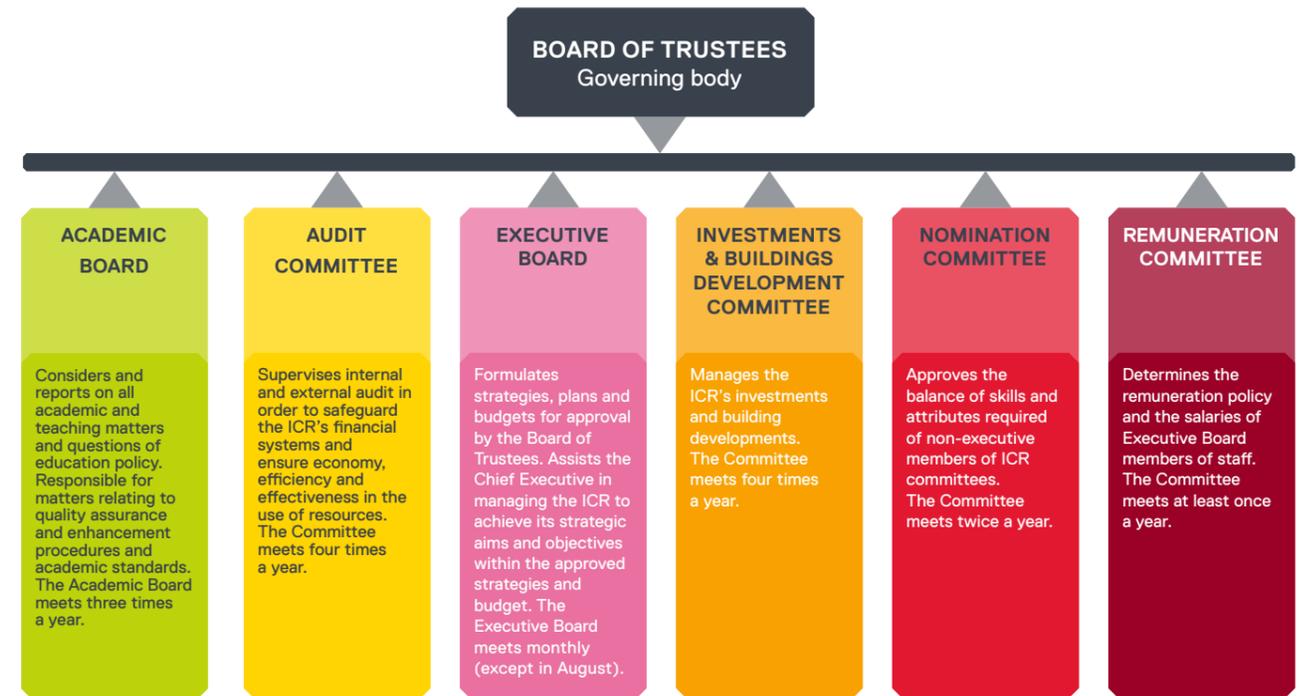
The ICR has continued to ensure effective corporate governance throughout the year ended 31 July 2022 and up to this report's approval on 29 November 2022. The ICR's governance arrangements ensure that the ICR conducts its affairs in a responsible and transparent way to support strategic leadership and accountability in the fulfilment of its mission. The ICR's governance arrangements reflect its multiple organisational roles.

The ICR is a company limited by guarantee, incorporated in 1954. We are also a member institution of the University of London and adhere to regulations as set by the Office for Students (OfS) and UK Research and Innovation (UKRI).

The ICR is an exempt charity under the Third Schedule of the Charities Act 2011. The ICR's objects, powers and framework of governance are set out in its Articles of Association, the current version of which was approved by the Members of the ICR in September 2011.

The overall governing body of the ICR is its Board of Trustees. Our Trustees are responsible for ensuring the ICR pursues its charitable objects, complies with its constitution and relevant legislation and regulations, applies its resources exclusively to its objects, and enacts cancer research of the highest international standard. Our Trustees carry the responsibility of company directors of the ICR.

The Board of Trustees has established various committees: the Executive Board, the Academic Board, the Audit Committee, the Investments and Building Development Committee, the Nomination Committee and the Remuneration Committee.



The Board of Trustees

The Board of Trustees determines the ICR's strategies, approves its scientific and financial plans, annual report and accounts, and governance structure, makes key appointments (Chief Executive, Dean of Academic and Research Affairs, Chief Operating Officer), and monitors the ICR's strategic performance. It also approves new initiatives and non-recurrent expenditure costing £1m or more.

As at 31 July 2022, the Board of Trustees comprised 14 members. The majority of Board members are co-opted by the Board, with one nominated by each of The Royal Marsden and Cancer Research UK, one member elected by the Academic Board, together with ex-officio members (the Chief Executive and Dean of Academic and Research Affairs) and a student nominee. Details of current membership of the Board of Trustees are given on page 100.

Members of the Board of Trustees and its committees conduct their business in accordance with the seven principles identified by the Committee on Standards in Public Life, namely selflessness, integrity, objectivity, accountability, openness, honesty and leadership. The ICR also complies with the primary elements of the Committee of University Chairs' Higher Education Code of Governance. The Board met formally six times in 2021/2022.

A copy of the Register of Interests of Board members is available upon application.

The Nomination Committee recommends to the Board of Trustees appointments to the Board and the admission of Members of the ICR. When considering new appointments the Nomination Committee seeks proposals for candidates from a range of sources. All new Trustees are offered a tailored induction programme and further training is available on request.

As at 31 July 2022 the Board of Trustees comprised 14 members



Carol Ford, Chief People Officer

During the year there were several of changes to the ICR Board:

- Professor Julia Buckingham CBE was appointed on 1 August 2021 as the Chair of the ICR Board. She succeeded Luke Johnson who stood down after a second full term on 31 July 2021.
- Professor Kristian Helin joined the Board in September 2021 in ex-officio capacity as the ICR's Chief Executive. He succeeded Professor Paul Workman who stood down at the end of August 2021.
- Rachel Evans was appointed to the Board by the ICR's student body until end February 2022 and Bastien Lecoer was then appointed from March 2022.

Executive Board

The Executive Board reports to the Board of Trustees. It is chaired by the ICR's Chief Executive, Professor Helin, and its membership during 2021/22 included the Chief Operating Officer, the Dean of Academic and Research Affairs, three Heads of Research Divisions and four Professional Services Directors. Professor Helin was appointed as Chief Executive, starting on 1 September 2021, and succeeded Professor Workman who stood down at end of August 2021. Carol Ford joined the ICR's Executive Board when she was appointed Chief People Officer in November 2021.

Audit Committee

Guidance in the Committee for University Chairs' Higher Education Audit Committees Code of Practice published in May 2020 states that 'The Audit Committee should consist of at least three independent members of the governing body and can co-opt non-members with relevant expertise or interests when necessary.' The Chair of the Audit Committee is a member of the ICR's Board of Trustees; the other three members are non-executives who are not members of the Board.

Advice on membership of the Audit Committee has been previously considered by the ICR's Nomination Committee and it was decided that having additional Board of Trustee members on the Committee was not in the ICR's best interest given the size of the Board and the nature of the ICR's business. This position is reviewed regularly to ensure that the current membership remains appropriate. To support this arrangement, the Committee receives minutes and key papers from Board of Trustee meetings to ensure that all Committee members obtain and maintain an appropriate understanding of the ICR. Other than the exception above on Trustee membership, the Audit Committee has adopted and complies with the CUC Audit Committees Code of Practice.

This governance structure ensures that the ICR continues to comply with terms and conditions of funding with both the OfS and UKRI. The arrangements enable the ICR to ensure regularity and propriety in the use of public funding, in particular through ensuring compliance with the ICR's Standing Financial Instructions, which ensure a proper and efficient use of resources and support the policies, aims and objectives of the ICR.

Auditors

BDO LLP was reappointed external auditor during the year.

No non-audit fees were paid to the external auditors in 2021/22 (2020/21: £nil)

Statement of internal control

The Board of Trustees is responsible for the ICR's system of internal control and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve policies, aims and objectives and can only provide reasonable not absolute assurance of effectiveness. Systems of internal control are constantly reviewed in order to mitigate against evolving risks.



The Audit Committee's opinion is that the ICR has adequate and effective arrangements for risk management, control and governance, data quality and economy, efficiency and effectiveness

The Executive Board is responsible for the identification, and with the risk owners, the management of all the major risks to the achievement of the ICR's strategic objectives – covering business, operational, compliance and financial risk. The Executive Board is supported and advised on risk matters by the Academic Board, Research Leadership Board and Corporate Leadership Board, with a member of the Executive Board designated Risk Management Leader.

The Risk Register is agreed with the Executive Board and approved annually by the Board of Trustees. Each risk identified is assessed and prioritised with reference to the potential impact if the risk occurred and likelihood of occurrence. The responsibility for specific risks is assigned to the relevant academic, scientific and support staff who provide assurance on the action taken. There is a continuous process of review throughout the year; significant risks may be added, revised or removed from the Risk Register after evaluation by the Executive Board. A Significant Risk report is appraised quarterly by the Executive Board and the Board of Trustees.

PwC is the ICR's internal auditor. Internal audit adopts a risk-based approach undertaking a programme of examinations covering all aspects of the ICR's activities and provides to the Board of Trustees and the Chief Executive an independent annual statement on the adequacy and effectiveness of risk management, control and governance and arrangements for the economy, efficiency and effectiveness and the extent to which the Board of Trustees can rely on those arrangements.

The external auditor provides feedback to the Audit Committee on the operation of internal financial controls reviewed as part of the external audit.

The Audit Committee assures the governing body about the adequacy and effectiveness of the ICR arrangements for risk management, control and governance, economy, efficiency and effectiveness, and the management and quality assurance of data submitted to the Higher Education Statistics Agency, the Student Loans Company, Office for Students, Research England and other bodies.

The Audit Committee's opinion is that the ICR has adequate and effective arrangements for risk management, control and governance, data quality and economy, efficiency and effectiveness, and that the Board of Trustees can place reliance on those arrangements. The Audit Committee has identified no significant control weaknesses that should be disclosed.

The Audit Committee has identified no significant control weaknesses that should be disclosed

Conclusion

The Board of Trustees is of the view that there is an ongoing process for identifying, evaluating and managing the ICR's key risks, and that it has been in place for the year ended 31 July 2022 and up to the date of the approval of the annual report and accounts.

Going concern

The Board of Trustees has considered the ICR's financial planning for the medium term, and the level of reserves and the financial resources available to the ICR. At 31 July 2022, the ICR's free reserves were £30.1 million which is within the target range set through the Reserves Policy. In addition, the ICR is reporting a further £130.8m in unrestricted reserves (excluding the revaluation and fixed-asset reserves). The ICR has substantial liquid investments and cash balances, which are sufficient to meet its forecast cash requirements, and has no borrowing.

Detailed analysis and stress testing have been undertaken and reported to the Board of Trustees to support longer-term decision making on financial planning and strategy, and provide in-depth understanding and assurance about the ICR's financial risks. The ICR has for example considered a range of potential scenarios around its core income streams, future estates strategy, and the impact of any research grant cuts. The impacts of the recent unforeseen inflationary pressures on going concern have also been considered. Following this stress testing the Board of Trustees considers the level of financial resources available to the ICR is adequate to meet the ICR's operational needs for the foreseeable future. Consequently, the going concern basis has been adopted in preparing the financial statements.

Planning for the future with our stakeholders (Section 172, Companies Act 2006)

The ICR aims to engage with many different stakeholders, both within and outside our organisation, in taking decisions for the future. Our mission is to make the discoveries that defeat cancer, and we work with patients, supporters, stakeholders and our own staff and students to ensure our research achieves its aims by successfully improving the lives of people with cancer.

