

PAUL STRICKLAND SCANNER CENTRE

England & Wales · Charity number 298867

Details

Other names THE PAUL STRICKLAND SCANNER CENTRE

Status Registered

Legal form Charitable company

Company number [02033936](#)

Registered 1988-06-16

Register [View on the Charity Commission register](#)

Contact

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Activities

Objects: TO RELIEVE SICKNESS AND TO PROMOTE AND ADVANCE THE STUDY AND GENERAL KNOWLEDGE OF MEDICAL SCIENCE.

Activities: To provide state of the art cross sectional medical diagnostic imaging systems and operate them principally to benefit patients attending the Mount Vernon Cancer Centre, but also for patients referred from anywhere in the UK or abroad. To carry out late translational imaging research

Classification

- **How:** Provides Buildings/facilities/open Space, Provides Services, Sponsors Or Undertakes Research
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

Geography

- Bedford
- Buckinghamshire
- Harrow
- Hertfordshire
- Hillingdon
- Luton
- Slough

Finances

Period end	Income	Expenditure	Assets	Employees
2024-09-30	£9,419,820	£11,478,964	£9,715,646