We also know that to maximise the impact we have for patients and wider society, we need to work closely with many different organisations, including academic and commercial partners, funders and suppliers. In engaging with these different people and organisations, we give particular consideration to the following issues:

Securing our future

We are careful to take decisions which ensure the long-term financial stability of our organisation and future for our research, so we can keep on making discoveries that help to defeat cancer. We frame decisions around a five-year strategic planning cycle, with key investments and priorities set accordingly.

Our Chief Executive, Professor Kristian Helin, started in September 2021 following an extensive global search and Professor Julia Buckingham joined us as Chair of the Board of Trustees in August 2021. Key scientific leadership roles appointed in the year include the Head of the Division of Cancer Therapeutics and the Head of the Centre for Evolution and Cancer. Embedding these strategic appointments has been an important focus for the year.

With new leadership in place, we have developed and consulted on a new five-year organisational strategy *Defeating Cancer*. The new strategy builds on the success of our 2016-2022 strategies and has been shaped by staff across the ICR, our partner The Royal Marsden, external scientific advice, Trustees, students and patients. *Defeating Cancer* will be launched in the autumn and aims to accelerate progress for cancer patients by harnessing the latest scientific knowledge and technology to drive innovation in diagnosis and treatment.

In June 2022 the Board of Trustees approved research investment to deliver the new strategy, and this includes further investment in recruitment of research talent and in our research infrastructure. The Board has also continued to oversee the ICR's existing programmes to maintain a world-class environment to support our research.

Engaging with ICR staff and students

Engagement with our staff and students is core to the ICR's values, and particularly our commitment to valuing all our people. Formal staff and student networks are supported and represented on all key ICR committees.

The ICR holds at least two Chief Executive briefings for all staff and students each year, as well as two Chief Executive meetings with representatives of staff and student networks. The Board of Trustees has student and Faculty representation, and the ICR further promotes and supports student engagement via its Academic Board, and through interactions with the Student Association. Staff and student consultation forms a key pillar of all decision making.

The ICR developed its five-year strategy in close collaboration with staff and student groups. Over the last year we have also engaged closely internally to establish new

working patterns among some groups of staff, including through surveys and focus groups.

Our culture and engagement strategy puts staff and students at the heart of all our activities and was developed in partnership with them. We also consulted closely with staff and students from across the ICR in developing our public engagement strategy.

Working with partners and funders

Partnership is integral to the way we work. We work closely with partners, funders and donors to ensure strategic alignment in our shared mission to defeat cancer. Our research strategy is a joint framework, developed and owned with our partner hospital The Royal Marsden. The Royal Marsden is also represented in the membership of the ICR's Board of Trustees, as is the ICR's largest funder, Cancer Research UK. We have a strategic partnership with Imperial College London, through which we developed the Cancer Research UK Convergence Science Centre. We also have important strategic relationships with various pharmaceutical and biotech companies, including AstraZeneca and Merck KGaA.

Relationships with suppliers

We nurture strong, productive relationships with our suppliers to ensure robust supply chains for the provision of the goods and services that are essential to our research. The ICR has also worked with suppliers to put in place measures to prevent modern slavery and human trafficking in its business and supply chains.

Impact on community and environment

We engage actively with local people in Sutton and Chelsea. We work with schools and community groups to reach local audiences, and partner with the London Borough of Sutton to deliver meaningful community projects. We play an active role in community events and festivals to share with local people the science taking place on their doorsteps, and work closely with our local communities to ensure we mutually support each other. Read more on page 43.

The ICR is also committed to minimising the adverse impact of our activities on the environment, through the delivery of our health, safety, environment and quality strategy for 2020-2025. We have set an objective to incorporate best sustainable practice into our laboratory operations to reduce our impact on the environment, and we are working with research staff to understand barriers to sustainable behaviour, and where support is most valuable. Read more on page 40.

High standards of ethics conduct

The ICR is committed to integrity, honesty and high ethical standards in everything we do. This is set out through our values, and delivered via our effective policy and governance framework, set out in more detail on pages 58. We promote honest, transparent working practises and are committed to responsible stewardship of public and charitable funds.

Acting fairly

The ICR maintains an open dialogue with our stakeholders to take into account their priorities and requirements, and ensure we are inclusive and collaborative. We know there are areas where we must continue to progress, and will do so by proactively seeking out and learning from examples of best practice. We are committed to investing skills and resources to build our research culture, and drive equality and diversity across all parts of our workplace.

We aim to lead through our actions and provide a model for others in our sectors to follow. This approach was directed by the Board's scrutiny and approval of a number of key statements in this area, including on ICR's Annual Equality Statement, gender pay gap reporting and ethnicity pay gap reporting. Our strategic ambitions, systems and culture come together in our core focus on making the discoveries that defeat cancer, working in a way that acknowledges and benefits everyone.

Fundraising statement

The ICR works to ensure all elements of its fundraising and marketing programme (including activities performed on its behalf by third parties) fully comply with all statutory regulations. We aim to build transparent and respectful relationships with all of our supporters, and remain incredibly grateful for their involvement in helping us to make the discoveries that defeat cancer.

We are registered with the Fundraising Regulator and fully committed to the Code of Fundraising Practice and the Fundraising Promise. As part of our GDPR-compliant data protection policy, we ensure all fundraising and marketing materials have a clear opt-out process, allowing supporters to choose not to receive further communication from the charity or update their preferences on how they would like to hear from us. Any concerns relating to members of the public are recorded appropriately by our Supporter Engagement team. The ICR is unaware of any failure, either by the organisation or any third parties operating on its behalf, to comply with any fundraising or marketing regulations or standards during 2021/22.

In addition to meeting all legal requirements, our fundraising, marketing and communications programme is enhanced by our commitment to ICR values, particularly our focus on acting with integrity and delivering the best possible supporter experience. Our fundraising staff also fully adhere to the Code of Fundraising Practice regarding vulnerable supporters, and we will not accept or seek donations from individuals identified to be vulnerable. We do not participate in door-to-door or other types of face-to-face fundraising.

In the year from 1 August 2021 to 31 July 2022, we received one complaint. This complaint related to a direct mail appeal. We take any complaint seriously, and genuinely appreciate the opportunity to receive feedback from our supporters. Any complaints are swiftly resolved and help us to improve our processes. While we have not used any third-party or commercial participators in this period, all third-party contractors working on our behalf are asked to adhere to all statutory regulations, as well as the ICR's own best practice guidelines. Training is given to third-parties on how to deal with queries and any more complex questions are passed back to the Supporter Engagement Team for a response. We also monitor fundraising activities conducted on our behalf through various means. For example, our Direct Mail programme is monitored by Supporter Engagement team members who are included in our mailing lists and receive the same appeals as our supporters. These team members also monitor and support the activity of our volunteer fundraisers, who have received appropriate training and have knowledge of fundraising standards.

We thank all our donors and supporters for investing in our work to create more and better treatments for cancer patients.



Statement of the responsibilities of members of the Board of Trustees

In accordance with the ICR's Memorandum and Articles of Association, the Board of Trustees is responsible for the administration and management of the affairs of the Institution and is required to present audited financial statements for each financial year.

The Board of Trustees (the Trustees of which are also the directors of the ICR for the purposes of company law) is responsible for preparing the Strategic Report and Trustees' Report and the financial statements in accordance with applicable law and regulations. Company law requires the Board of Trustees to prepare financial statements for each financial year.

Under that law, the Board of Trustees is required to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law) including FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'. In addition, the Board of Trustees is required to prepare the financial statements in accordance with the Office for Student's (OfS) Terms and Conditions of funding for higher education institutions for 2021/22 through its accountable officer.

Under company law, the Board of Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the ICR and the Group and of the surplus or deficit, gains and losses, changes in reserves and cash flows of the ICR and the Group for that year.

In preparing the financial statements, the Board of Trustees is required to:

- select suitable accounting policies and then apply them consistently
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Group will continue in business.

The Board of Trustees is responsible for keeping adequate accounting records that are sufficient to show and explain the ICR's transactions and disclose with reasonable accuracy at any time the financial position of the ICR and enable it to ensure that the financial statements comply with the OfS terms and conditions of funding for higher education institutions

(issued July 2021), the Statement of Recommended Practice – Accounting for Further and Higher Education as issued in October 2018, and any subsequent amendments, the Office for Students Accounts Direction (issued October 2019) and the Companies Act 2006. They are also responsible for safeguarding the assets of the ICR and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The members of Board of Trustees have taken reasonable steps to:

- ensure that funds from the OfS and other funding bodies are used only for the proper purposes for which they have been given and seek to achieve value for money in accordance with the OfS Terms and Conditions of funding for higher education institutions (issued March 2019) and any other conditions which the funding body may from time to time prescribe
- ensure that the ICR has a robust and comprehensive system of risk management, control and corporate governance, which includes the prevention and detection of corruption, fraud, bribery and irregularities
- ensure that there is regular, reliable, timely and adequate information to monitor performance and track the use of public funds
- plan and manage the ICR's activities to remain sustainable and financially viable
- ensure that it informs the OfS of any material change in its circumstances, including any significant developments that could impact on the mutual interests of the ICR and the OfS
- ensure that there are adequate and effective arrangements for the management and quality assurance of data submitted to HESA, the Student Loans Company, the OfS, Research England and other funding or regulatory bodies
- ensure an effective framework – overseen by the ICR's senate, academic board or equivalent – to manage the quality of learning and teaching and to maintain academic standards
- consider and act on the OfS' assessment of the ICR's risks specifically in relation to these funding purposes.

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

The Board of Trustees confirms that:

- so far as each Trustee is aware, there is no relevant audit information of which the ICR's auditor is unaware
- the Trustees have taken all the steps that they ought to have taken as Trustees in order to make themselves aware of any relevant audit information and to establish that the ICR's auditor is aware of that information.

Approved on behalf of the Board of Trustees by:



Professor Julia Buckingham
Chair of The Institute of Cancer Research, London
Date of approval: 29 November 2022

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

OPINION ON THE FINANCIAL STATEMENTS

In our opinion, the financial statements:

- give a true and fair view of the state of the Group's and of the ICR's affairs as at 31 July 2022 and of the Group's and the ICR's income and expenditure, gains and losses, changes in reserves and of the Group's and ICR's cash flows for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements of The Institute of Cancer Research ("the ICR") and its subsidiaries (the 'Group') for the year ended 31 July 2022 which comprise The Statement of Comprehensive Income and Expenditure, The Statements of Changes in Reserves, The Balance Sheet and the 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).

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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of the Group and ICR 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.

CONCLUSIONS RELATING TO GOING CONCERN

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group and ICR's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Board of Trustees with respect to going concern are described in the relevant sections of this report.

OTHER INFORMATION

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Board of Trustees is 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 including the Report of the Board of Trustees 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.

OTHER COMPANIES ACT 2006 REPORTING

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

- the information given in the Report of the Board of Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Report of the Board of Trustees has been prepared in accordance with applicable legal requirements.

In the light of the knowledge and understanding of the Group and the ICR and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Board of Trustees.

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

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of the Board of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Board of Trustees was not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the report of the Board of Trustees and from the requirement to prepare a strategic report.

OPINION ON OTHER MATTERS REQUIRED BY THE OFFICE FOR STUDENTS ("OFS") AND RESEARCH ENGLAND

In our opinion, in all material respects:

- Funds from whatever source administered by the ICR for specific purposes have been properly applied to those purposes and managed in accordance with relevant legislation
- Funds provided by the OfS, UK Research and Innovation (including Research England) have been applied in accordance with the relevant terms and conditions
- The requirements of the OfS's Accounts Direction (OfS 2019.41) have been met.

We have nothing to report in respect of the following matters in relation to which the OfS requires us to report to you if, in our opinion:

- The ICR's grant and fee income, as disclosed in the note to the accounts, has been materially misstated.

RESPONSIBILITIES OF THE BOARD OF TRUSTEES

AAs explained more fully in the Statement of the responsibilities of members of the Board of Trustees, the Board of 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 Board of 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 Board of Trustees is responsible for assessing the Group and the ICR'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 Board of Trustees either intend to liquidate the Group or the ICR or to cease operations, or have no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

Based on our understanding of the Group and the sector in which it operates, we identified that the principal risks of non-compliance with laws and regulations are related to their registration with the Office for Students ("OfS) and their ongoing conditions of registration, and we considered the extent to which non-compliance might have a material effect on the Group financial statements or their continued operation. We also considered those laws and regulations that have a direct impact on the financial statements such as compliance with the OfS Accounts Direction and tax legislation. In order to help identify instances of non-compliance with other laws and regulations that may have a material effect on the financial statements, we made enquiries of management and Those Charged With Governance about whether the entity is in compliance with such laws and regulations and we inspected any relevant regulatory and legal correspondence.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting inappropriate journal entries to manipulate financial results and management bias in accounting estimates.

- Discussions with management, including consideration of known or suspected instances of non-compliance with laws and regulations and fraud, including direct representation from the Accountable Officer
- Reviewing minutes of meetings of those charged with governance, reviewing internal audit reports and reviewing correspondence with HMRC, OfS and Research England to identify any actual or potential frauds or any potential weaknesses in internal control which could result in fraud susceptibility
- Reviewing items included in the fraud register as well as the results of internal audit's investigation into these matters
- Challenging assumptions made by management in their significant accounting estimates, including accruals of Royalty Income
- In addressing the risk of fraud, including the management override of controls and improper income recognition, we tested the appropriateness of certain manual journals, reviewed the application of judgements associated with accounting estimates for the indication of potential bias and tested the application of cut-off and revenue recognition.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

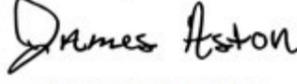
A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

In addition, we also report to you whether income from funding bodies, grants and income for specific purposes and from other restricted funds administered by the ICR have been properly applied only for the purposes for which they were received and whether income has been applied in accordance with the Statutes and, where appropriate, with the Terms and Conditions of Funding with the OfS and UK Research and Innovation (including Research England).

USE OF OUR REPORT

This report is made solely to the members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the ICR's Board of 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 ICR and the Board of Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

DocuSigned by:



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James Aston (Senior Statutory Auditor)
For and on behalf of
BDO LLP, Statutory Auditor
2 City Place
Beehive Ring Road
Gatwick
RH6 0PA

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

The Institute of Cancer Research
Consolidated and ICR statement of comprehensive income and expenditure
Year ended 31 July 2022

	Notes	Year ended 31 July 2022		Year ended 31 July 2021	
		Consolidated £000	ICR £000	Consolidated £000	ICR £000
Income					
Tuition fees and education contracts	1	2,891	2,891	3,064	3,064
Funding body grants	2	28,742	28,742	28,313	28,313
Research grants and contracts	3	64,086	64,086	69,398	69,398
Donations and endowments	4	21,120	21,120	12,720	12,720
Investment income	5	4,703	4,703	2,192	2,192
Other income	6	39,611	39,625	26,287	26,310
Total income		161,153	161,167	141,974	141,997
Expenditure					
Staff costs	8	106,276	106,276	71,207	71,207
Other operating expenses		49,524	49,524	46,366	46,376
Depreciation	12	7,163	7,163	6,415	6,415
Interest and other finance costs	11	514	514	596	596
Total expenditure	9	163,477	163,477	124,584	124,594
(Deficit)/surplus before other gains and losses		(2,324)	(2,310)	17,390	17,403
(Loss)/gain on investments	13	(11,912)	(11,912)	27,231	27,231
(Deficit)/surplus for the year		(14,236)	(14,222)	44,621	44,634
Unrealised surplus on revaluation of land and buildings	12	9,470	9,470	788	788
Actuarial gain in respect of pension schemes	21	15,637	15,637	8,904	8,904
Total comprehensive income for the year		10,871	10,885	54,313	54,326
Represented by:					
Endowment comprehensive income (loss)/gain for the year		(174)	(174)	304	304
Restricted comprehensive income for the year		8,371	8,371	6,719	6,719
Unrestricted comprehensive income for the year		2,674	2,688	47,290	47,303
		10,871	10,885	54,313	54,326

All items of income and expenditure relate to continuing activities.

The Institute of Cancer Research
Consolidated and ICR statement of changes in reserves
Year ended 31 July 2022

Consolidated	Income and expenditure account			Revaluation	
	Endowment £000	Restricted £000	Unrestricted £000	Reserve £000	Total £000
Balance at 1 August 2020	1,432	120,797	181,836	94,471	398,536
Surplus from the income and expenditure statement	304	6,719	37,598	-	44,621
Other comprehensive income	-	-	9,692	-	9,692
Transfers between revaluation and income and expenditure reserve	-	-	946	(946)	-
Other transfers between reserves	-	(374)	374	-	-
	304	6,345	48,610	(946)	54,313
Balance at 1 August 2021	1,736	127,142	230,446	93,525	452,849
(Deficit)/surplus from the income and expenditure statement	(174)	8,371	(22,433)	-	(14,236)
Other comprehensive income	-	-	25,107	-	25,107
Transfers between revaluation and income and expenditure reserve	-	-	(7,750)	7,750	-
Total comprehensive income/(loss) for the year	(174)	8,371	(5,076)	7,750	10,871
Balance at 31 July 2022	1,562	135,513	225,370	101,275	463,720
ICR	Income and expenditure account			Revaluation	
	Endowment £000	Restricted £000	Unrestricted £000	Reserve £000	Total £000
Balance at 1 August 2020	1,432	120,797	181,636	94,471	398,336
Surplus from the income and expenditure statement	304	6,719	37,611	-	44,634
Other comprehensive income	-	-	9,692	-	9,692
Transfers between revaluation and income and expenditure reserve	-	-	946	(946)	-
Release of restricted capital funds spent in year	-	(374)	374	-	-
Total comprehensive (loss)/income for the year	304	6,345	48,623	(946)	54,326
Balance at 1 August 2021	1,736	127,142	230,259	93,525	452,662
(Deficit)/surplus from the income and expenditure statement	(174)	8,371	(22,419)	-	(14,222)
Other comprehensive income	-	-	25,107	-	25,107
Transfers between revaluation and income and expenditure reserve	-	-	(7,750)	7,750	-
Total comprehensive income/(loss) for the year	(174)	8,371	(5,062)	7,750	10,885
Balance at 31 July 2022	1,562	135,513	225,197	101,275	463,547

The Institute of Cancer Research
Consolidated and ICR balance sheets
Year ended 31 July 2022

	Notes	As at 31 July 2022		As at 31 July 2021	
		Consolidated £000	ICR £000	Consolidated £000	ICR £000
Non-current assets					
Fixed assets	12	232,764	232,764	223,341	223,341
Investments	13a	198,023	198,028	176,027	176,032
		430,787	430,792	399,368	399,373
Current assets					
Stock		215	215	189	189
Trade and other receivables	14	42,159	42,094	25,521	25,663
Investments	13b	65,908	65,908	64,130	64,130
Cash and cash equivalents		11,327	10,780	30,003	28,571
		119,609	118,997	119,843	118,553
Less: Creditors: amounts falling due within one year	15	(29,901)	(29,467)	(24,461)	(23,364)
Net current assets		89,708	89,530	95,382	95,189
Total assets less current liabilities		520,495	520,322	494,750	494,562
Provisions					
Pension provisions	16	(56,351)	(56,351)	(41,517)	(41,517)
Other provisions	16	(424)	(424)	(383)	(383)
Total net assets		463,720	463,547	452,850	452,662
Restricted Reserves					
Income and expenditure reserve - endowment reserve	18b	1,562	1,562	1,736	1,736
Income and expenditure reserve - restricted reserve	18a	135,513	135,513	127,142	127,142
Unrestricted Reserves					
Income and expenditure reserve - unrestricted	17a	225,370	225,197	230,447	230,259
Revaluation reserve	17b	101,275	101,275	93,525	93,525
Total Reserves		463,720	463,547	452,850	452,662

The financial statements were approved and authorised for issue by the Board of Trustees on 29 November 2022 and were signed on its behalf on that date by:



Professor Julia Buckingham
Chair of the Board of Trustees



Professor Kristian Helin
Chief Executive

The Institute of Cancer Research
Consolidated statement of cashflows
Year ended 31 July 2022

	Notes	31 July 2022 £000	31 July 2021 £000
Cash flow from operating activities			
(Deficit)/surplus for the year		(14,236)	44,621
Adjustment for non-cash, working capital and other items			
Depreciation	12	7,163	6,415
Investment income	5	(4,703)	(2,192)
(Loss)/gain on endowments, donations and investment property		11,912	(27,231)
(Increase) in stock		(26)	(79)
(Increase)/decrease in debtors	14	(16,638)	551
Increase in creditors	15	5,252	2,241
Increase in provisions	16	41	7
Pension costs less contributions payable	21	(1,054)	(1,287)
Increase/(decrease) in USS pension provision	16	31,523	(1,691)
Impairment of fixed assets	12	-	(588)
Net cash inflow from operating activities		19,234	20,767
Cash flows from investing activities			
Non-current investment disposal	13	62,228	37,767
New non-current asset investments	13	(96,136)	(41,512)
Investment income	5	4,703	2,192
(Decrease)/increase in current investments	13	(1,778)	806
Payments made to acquire fixed assets	12	(6,928)	(6,702)
Net cash outflow from investing activities		(37,911)	(7,449)
(Decrease)/increase in cash and cash equivalents in the year		(18,677)	13,318
Cash and cash equivalents at beginning of the year		30,003	16,685
Cash and cash equivalents at end of the year		11,326	30,003

1. Basis of preparation

These financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP): Accounting for Further and Higher Education (2019) and in accordance with applicable accounting standards. The ICR is a public benefit entity and therefore has applied the relevant public benefit requirement of the applicable accounting standards. The financial statements are prepared in accordance with the historical cost convention (modified by the revaluation of fixed assets).

The Trustees consider that the ICR and its active subsidiary companies have adequate resources to continue activities for the foreseeable future and that, for this reason, it should continue to adopt the going concern basis in preparing the accounts.

2. Basis of consolidation

The ICR owns 100% of the share capital of seven companies – ICR Enterprises Ltd (ICRE), ICR Chelsea Development Ltd (ICRCD), ICR Sutton Developments Ltd (ICRSD), ICR Equipment Leasing No.8 Limited (ICRENo8), Everyman Action Against Male Cancer, ICR London Cancer Hub Company Limited (ICRLCH) and ICR Chemical Probes Portal Limited (ICRCPP). ICRE undertakes trading activities. ICRCD and ICRSD have been set up to act as developers for the construction of laboratories. ICRENo8 owns a long leasehold interest in the Chester Beatty Laboratory which is occupied by the ICR. Everyman Action Against Male Cancer has not traded since incorporation. ICRLCH has been set up in 2016/17 to undertake activities in respect of the London Cancer Hub project, and has not traded since incorporation. ICRCPP owns the intellectual property in an online biomedical research portal. The consolidated statements include the financial statements of these companies.

The ICR makes a small contribution each year towards the costs of the Student Association. The ICR has no management responsibility for the Association and therefore does not consolidate their accounts into the ICR's accounts.

Associated companies and joint ventures are accounted for using the equity method.

3. Income recognition

Income is credited to the Consolidated Statement of Comprehensive Income and Expenditure (CSOCIE) in the year in which it is receivable.

3.i) Grant accounting

Government grants including funding council block grant; research grants from government sources; other grants and donations from non government sources (including research grants from non government sources) are recognised within the CSOCIE when the ICR is entitled to the income and performance related conditions have been met.

Where a grant funder has confirmed a set payment schedule that is in line with the planned undertaking of the funded research, the income is recognised when it is receivable as per the schedule. This will either be fixed stage payments or based on expenditure incurred on the grant, dependent on the funder's terms for remitting funds.

Where a grant funder has specified requirements related to performance and deliverables, income is recognised when ICR earns the right to consideration by its delivery of agreed milestones.

Where funds for multi-year grants are received in full in year one but linked to a multi-year programme of research, then this is treated as funds received in advance of performance related conditions being met, and the element relating to future years is deferred and included in creditors.

Where entitlement occurs before the income is received the income is accrued and included in debtors.

Capital grants are recorded in income when the ICR is entitled to the income subject to any performance related conditions being met. The depreciation of the asset is charged to the CSOCIE over the life of the asset.

3.ii) Royalty income

Royalty income is included in the CSOCIE in the year in which ICR is entitled to claim it, where there is certainty of receipt and the amount due can be identified.

Income from the sale of rights to future royalties is included in the CSOCIE in the year in which ICR is entitled to claim it, where there is certainty of receipt and the amount due can be identified.

3. Income recognition (continued)

3.iii) Legacies and donations

Non exchange transactions without performance related conditions are donations and endowments. Donations and endowments with donor imposed restrictions are recognised within the CSOCIE when the ICR is entitled to the Income. Income is retained within the restricted reserve until such time that it is utilised in line with such restrictions.

Legacies are included in the year that entitlement and probability of receipt is established. Receipt is normally probable when there has been grant of probate, the executors have established that there are sufficient assets in the estate, and any conditions attached to the legacy are either within the control of the Institute or have been met.

There are four main types of donations and endowments with restrictions:

1. Restricted donations - the donor has specified that the donation must be used for a particular objective.
2. Unrestricted permanent endowments - the donor has specified that the fund is to be permanently invested to generate an income stream for the general benefit of the Institute.
3. Restricted expendable endowments - the donor has specified a particular objective and the ICR can convert the donated sum into Income.
4. Restricted permanent endowments - the donor has specified that the fund is to be permanently invested to generate an income stream to be applied to a particular objective.

Donations with no restrictions are recorded within the CSOCIE when the ICR is entitled to the income.

Donations and endowments with restrictions are classified as restricted reserves with additional disclosure provided within the notes to the accounts.

3.iv) Investment income

Investment income and appreciation of endowments is recorded in income in the year in which it arises and as either restricted or unrestricted income according to the terms of the restriction applied to the individual endowment fund.

4. Accounting for retirement benefits

The ICR participates in three defined benefit schemes, the Universities' Superannuation Scheme (USS), National Health Service Pension Scheme (NHSPS) and The ICR Pension Scheme (ICRPS).

The USS is a multi-employer scheme for which it is not possible to identify the ICR's share of the assets and liabilities due to the mutual nature of the scheme and therefore this scheme is accounted for as a defined contribution retirement benefit scheme. A liability is recorded within provisions for the contractual commitment to fund past deficits within the USS scheme.

The NHSPS is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of The Secretary of State, in England and Wales. As a consequence it is not possible for the ICR to identify its share of the underlying scheme liabilities.

The USS and NHSPS schemes are both therefore accounted for as defined contribution schemes. Obligations for contributions to these schemes are recognised as an expense in the CSOCIE in the periods during which services are rendered by employees.

For the ICRPS the amounts charged to operating profit are the current service costs and gains and losses on settlements and curtailments. They are included as part of staff costs. Past service costs are recognised immediately in the CSOCIE if the benefits have vested. If the benefits have not vested immediately, the costs are recognised over the period until vesting occurs. The interest cost and the expected return on assets are shown as a net amount of other finance costs or credits adjacent to interest. Actuarial gains and losses are recognised immediately in the CSOCIE. Gains arising on a curtailment not allowed for in the actuarial assumptions are recognised in the CSOCIE under incoming resources.

ICRPS scheme assets are held separately from those of the ICR. Pension scheme assets are measured at fair value and liabilities are measured on an actuarial basis using the projected unit method and discounted at a rate equivalent to the current rate of return on high quality corporate bonds. The actuarial valuation is obtained at least tri-annually and is updated at each balance sheet date.

5. Employment benefits

Short term employment benefits such as salaries and compensated absences are recognised as an expense in the year in which the employees render service to the ICR. Any unused benefits are accrued and measured as the additional amount the ICR expects to pay as a result of the unused entitlement.

6. Finance leases

Leases in which the ICR assumes substantially all the risks and rewards of ownership of the leased asset are classified as finance leases. Leased assets acquired by way of finance lease are stated at an amount equal to the lower of their fair value and the present value of the minimum lease payments at inception of the lease, less accumulated depreciation and less accumulated impairment losses. Lease payments are accounted for as described below.

Minimum lease payments are apportioned between the finance charge and the reduction of the outstanding liability. The finance charge is allocated to each period during the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability.

7. Operating leases

Costs in respect of operating leases are charged on a straight-line basis over the lease term. Any lease premiums or incentives are spread over the minimum lease term.

8. Foreign Currency

Transactions in foreign currencies are translated to the respective functional currencies of Group entities at the foreign exchange rate ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are retranslated to the functional currency at the foreign exchange rate ruling at that date. Foreign exchange differences arising on translation are recognised in the CSOCIE.

9. Fixed assets

Fixed assets are stated at cost less accumulated depreciation and accumulated impairment losses, with the exception of land and buildings which are revalued under the depreciated replacement cost basis.

9i) Land and buildings

9i) Land and buildings

Land and buildings are measured using the revaluation model. Under the revaluation model, assets are revalued to depreciated replacement cost. The ICR has a policy of ensuring a full revaluation takes place on a sufficiently regular basis to ensure that the fair value is not materially different to the current value. Depreciation and impairment losses are subsequently charged on the revalued amount. The ICR will review annually whether interim valuations should be undertaken to ensure the value remains materially correct.

A full valuation took place on 31 July 2021 and an interim valuation at 31 July 2022. Valuations are made on a Depreciated Replacement Cost basis for scientific properties. Unrealised gains arising at each revaluation are shown in the Revaluation Reserve. Unrealised losses are taken to the CSOCIE except to the extent that they reverse revaluation gains on the same asset.

Costs incurred in relation to land and buildings after initial purchase or construction, and prior to valuation, are capitalised to the extent that they increase the expected future benefits to the ICR.

Depreciation is provided to write off the costs of leases and buildings over their useful economic lives based on their net book values. The annual rates of amortisation and depreciation are as follows:

Freehold buildings	2%
Leasehold buildings	2% or the length of the lease if shorter than 50 years.

Freehold land is not depreciated.

9. Fixed assets (continued)

9ii) Equipment

Equipment costing less than £25,000 per individual asset are written off in the year of acquisition. All other equipment is capitalised. Capitalised equipment is stated at cost and depreciated over four years on a straight-line basis.

9iii) Assets under construction

Buildings and furniture, plant and equipment under construction at year end are included in Note 12 as assets under construction, and are not depreciated. On completion of construction, these assets are transferred into the appropriate asset class and depreciated from the month of completion onwards in line with the depreciation policy for that asset.

Depreciation methods, useful lives and residual values are reviewed at the date of preparation of each Balance Sheet.

10. Investments

10i) Non current investments

Listed investments are stated at the market value at the date of the balance sheet. Investments such as hedge funds and private equity funds, which have no readily identifiable market value, are included at the most recent valuations from their respective managers. Unlisted shares, where there is no readily identifiable market value, are recorded at cost or a nominal amount. Investments in non basic instruments, where there is no readily available market value, are valued at fair value based on fair value modelling of the asset. Investments in subsidiaries are stated at cost less any provision for impairment. Revaluation gains or losses and impairments arising during the year are included in the CSOCIE. Investment income is the amount receivable by the ICR in the year.

10ii) Current asset investments

Current asset investments are held at fair value with movements recognised in the CSOCIE.

11. Stock

Stocks of research material are held at the lower of cost and net realisable value, and are measured using an average cost formula.

12. Cash and cash equivalents

Cash includes cash in hand, deposits repayable on demand and overdrafts. Deposits are repayable on demand if they are in practice available within 24 hours without penalty. Cash equivalents are short term, highly liquid investments that are readily convertible to known amounts of cash with insignificant risk of change in value.

13. Provisions, contingent liabilities and contingent assets

Provisions are recognised in the financial statements when:

- the ICR has a present obligation (legal or constructive) as a result of a past event;
- it is probable that an outflow of economic benefits will be required to settle the obligation; and
- a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is determined by discounting the expected future cash flows at a pre-tax rate that reflects risks specific to the liability.

A contingent liability arises from a past event that gives the ICR a possible obligation whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the ICR. Contingent liabilities also arise in circumstances where a provision would otherwise be made but either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

A contingent asset arises where an event has taken place that gives the ICR a possible asset whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the ICR.

Contingent assets and liabilities are not recognised in the Balance Sheet but are disclosed in the notes.

14. Taxation

The ICR is an exempt charity within the meaning of Part 3 of the Charities Act 2011. It is therefore a charity within the meaning of Para 1 of schedule 6 to the Finance Act 2010 and accordingly, the ICR is potentially exempt from taxation in respect of income or capital gains received within categories covered by section 478-488 of the Corporation Tax Act 2010 (CTA 2010) or section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied to exclusively charitable purposes.

The ICR receives no similar exemption in respect of Value Added Tax. Irrecoverable VAT on inputs is included in the costs of such inputs. Any irrecoverable VAT allocated to fixed assets is included in their cost.

The ICR's subsidiaries are liable to Corporation Tax in the same way as any other commercial organisation.

15. Reserves

Reserves are allocated between restricted and unrestricted reserves. Restricted endowment reserves include balances which, through endowment to the ICR, are held as a permanently restricted funds as the ICR must hold the fund to perpetuity.

Other restricted reserves include balances through which the donor has designated a specific purpose and therefore the ICR is restricted in the use of these funds.

Additional accounting of ICR's reserves is provided in Notes 17 and 18. This includes information on restricted endowments and other restricted reserves.

Additional accounting of ICR's reserves is provided in Notes 17 and 18. This includes information on restricted endowments and other restricted reserves.

Unrestricted designated funds are accounted for in Note 16. Designated funds comprise unrestricted funds that have been set aside by the Board of Trustees for particular purposes. The aim of each designated fund is set out in the notes to the financial statements. This includes the Fixed Asset Fund which represents the amount of general funds invested in fixed assets and the Revaluation Reserve which represents the increase in fixed assets arising as a result of revaluation.

Revaluation gains and losses in respect of non current investments are included in the unrestricted income and expenditure reserve.

1. Tuition fees and education contracts	Year ended 31 July 2022		Year ended 31 July 2021	
	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Tuition fees	1,388	1,388	1,108	1,108
Research training support grant	1,503	1,503	1,956	1,956
	2,891	2,891	3,064	3,064
2. Funding body grants	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Recurrent grant				
Funding body grants	22,294	22,294	21,904	21,904
Specific grants				
Higher Education Innovation Fund	4,092	4,092	3,382	3,382
Other specific funds	647	647	714	714
Capital funding	1,709	1,709	2,313	2,313
	28,742	28,742	28,313	28,313
3. Research grants and contracts	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Research councils	2,935	2,935	1,584	1,584
Research charities	44,982	44,982	45,683	45,683
Government (UK and overseas)	7,709	7,709	8,616	8,616
Industry and commerce	7,547	7,547	12,747	12,747
Other	913	913	768	768
	64,086	64,086	69,398	69,398
The source of grant and fee income, included in notes 1 to 3, and the Covid Job Retention Scheme grant included in Note 6 (below), is as follows:				
Grant income from the OfS	1,129	1,129	1,082	1,082
Grant income from other bodies	93,233	93,233	99,590	99,590
Fee income for research awards	903	903	807	807
Fee income from non-qualifying courses	197	197	116	116
Fee income for taught awards	288	288	184	184
	95,750	95,750	101,779	101,779
4. Donations and endowments	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Unrestricted legacies	4,988	4,988	5,050	5,050
Restricted legacies	-	-	-	-
Unrestricted donations	2,682	2,682	3,353	3,353
Restricted donations	13,450	13,450	4,317	4,317
	21,120	21,120	12,720	12,720

5. Investment income	Year ended 31 July 2022		Year ended 31 July 2021	
	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Investment income on endowments	16	16	7	7
Investment income on restricted reserves	1,374	1,374	617	618
Other investment income	3,313	3,313	1,568	1,568
	4,703	4,703	2,192	2,192
6. Other income	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Royalty income	38,180	38,180	23,485	23,485
Covid Job Retention Scheme income	31	31	1,004	1,004
Other income	1,400	1,414	1,798	1,821
	39,611	39,625	26,287	26,310

The ICR acts as an agent in respect of certain royalty-sharing arrangements in place with key partner organisations. Under these arrangements, the ICR receives gross receipts generated by invention sales, and passes on a predetermined, fixed percentage of these receipts to the other entities. A summary of the gross and net position in respect of these arrangements is provided below:

7. Agency arrangements

	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Gross receipts	47,969	47,969	50,013	50,013
Amounts due to ICR partners	(9,789)	(9,789)	(26,528)	(26,528)
Net ICR income	38,180	38,180	23,485	23,485

8. Staff costs	Year ended 31 July 2022		Year ended 31 July 2021	
	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Salaries	58,764	58,764	57,640	57,640
Social security costs	6,361	6,361	5,806	5,806
Other pension costs	9,346	9,346	9,608	9,608
	74,471	74,471	73,054	73,054
Movement on USS provision	31,805	31,805	(1,847)	(1,847)
	106,276	106,276	71,207	71,207
Average number of employees	Year ended 31 July 2022		Year ended 31 July 2021	
	No.		No.	
Research staff	948		855	
Research support staff	172		169	
Fundraising services	19		20	
Professional services including academic services	128		131	
	1,267		1,175	

Compensation for loss of office

In 2021/22, payments for compensation for loss of office were made to 34 staff, totalling £285,000 (2020/21: £133,000 paid to 25 staff). 13 of these, totalling £25,000, were contractual payments made to staff on fixed term contracts that were ending as research grants finished. 13 members of staff received redundancy pay totalling £166,000 related to the departure of research teams from the ICR. No payments were made to senior post holders. The highest individual payment to a member of staff was £48,000.

Remuneration of the Chief Executive

The Chief Executive's remuneration package is set by the Remuneration Committee, at a level that reflects the skills required to lead a globally recognised and high performing medical research institute in the higher education sector. It is set at a level that appropriately rewards the Chief Executive in terms of their recruitment, retention and motivation through a process which is robust and proportionate to its use of funds. Benchmarking of data of similar roles in leading international medical research organisations within the higher education sector is used when determining the remuneration package.

The Chief Executive's salary and performance are reviewed annually by the Remuneration Committee, following a performance assessment by the Chairman of the Board of Trustees who undertakes an annual review of the Chief Executive's performance, considering achievements over the past twelve months and sets agreed objectives and KPIs.

The Chief Executive has elected not to be a member of the USS pension scheme, therefore the Chief Executive's salary was increased to compensate for the reduction in pension contributions. The Chief Executive does not have any accommodation provided by the ICR.

The Chief Executive's salary is 10.4 times the median pay of staff (2021: 7.5), where the median pay is calculated on a full-time equivalent basis for the salaries paid by the ICR to its staff.

The Chief Executive's total remuneration is 10.4 times the median total remuneration of staff (2021: 7.7), where the median total remuneration is calculated on a full-time equivalent basis for the total remuneration paid by the ICR to its staff.

	Year ended 31 July 2022	Year ended 31 July 2021
	£000	£000
Current Chief Executive Officer (Left August 2021)		
Salary	44	304
Performance related bonus	-	15
Other benefits	-	6
Current Chief Executive Officer (Joined September 2021)		
Salary	360	-
Performance related bonus	-	-
Other benefits	-	-

8. Staff costs (continued)	Year ended 31 July 2022		Year ended 31 July 2021	
		No.		No.
Remuneration of higher paid staff				
£100,000 - £104,999	4	4		
£105,000 - £109,999	4	4		
£110,000 - £114,999	2	13		
£115,000 - £119,999	2	3		
£120,000 - £124,999	1	-		
£130,000 - £134,999	2	2		
£135,000 - £139,999	4	2		
£150,000 - £154,999	1	1		
£155,000 - £159,999	3	-		
£165,000 - £169,999	1	-		
£170,000 - £174,999	3	1		
£175,000 - £179,999	1	-		
£180,000 - £184,999	3	1		
£185,000 - £189,999	1	-		
£195,000 - £199,999	3	-		
£200,000 - £204,999	1	-		
£215,000 - £219,999	1	-		
£220,000 - £224,999	-	1		
£275,000 - £279,999		1		
£300,000 - £304,999	-	1		
£325,000 - £329,999	1	-		
£360,000 - £364,999	1	-		

Key management personnel

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Institute. Staff costs includes compensation paid to key management personnel. These costs relate to the Chief Executive, Chief Operating Officer and the Academic Dean. The costs include salaries and employers pension contributions:

	Year ended 31 July 2022	Year ended 31 July 2021
	£000	£000
Key management personnel compensation	840	643

Emoluments of the Board of Trustees

No fees are paid to the members of the Board of Trustees for their services as charity trustees or company directors. During the year, there were three members of staff of the ICR who are members of the Board of Trustees and who receive only the normal remuneration of their appointments. This includes the Chief Executive, whose remuneration is shown above, and the Dean of Academic and Research Affairs. The other staff member is the representative elected by the Academic Board to serve on the Board of Trustees, whose remuneration is included in the remuneration of higher paid staff bandings above – this role is undertaken by Professor Chris Bakal whose remuneration is shown in the higher staff bandings above. In addition, Miss Rachel Evans until the end of February 2022, who was replaced by Bastien Lecoer on the 1st of March 2022 undertook the role of student representative on the Board of Trustees, both received the normal PhD student stipend. The aggregate emoluments of those who serve on the Board of Trustees was £840,000 (2021: £528,000). The emoluments of the highest paid director were £360,000 (2021: £304,000). Three of the four staff who are trustees participate in defined benefit pension schemes. £710 in expenses were paid to three non-executive trustees (2021: three received £347) for the reimbursement of travel and accommodation expenses.

9. Analysis of total expenditure by activity	Year ended 31 July 2022		Year ended 31 July 2021	
	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Academic and related expenditure*	53,008	53,008	26,011	26,011
Administration and central services*	18,029	18,029	12,475	12,468
Premises*	20,605	20,605	18,833	18,833
Residences, catering and conferences	222	222	215	215
Research grants and contracts	67,308	67,308	63,677	63,677
Other expenses*	4,305	4,305	3,373	3,390
	163,477	163,477	124,584	124,594
Other operating expenditure includes:				
Investment management costs	652	652	538	538
External auditors remuneration:				
Fees payable to the ICR's auditor for the audit of the ICR's annual accounts	85	78	72	72
Fees payable to the ICR's auditors for the audit of the accounts of subsidiaries	6	-	8	-
Operating lease expenditure	644	644	780	780

* The expenditure on these lines in 2021/22 includes expenditure of £31,523 (2021: negative expenditure of £1,691) in respect of the movement in the USS provision, as analysed in Note 16.

10. Taxation

The ICR is an exempt charity within the meaning of Schedule 3 of the Charities Act 2011 and as such is a charity within the meaning of paragraph 1 of Schedule 6 of the Finance Act 2010. Accordingly the ICR is exempt from taxation in respect of income or capital gains received within categories covered by Section 471 and 478-488 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that such income or gains are applied to exclusively charitable purposes.

In 2021/22 the group incurred no Corporation Tax charges in respect of the activity of its subsidiary companies (2021: £ nil). The ICR incurred irrecoverable VAT of £2,967,000 in 2022 (2021: £2,812,000).

The Institute of Cancer Research
Notes to the financial statements (continued)
Year ended 31 July 2022

11. Interest and other finance costs	Year ended 31 July 2022		Year ended 31 July 2021	
	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Net charge on ICRPS pension scheme	341	341	439	439
Unwinding of discount of USS pension provision	173	173	157	157
	514	514	596	596

12. Fixed assets (Consolidated and Institute)	Freehold land and buildings £000	Leasehold land and buildings £000	Furniture plant and equipment £000	Assets under construction £000	Total
<i>Cost or valuation</i>					
At 1 August 2021	217,565	795	38,449	-	256,809
Revaluation	5,589	-	-	-	5,589
Impairment	-	-	-	-	-
Additions at cost	2,958	-	4,158	-	7,116
Disposals at cost	-	-	-	-	-
Transfer of completed assets	-	-	-	-	-
At 31 July 2022	226,112	795	42,607	-	269,514

<i>Depreciation</i>					
At 1 August 2021	-	527	32,941	-	33,468
Revaluation	(3,881)	-	-	-	(3,881)
Provided in the year	3,881	10	3,272	-	7,163
Disposals in the year	-	-	-	-	-
At 31 July 2022	-	537	36,213	-	36,750

<i>Net book value</i>					
At 31 July 2022	226,112	258	6,394	-	232,764
of which:					
Scientific properties	226,062	-	6,394	-	232,455
Other properties	50	258	-	-	309

At 31 July 2021	217,565	268	5,508	-	223,341
of which:					
Scientific properties	217,515	-	5,508	-	223,023
Other properties	50	268	-	-	318

<i>Historic cost - net book value</i>					
At 31 July 2022	124,806	258	6,394	-	131,458
At 31 July 2021	124,039	269	5,508	-	129,816

ICR's scientific properties were revalued by Gerald Eve Chartered Surveyors as at 31 July 2022. The valuations were undertaken on a depreciated replacement cost basis. The laboratory buildings were valued at £196,987,000 with associated land valued at £29,080,000.

Furniture plant and equipment detailed above includes fully depreciated leasehold equipment originally costing £1,000,000.

The Institute of Cancer Research
Notes to the financial statements (continued)
Year ended 31 July 2022

13. Investments (Consolidated)	Market value 1 August 2021 £000	Additions at cost £000	Disposals at book value £000	Gains/losses £000	Market value 31 July 2022
a. Non-current investments					
<i>Listed</i>					
UK Government	-	-	-	-	-
Other UK	36,979	12,963	(6,229)	1,294	45,007
Overseas	40,038	59,801	(33,458)	(3,006)	63,375
	77,017	72,764	(39,687)	(1,712)	108,382
<i>Unlisted</i>					
UK	36,611	11,998	(7,177)	(194)	41,238
Overseas	59,423	2,932	(15,364)	(9,430)	37,561
	96,034	14,930	(22,541)	(9,624)	78,799
Investment cash and deposits	2,976	8,442	-	(576)	10,842
	176,027	96,136	(62,228)	(11,912)	198,023

The above investments includes a £1,791,000 investment in a non basic instrument, held at fair value based on a discounted cashflow calculation of the expected future return on investment for the instrument.

The investments held by the Group were all held by the ICR which in addition held investments of £5,000 in subsidiary companies.

The historical cost of the Group and the ICR investments at 31 July 2022 was £180,769,000 (2021: £136,633,000) and £128,181,000 (£136,638,000) respectively.

b. Current Investments	64,130	65,442	(63,664)	-	65,908
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14. Trade and other receivables	Year ended 31 July 2022		Year ended 31 July 2021	
Amounts falling due within one year	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Revenue grants	10,902	10,902	3,892	3,892
Other trade debtors	1,284	1,203	1,375	1,178
Legacy debtors	1,877	1,877	3,211	3,211
Other debtors	303	303	152	152
Amounts due from subsidiary companies	-	16	-	339
Prepayments and accrued income	27,792	27,792	16,891	16,891
	42,158	42,093	25,521	25,663

The estimated value of legacies notified but neither received nor included in the income is £2,123,000 (2021: £3,211,000).

15. Creditors	Year ended 31 July 2022		Year ended 31 July 2021	
	Consolidated £000	ICR £000	Consolidated £000	ICR £000
Trade creditors	5,190	5,190	6,181	6,181
Accruals	17,850	17,385	15,075	13,912
Deferred research grants	1,876	1,876	1,932	1,932
Amounts due to subsidiary companies	-	101	-	5
Other creditors	1,326	1,326	192	192
Taxes and social security	3,659	3,589	1,081	1,142
	29,901	29,467	24,461	23,364

The Institute of Cancer Research
Notes to the financial statements (continued)
Year ended 31 July 2022

16. Provisions for liabilities and charges (Consolidated and ICR)	Obligation to fund deficit on USS Pension £000	Defined Benefit Obligations (Note 21) £000	Total Pensions Provisions £000	Leasehold dilapidation & decommissioning £000	Total other provisions £000
At 1 August 2021	19,479	22,038	41,517	383	383
Utilised in year	(981)	(2,742)	(3,723)	-	-
Additions in year	32,504	(13,947)	18,557	41	41
At 31 July 2022	51,002	5,349	56,351	424	424

The USS pension provision is the discounted value of the agreed deficit reduction payments, under the deficit recovery plan agreed as part of the 2020 valuation. More detail is given in Note 21.

The defined benefit obligations is the net liability under the obligation to the ICR Pension Scheme. More information on the calculation of this liability is provided in Note 21.

The dilapidation and decommissioning provisions are held to cover liabilities as a result of vacating leasehold premises and the safe removal of a caesium source.

17. Unrestricted reserves (Consolidated)

The Board of Trustees has designated elements of the unrestricted income and expenditure reserve for specific purposes. These designations represent an internal decision and are not imposed by donors or funding bodies.

	Balance at 1 August 2021	Income	Expenditure	Transfers, gains and losses	Balance at 31 July 2022
a. Income and expenditure reserve - unrestricted					
General Fund	30,100	78,881	(69,133)	(9,748)	30,100
Pension Reserve	(22,038)	-	(514)	17,485	(5,067)
Fixed Asset Fund	58,529	-	(1,410)	4,346	61,465
Development Fund	163,274	-	(16,709)	(8,312)	138,252
FC Hunter Studentship Fund	472	-	(37)	-	435
Faringdon Fund	(46)	75	-	-	29
Amenity Fund	156	-	(40)	40	156
	230,447	78,956	(87,843)	3,810	225,370
b. Revaluation Reserve	93,525	-	(1,720)	9,470	101,275
Total unrestricted reserves	323,972	78,881	(89,488)	13,280	326,645

The consolidated unrestricted reserves position includes £205,000 in respect of subsidiary company reserves. The ICR unrestricted reserves position is therefore as above, but with a Development Fund balance of £135,233,000 and total unrestricted reserves of £323,663.

The Board of Trustees has decided that the ICR should maintain free reserves (General Fund) of £30,100,000 at 31 July 2022. These reserves are expendable at the Trustee's discretion and not designated for particular purposes. The General Fund includes 27,482,000 cumulative net unrealised gains on revaluation of fixed asset investments. The pension reserve recognises the shortfall in funds attributable to the ICR Pension Scheme (ICRPS) deficit.

The pension reserve recognises the shortfall in funds attributable to the ICR Pension Scheme (ICRPS) deficit.

The Fixed Asset Fund represents the amount invested in Fixed Assets from unrestricted funds, and is designated to meeting the future depreciation costs of these assets.

The Institute of Cancer Research
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Year ended 31 July 2022

17. Unrestricted reserves (Consolidated) (Continued)

The Development Fund is the amount set aside by the ICR for future commitments relating to the buildings, capital equipment and Research Strategy. The amount is calculated based on the position at the balance sheet date and a transfer is effected to or from unrestricted funds to achieve the amount required. The fund is made up as follows:

	2022 £000	2021 £000
Capital projects and refurbishments	5,815	5,815
Scientific initiatives	100,618	100,618
Other development funds	31,819	56,841
	138,252	163,274

The FC Hunter Studentship Fund is a legacy from the estate of Mr FC Hunter designated by the ICR for the purpose of supporting research studentships.

The Faringdon Fund provides funds to enable the commercial potential of inventions by ICR scientists to be developed.

The Amenity Fund provides funds for staff welfare.

18. Restricted reserves (Consolidated and ICR)

	Balance at 31 July 2021 £000	Income £000	Expenditure £000	Transfers, gains and losses £000	Balance at 31 July 2022 £000
a. Income funds					
<i>Funds invested in fixed assets</i>					
Breast Cancer Now	3,207	-	(111)	-	3,096
The Bob Champion Cancer Trust	580	-	(20)	-	560
Everyman Appeal	459	-	(16)	-	443
The Garfield Weston Foundation	720	-	(20)	-	700
The Monument Trust	201	-	(7)	-	194
The Wolfson Foundation	3,942	-	(95)	-	3,847
The Ivan and Felicite Stoller Fund	596	-	(12)	-	584
Sir SK Tang Fund	605	-	(12)	-	593
Funding body capital funding	51,507	1,709	(2,466)	-	50,750
The Wellcome Trust	4,940	-	(159)	-	4,781
Building funds	2,828	144	(202)	-	2,770
Equipment funds	1,701	1,139	(1,116)	-	1,724
	71,286	2,992	(4,236)	-	70,042
<i>Other restricted funds</i>					
<i>Other restricted donations</i>	7,885	12,693	(4,128)	-	16,450
<i>Research grants</i>	47,971	66,603	(65,553)	-	49,021
	55,856	79,296	(69,681)	-	65,471
Total restricted income funds	127,142	82,288	(73,917)	-	135,513

18. Restricted reserves (Consolidated and ICR) (Continued)

The ICR is proud to partner with a range of organisations in its investment in cutting edge laboratory facilities. Key examples reflected above include the following generous contributions from our partners:

Breast Cancer Now contributed funding for the Breast Cancer NowToby Robins Breast Cancer Research Centre, part of the Chester Beatty Laboratories.

The ICR received funds from The Bob Champion Cancer Trust, The Monument Trust, The Garfield Weston Foundation, The Wolfson Foundation and donations from the Everyman Appeal to build the Male Urological Cancer Research Centre.

The Higher Education Funding Council for England, The Wellcome Trust and The Wolfson Foundation have contributed funding to the building of The Brookes Lawley Building.

The Higher Education Funding Council for England, Wolfson Foundation, Garfield Weston Foundation and Ivan and Felicite Stoller Fund contributed to the Centre for Cancer Imaging.

UKRI, The Wolfson Foundation, The Ivan and Felicite Stoller Fund and the Sir SK Tang Fund were important funders for the Centre for Cancer Drug Discovery building.

Other restricted donations relates to philanthropic donations received to support specific research projects.

The research grants are funds received by the ICR for specific cancer research projects. Within research grants there are grants in deficit of £2,003,000, which represents grants where expenditure has been incurred ahead of funding expected to be received in 2020/21. There are no material individual fund deficits.

Equipment funds represent grants which have been invested in fixed asset equipment. Building funds represent grants which have been invested in fixed asset buildings.

Other restricted donations relates to philanthropic donations received to support specific research projects.

The research grants are funds received by the ICR for specific cancer research projects. Within research grants there are grants in deficit of £1783,000 which represents grants where expenditure has been incurred ahead of funding expected to be received in 2021/22. There are no material individual fund deficits.

b. Endowment funds	Balance at 1 August 2021 £000	Income £000	Expenditure £000	Transfers, gains and losses £000	Balance at 31 July 2022 £000
<i>Permanent endowment funds</i>					
Sir SK Tang Fund	420	-	-	(24)	396
<i>Expendable endowment funds</i>					
Hensley Nankivell Studentship Fund	1,316	-	(73)	(77)	1,166
Total endowment funds	1,736	-	(73)	(101)	1,562

The ICR received no new endowments in 2021/22.

The Hensley Nankivell Studentship Fund was received from the estate of Mrs SMA Nankivell for the purpose of supporting research studentships at the ICR. The Sir SK Tang Fund is a legacy received from the estate of Sir SK Tang for cancer research.

For permanent endowment funds the capital cannot be expended. For expendable endowment funds the capital can be spent on qualifying expenditure.

The Sir S K Tang Fund has been classified as a permanent endowment for which a total return approach to investment has been adopted and the unapplied total return can be spent on qualifying expenditure:

Balance as at 1 August 2021	Endowment £000	Unapplied total return £000	Total £000
Gift component of the permanent endowment	333	-	333
Unapplied total return		87	87
Total permanent endowments as at 1 August 2021	333	87	420
Movements in the period			
Investment return: realised and unrealised gains		(24)	(24)
Less: Investment management costs	-	-	-
Less: Transfer to funds invested in fixed assets		-	-
	-	(24)	(24)
Balance as at 31 July 2022			
Gift component of the permanent endowment	333	-	333
Unapplied total return		63	63
Total permanent endowments as at 31 July 2022	333	63	396

19. Capital commitments

	2022 £000	2021 £000
Contracted but not provided for	2,373	3,603

The capital commitments relate to laboratory and office building works and equipment.

20. Lease commitments

At 31 July 2022 the ICR had operating lease commitments in respect of all future payments for equipment and property leases which expire as follows:

	31 July 2022			31 July 2021
	Land and Buildings	Plant and machinery	Total	Total
Payable during the year	372	272	644	780
Future minimum lease payments due:				
Not later than 1 year	217	-	217	644
Later than 1 year and not later than 5 years	-	-	-	217
Total lease payments due	217	-	217	861

21. Superannuation schemes

The ICR participates in three superannuation schemes. The majority of scientific and other non-clinical staff are in the Universities Superannuation Scheme (USS) (and the Universities Supplementary Dependents & Ill Health Retirement Pension Scheme (USDPS)). The majority of clinical staff are in the National Health Service Superannuation Scheme (NHSPS). The ICR Pension Scheme (ICRPS) was closed to future accrual for new and existing members on 31 July 2008 and most of its active members joined the USS. All three schemes provide benefits based on final pensionable salary.

a) Universities Superannuation Scheme (USS)

The ICR participates in Universities Superannuation Scheme. The scheme is a hybrid pension scheme, providing defined benefits (for all members), as well as defined contribution benefits. The assets of the scheme are held in a separate trustee-administered fund. Because of the mutual nature of the scheme, the assets are not attributed to individual institutions and a scheme-wide contribution rate is set. The ICR is therefore exposed to actuarial risks associated with other institutions' employees and is unable to identify its share of the underlying assets and liabilities of the scheme on a consistent and reasonable basis. As required by Section 28 of FRS 102 "Employee benefits", the ICR therefore accounts for the scheme as if it were a wholly defined contribution scheme. As a result, the amount charged to the profit and loss account represents the contributions payable to the scheme. Since the ICR has entered into an agreement (the Recovery Plan) that determines how each employer within the scheme will fund the overall deficit, the ICR recognises a liability for the contributions payable that arise from the agreement (to the extent that they relate to the deficit) and therefore an expense is recognised.

The total cost charged to the CSOCIE is £8,769,000 (2021: £8,581,000). This included Deficit recovery contributions of £981,000 (2021: £813,000). Deficit recovery contributions due within the year to 31 July 2023 have been modelled as £2,690,000.

The latest available complete actuarial valuation of the Retirement Income Builder is as at 31 March 2020 (the valuation date), and was carried out using the projected unit method.

Since the ICR cannot identify its share of scheme assets and liabilities, the following disclosures reflect those relevant for the scheme as a whole.

The 2020 valuation was the sixth valuation for the scheme under the scheme-specific funding regime introduced by the Pensions Act 2004, which requires schemes to have sufficient and appropriate assets to cover their technical provisions. At the valuation date, the value of the assets of the scheme was £66.5 billion and the value of the scheme's technical provisions was £80.6 billion indicating a shortfall of £14.1 billion and a funding ratio of 83%

The key financial assumptions used in the 2020 valuation are described below. More detail is set out in the Statement of Funding Principles.

Pension increases (CPI)	Term dependent rates in line with the difference between the Fixed Interest and Index Linked yield curves, less 1.1% p.a. to 2030, reducing linearly by 0.1% p.a. to a long-term difference of 0.1% p.a. from 2040.
Discount rate (forward rates)	Fixed interest gilt yield curve plus:
	Pre-retirement: 2.75% p.a.
	Post retirement: 1.00% p.a.

21. Superannuation schemes (continued)

The main demographic assumptions used relate to the mortality assumptions. These assumptions are based on analysis of the scheme's experience carried out as part of the 2020 actuarial valuation. The mortality assumptions used in these figures are as follows:

Mortality base table	2020 valuation	
	101% of S2PMA "light" for males and 95% of S3PFA for females	
Future improvements to mortality	CMI 2019 with a smoothing parameter of 7.5, an initial addition of 0.5% p.a. and a long-term improvement rate of 1.8% pa for males and 1.6% pa for females	
The current life expectancies on retirement at age 65 are:	2022	2021
Males currently aged 65 (years)	23.9	24.7
Females currently aged 65 (years)	25.5	26.1
Males currently aged 45 (years)	25.9	26.7
Females currently aged 45 (years)	27.3	27.9

A new deficit recovery plan was put in place as part of the 2020 valuation, which requires payment of 6.2% of salaries over the period 1 April 2022 until 31 March 2024, at which point the rate will increase to 6.3%. The 2022 deficit recovery liability reflects this plan. The liability figures have been produced using the following assumptions:

	2022	2021
Discount rate	3.31%	0.89%
Pensionable salary growth	4%	3%

b) ICR Pension Scheme (ICRPS)

The Institute operates a funded final salary pension scheme in the UK. The Scheme is a registered Scheme under UK legislation. The Scheme is subject to the scheme funding requirements outlined in UK legislation. The Scheme provides Final Salary (Defined Benefit) benefits. The Scheme provides benefits in retirement and death benefits to members. Pension benefits are linked to a members' final salary at retirement or earlier withdrawal, and their length of service, revalued between their date of leaving service and date of retirement if appropriate. The Scheme was established from 1 April 1975 under trust and is governed by the Scheme's Consolidated version of the Third Definitive Trust Deed and Rules including amendments to date. Since 31 July 2008 there has been no future accrual in the Defined Benefit section. The Trustees are responsible for the operation and the governance of the Scheme, including making decisions regarding the Scheme's funding & investment strategy in conjunction with the Institute. The Scheme exposes the Institute to actuarial risks such as market (investment) risk, interest rate risk, inflation risk and longevity risk.

The pension cost that would have been charged to the Operating surplus under FRS 102 for the year amounts to £796,000 (2021: £514,000). This is equal to the past service cost of £455,000 (2021: £75,000) plus the finance income of £341,000 (2021: £439,000).

A full actuarial valuation was carried out at 31 July 2022 by a qualified independent actuary, based on membership data at 31 March 2022, updated to take account of actual pension increases, material member movements and expected benefit outgo, using actuarial assumptions at 31 July 2022. An allowance has been made for the discretionary increases awarded as at 1 April 2022.

21. Superannuation schemes (continued)

Contributions to the Scheme for the year beginning 1 August 2022 are expected to be £1,897,000 based on the current Schedule of Contributions.

The major assumptions used by the actuary were (in nominal terms):

	As at 31 July 2022	As at 31 July 2021	As at 31 July 2020	
Discount rate	3.30%	1.60%	1.40%	
Consumer Prices Index ("CPI")	2.50%	2.90%	2.20%	
Future 5%LPI pension increases	2.50%	2.90%	2.20%	
Future 2.5%LPI pension increases	2.50%	2.50%	2.20%	
Revaluation in deferment	2.50%	2.90%	2.20%	
Assumed life expectancies on retirement at age 65 are:				
Retiring today	Males	21.4	21.3	22.0
	Females	24.2	24.1	24.6
Retiring in 20 years time	Males	22.7	22.5	23.4
	Females	25.7	25.5	26.1

The fair value of the Scheme's assets, which are not intended to be realised in the short term and may be subject to significant change before they are realised, and the present value of the Scheme's liabilities, which are derived from cash flow projections over long periods and thus inherently uncertain, were:

	Value at 31 July 2022 £000	Value at 31 July 2021 £000
Equities	30,440	36,252
Fixed Interest	12,080	14,557
Inflation Linked Bonds	26,160	36,254
Insured Annuities	17,921	21,342
Cash and Other	3,070	1,017
Fair value of scheme assets	89,671	109,422
The actual return on assets over the period was:		
	(18,857)	9,642
Present value of funded obligations	95,020	131,460
Fair value of scheme assets	89,671	109,422
Deficit in funded scheme	(5,349)	(22,038)
Deficit	(5,349)	(22,038)
Net liability in balance sheet	(5,349)	(22,038)

21. Superannuation schemes (continued)

Reconciliation of opening and closing balances of the present value of the defined benefit obligation

	As at 31 July 2022	As at 31 July 2021
Benefit obligation at beginning of year	131,460	132,932
Interest cost	2,085	1,843
Actuarial (gains)/losses	(36,238)	(666)
Benefits paid	(2,742)	(2,724)
Past service cost	455	75
Benefit obligation at end of year	95,020	131,460

Reconciliation of opening and closing balances of the fair value of scheme assets

	As at 31 July 2022	As at 31 July 2021
Fair value of scheme assets at beginning of year	109,422	100,703
Interest income on scheme assets	1,744	1,404
Return on assets, excluding interest income	(20,601)	8,238
Contributions by employers	1,848	1,801
Benefits paid	(2,742)	(2,724)
Fair value of scheme assets at end of year	89,671	109,422

The amounts recognised in CSOCIE:

Service cost - including current service costs, past service costs and settlements	455	75
Net interest on the net defined benefit liability	341	439
Total expense	796	514

Remeasurements of the net defined benefit (asset)/ liability to be shown in CSOCIE:

Actuarial losses (gains) on the liabilities	(36,238)	(666)
Return on assets, excluding interest income	20,601	(8,238)
Total remeasurement of the net defined benefit liability to be shown in CSOCIE	(15,637)	(8,904)

c) NHS pension scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

21. Superannuation schemes (continued)

i) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS

Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

ii) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

d) Unfunded pensions

A small group of pensioners, who retired under the previous superannuation scheme are in receipt of unfunded pensions paid directly by the ICR. These pensions are increased, at the ICR's discretion, by analogy, with the Pensions Act 1995.

22. Subsidiary undertakings

The ICR has the following subsidiary undertakings:

(i) ICR Sutton Developments Limited - The ICR owns 100% of the issued share capital of this company which has been set up to act as the developer of ICR properties. It broke even in the year ended 31 July 2022 (2021: £nil profit). Its net assets at 31 July 2022 amounted to £189,985 (2021: £189,985). The accounts of ICR Sutton Developments Ltd have been consolidated into the accounts of the ICR.

(ii) ICR Equipment Leasing No.8 Limited - The ICR owns 100% of the share capital of this company which holds a leasehold interest in the Chester Beatty Laboratory. It made a profit of £102 for the year ended 31 July 2022 (2021: £102) which will be paid to the ICR by means of a payment under gift aid. Its net assets at 31 July 2022 was £5,351 (2021: £5,351). The accounts of ICR Equipment Leasing No.8 Limited have been consolidated into the accounts of the ICR.

(iii) ICR Enterprises Limited - The ICR owns 100% of the issued share capital of this company which undertakes trading activities for the benefit of the ICR that the ICR cannot carry out itself as an exempt charity. It was dormant in 2022 (2021: £nil). Its net assets at 31 July 2022 amounted to £1,581 (2021: £1,581). The accounts of ICR Enterprises Ltd have been consolidated into the accounts of the ICR.

(iv) ICR Chelsea Development Limited - The ICR owns 100% of the issued share capital of this company which has been set up to act as the developer of a refurbishment project which has now been completed. It did not make a profit or a loss for the period ended 31 July 2022 and its net assets at that date amounted to £2. The accounts of ICR Chelsea Development Ltd have been consolidated into the accounts of the ICR.

(v) Everyman Action Against Male Cancer - The company is limited by guarantee and was dormant throughout the period ended 31 July 2022.

(vi) Other investments - The ICR is a founder and shareholder of three companies whose aims are to exploit the intellectual property generated at the ICR. This includes Domainex Limited (3% shareholding), Chroma Therapeutics Limited (0.2% shareholding) and Monte Rosa Therapeutics (3.7% shareholding). The cost of the ICR's shareholding of these companies is included in investments.

(vii) ICR London Cancer Hub Company Limited - the ICR owns 100% of the issued share capital of this company, which undertake activities in respect of the London Cancer Hub project. The company was incorporated on 2 March 2017 and has not traded since incorporation.

(viii) ICR Chemical Probes Portal Limited - the ICR owns 100% of the issued share capital of this company, which owns a database used for research purposes.

The ICR has the following associate and joint venture undertakings:

(i) Diafora Medical Limited - the ICR owns 33.3% of the issued share capital of this company, which owns intellectual property licensed to Celescan Limited, Diafora Medical Limited owns a 49% shareholding in Celescan Limited. There were no material transactions in the year and this undertaking is recognised in the accounts as a joint venture.

22. Subsidiary undertakings (continued)

A summary of the results of the subsidiaries is set out below:

ICR Sutton Developments Limited	2022 £000	2021 £000
Turnover	357	841
Expenditure	(357)	(841)
Operating profit	-	-
Assets	665	1,374
Liabilities	(475)	(1,184)
Funds	190	190
ICR Equipment Leasing No. 8 Limited	2022 £000	2021 £000
Turnover	150	-
Expenditure	(150)	-
Operating profit	-	-
Assets	5	5
Liabilities	-	-
Funds	5	5
ICR Chemical Probes Portal Limited	2022 £000	2021 £000
Turnover	16	-
Expenditure	(4)	-
Operating profit	12	-
Assets	12	1
Liabilities	-	-
Funds	12	1

ICR Chelsea Development Limited has net assets of £2 and ICR Enterprises Limited has net assets of £1,581. There were no transactions for in either of these subsidiaries during 2021/22.

23. Related parties

The ICR has taken the exemption given by Financial Reporting Standard 102, from disclosing transactions with wholly owned subsidiaries. One of the Trustees is employed by Cancer Research UK which provides funding to the ICR in the form of grants awarded through open competition and external peer review. £26,535,000 of funding was received from Cancer Research UK during the year, and £47,000 from their subsidiary company Cancer Research UK Technology Ltd. This includes £3,344,000 in pending grant instalments included on the ICR's balance sheet. £26,000 was owed by Cancer Research UK Technology Ltd at the year end. One of the Trustees is Chief Executive of The Royal Marsden NHS Foundation Trust ("The Royal Marsden"). The ICR's Chief Executive is a non-executive director of The Royal Marsden. Research expenditure includes £3,542,000 and research grant income includes £3,518,000 in respect of collaborative research undertaken with The Royal Marsden. The year end accounts receivable balance includes £1,052,000 owed to ICR by The Royal Marsden and £1,489,000 was owed to The Royal Marsden by ICR.

24. Accounting estimates and judgements

These accounts have been prepared using a number of assumptions concerning the carrying amount of assets and liabilities within the next financial year.

Legacy income of £4,988,000 has been accrued based on the estimated value of legacy cases for which probate has been granted and any other related conditions met, for which no funds have yet been received.

The freehold and leasehold properties comprising the Institute of Cancer Research operational estate were valued as at 31 July 2022 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation - Professional Standards, January 2014 amendment, and April 2015 UK amendment and Financial Reporting Standard 102 and the 2019 Statement of Recommended Practice 'Accounting for Further and Higher Education'. The valuation was undertaken on a Fair Value basis, with specialised properties valued by reference to Depreciated Replacement Cost, and with non-specialised operational properties valued on a Fair Value basis equating to Market Value on the assumption of a continuation of the existing use. The valuation is reported under the special assumptions to exclude any value of development opportunities for which planning permission would be required and has not been granted or where development has not yet commenced.

ICR has considered whether building assets should be separated into components in order that different useful economic lives are reflected in the depreciation charge. ICR considers component accounting would not have a material impact on the depreciation charge.

The ICR has recognised a liability in respect of the commitment to contribute to a University Superannuation Scheme (USS) deficit recovery plan. FRS 102 makes the distinction between a group plan and a multi-employer scheme. The accounting for a multi-employer scheme where the employer has entered into an agreement with the scheme that determines how the employer will fund a deficit results in the recognition of a liability for the contributions payable that arise from the agreement (to the extent that they relate to the deficit) and the resulting expense in profit or loss in accordance with section 28 of FRS 102. The ICR is satisfied that Universities Superannuation Scheme meets the definition of a multi-employer scheme and has therefore recognised the discounted fair value of the contractual contributions under the recovery plan in existence at the date of approving the financial statements.

The calculation of the liability uses a discount rate of 3.31% based on a discount rate for high quality corporate bonds. The calculation also uses assumptions around future salary inflation and changes in staff numbers.

The ICR also recognises a liability in respect of the ICR defined benefit pension scheme. The valuation of this liability uses a number of assumptions, laid out in more detail in Note 21.

The Board of Trustees

The Board of Trustees is the governing body of the ICR and is constituted under Article 13 of its Articles of Association.

Name	Title/nominating body	Number of meetings could have attended*	Actual Attendance	Notes
Professor Chris Bakal PhD	Academic Board	6	4	
Professor Julia Buckingham FMedSci	Chair	6	6	
Mr William Burns BA(Hons)	Co-option	6	5	
Mrs Mandy Donald BAcc	Co-option	6	6	
Miss Rachel Evans	Student	3	3	Until 28 February 2022
Mr Charlie Foreman BA	Co-option	6	5	
Dr Iain Foulkes PhD	CRUK	6	5	
Mr Charlie Geffen	Deputy Chair / Co-option	6	5	
Professor Kristian Helin	Chief Executive and President / Ex Officio	6	6	From 1 September 2021
Professor Clare Isacke FMedSci	Dean of Academic & Research Affairs	6	6	
Professor Nicholas Jones FMedSci	Co-option	6	5	
Mr Bastien Lecoer	Student	3	3	From March 2022
Mr Karl Munslow-Ong BA(Econ) MSc	Alternate Director to Cally Palmer / The Royal Marsden	1	1	
Dame Cally Palmer MSc MIHM DipHSM	The Royal Marsden	6	3	
Mr Ruchir Rodrigues MSc	Co-option	6	3	
Mr John Shakeshaft MA	Co-option	6	6	
Professor Paul Workman FRS FMedSci	Chief Executive and President / Ex Officio	0	0	Until 31 August 2021

*Includes Board of Trustees, Nomination Committee and Remuneration Committee meetings

Senior members of staff in attendance at Board of Trustees meetings:

Mr Paul Norris BSc(Hons) ACA MBA	Director of Finance
Mr Gordon Stewart LLB (Hons)	Chief Operating Officer
Professor Janet Shipley BSc, PhD, FRCPath	Head, Division of Molecular Pathology
Professor Jonathon Pines FRS, FMedSci, PhD	Head, Division of Cancer Biology
Professor Kevin Harrington PhD FRCP FRCR FRSB	Head, Division of Radiotherapy & Imaging

Governing committees, fellows, members and associates

The ICR benefits from external expertise on the following committees that report to the Board of Trustees (as at 31 July 2022):

Fellows of the ICR

The honorary appointment of Fellow of the ICR is conferred upon distinguished individuals who have some connection with the ICR or with cancer research in its broadest sense. Such appointments are in recognition of past achievement and based on a major contribution to the advancement of the ICR's objectives.

Sir John Michael Ashworth
 Professor Sir Kenneth Charles Calman
 Professor Daniel Catovsky
 Mr Edward Alexander Campbell Cottrell
 Dr Michael Joseph Crumpton
 Professor Mike Dexter
 Lord Charles Michael Faringdon
 Professor Peter Bryan Garland
 Mr Jonathan Mark Kipling
 Baroness Delyth Jane Morgan of Drefelin
 Professor Sir Michael John Peckham
 Professor Michael Derek Waterfield
 Professor Robert Anthony Weiss

Members of the ICR

Members of the ICR are persons who, by reason of their past and present contributions, are, in the opinion of the Board of Trustees, likely to assist the furtherance of the objects of the ICR. Members are subscribers to the ICR's Articles of Association and as such are entitled to attend any Extraordinary General Meeting which may be convened.

Mr Neil Ashley
 Sir John Michael Ashworth
 Dr Peter John Bailey
 Dr David Barford
 Lord Bell
 Professor Alastair John Bellingham
 Mr Roger Nicholas Bird
 Professor Sir Tom Leon Blundell
 Dr Mark William Bodmer
 Sir Marsom Henry Boyd-Carpenter
 Professor Julia Buckingham
 Mr William Murray Burns
 Mr Graham John Clarke
 Mr Andrew Campbell
 Mr Edward Alexander Campbell Cottrell
 Miss Phyllis Margaret Cunningham
 Mr Stephen Rex Davie
 Professor Anthony John Swainson Davies

Mr Marcus Basil Ziani de Ferranti
 Mr Jeffrey Jack Defries
 Ms Mandy Donald
 Mr Anthony William Charlton Edwards
 Mr Richard John Elliott
 Lord Charles Michael Faringdon
 Dr Susan Elizabeth Foden
 Mr Charlie Foreman
 Mr Bernard William Freedman
 Mr David Richard Fryatt
 Mr Nigel Jones
 Professor Peter Bryan Garland
 Ms Sandra Gallagher
 Mr Charles Slade Henry Geffen
 Mr Dermot James Gleeson
 Dr Peter Neville Goodfellow
 Mrs Jane Elizabeth Hamilton
 Professor Adrian Llewellyn Harris
 Mr Clive Andrew Heaphy
 Mr Thomas Alexander Gavin Henderson
 Dr Trevor Anthony Hince
 Mr Ian Hodgson
 Mr James Hollond
 Mrs Susan Ann Johnson
 Mr Luke Oliver Johnson
 Professor Nicholas Jones
 Mr Peter John Charles Keemer
 Mr Jonathan Mark Kipling
 Professor Martin Leach
 Professor Ronald Alfred Laskey
 Mr Keith Cantwell Lawrance
 Mr Anthony Edward Lightly
 Mr Michael George Lillywhite
 Mr Justin Nicholas Macklin
 Mr Kenneth Alfred Markham
 Mr Frederick Ian Maroudas
 Professor Timothy Stanley Maughan
 Mr Christopher Richard Molloy
 Dr Michael James Morgan
 Professor Howard Redfern Morris
 Professor Ghulam Jeelani Mufti
 Ms Sharmila Nebhrajani
 Professor Stephen Neidle
 Dr Brendan Richard O'Neill
 Professor Robert John Ott
 Lady Helen Margaret Otton
 Ms Lianne Patterson
 Professor Sir Michael John Peckham
 Miss Annabel Clare Pillman
 Mrs Jenkin Rathbone
 Professor Lesley Howard Rees

Mrs Marie-Christine Riachi
Mrs Winifred Robbins
Mr Anthony John Roberts
Mr Ruchir Rodrigues
Lord RT Hon Richard Andrew Ryder
Mr Michael John Lawson Sales
Mr Guy Edmund Sangster
Mrs Catherine Scivier
Mr Julian Seymour
Mr John Shakeshaft
Mr Farhan Shakoor
Mr Richard Simon Sharp
Mr Martin Stephen Smith
Dr Keith Snell
Mr Ronald Edwin Spurgeon
Ms Auriol Stevens
Professor Sir Michael Rudolf Stratton
Mr Stuart Arthur Taylor
Mr James Thorne
Mr Michael John Usher
Professor Allan Theo van Oosterom
Miss Monica Irena Watson
Professor Steve Webb
Mr Michael William Weston
Mr John Frank Williamson
Mr Andrew Wolstenholme
Sir David Hugh Wootton
Dr Michael Robert Young

Associates of the ICR

Appointment as an Associate of the ICR is conferred on long serving ex-employees of the ICR or on those former members of staff or students or other individuals who are deemed eligible by reason of their having rendered exceptional service to the ICR or having otherwise done something outstanding to enhance the reputation of the ICR.

Dr Gladys Wynne Aherne
Mrs Rosemary Joan Atkins
Ms Linda Margaret Baldwin
Dr Susan Elaine Barrie
Mrs Elizabeth Anne Bennett
Mrs Susan Braddish
Mr Dennis A Brunning
Mrs Bridget Therese Carey-Watts
Mr Paul Carnochan
Professor Richard Lawrance Carter
Mr Christopher Stephen Chandler
Mr Nicholas David Clarke
Miss Susan Clinton
Mr Paul Frederick Collins
Mrs Gillian Alice Coombes
Mrs Jacqueline Ann Cordell
Professor Dame Jessica Lois Corner
Mrs Christine Croucher
Dr Douglas Augustine Darcy
Dr Lawrence Christopher Davies

Professor Suzanne Amy Eccles
Mr Paul Charles Farley
Mrs Carol Ann Faux
Dr Edwin Oscar Field
Dr Margaret Alice Flower
Mrs Ann Susan Ford
Mr Frank Friedlos
Professor Michelle Dawn Garrett
Mrs Phyllis Maud Goddard
Dr Graham Humphreys Goodwin
Dr Henry Steven Greer
Dr P Grover
Professor Barry Austin Gusterson
Professor Joseph Gustave Hall
Mr John Gordon Harris
Mr Alan John Hewer
Professor Christopher Rowland Hill
Mr Paul Stephen Hyett
Professor Ann Lesley Jackman
Ms Liz Jackson
Professor Michael Jarman
Mrs Marjorie Cameron Kipling
Mrs Betty Dorothy Lloyd
Mr Robert MacCormick
Mrs Ruth Marriott
Mrs Christine Martin
Dr Lesley-Ann Martin
Dr Estella Matutes
Dr Edward McDonald
Mr Robert Kenneth Merrifield
Mr Edward Reginald Howard Merryweather
Ms Judith Mills
Dr Martin Roy Osborne
Mr Kwasi Ampadu Owusu-Ankomah
Mr Geoffrey Douglas Parnell
Dr Hugh Forsyth Paterson
Dr John Peacock
Mrs Rosemary Ann Pendry
Ms Nina Padmini Perusinghe
Professor Charles Ross Pinkerton
Mrs Marcia Rangeley
Dr Jane Renshaw
Mr Dave Robertson
Dr Martin George Rowlands
Mrs Sheila Sanford
Mr Derek Simmons
Mrs Margaret Rosina Snigorska
Professor Gordon G Steel
Mr Arthur Leslie Stewart
Mrs Sylvia M Stockbridge
Mr Steve SurrIDGE
Miss Dorothy Lilian Tharp
Mr Maurizio Luigi Piero Valeri
Dr Stan Venitt
Mr William Warren
Dr Kathy Weston
Mrs Eileen Margaret Williams
Mrs Marion Zanelli

Legal and administrative information

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West Sussex RH6 0PA

Bankers

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1 London Wall Place London EC2Y 5AU

Sarasin & Partners

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Solicitors

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Registered Office

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Company number

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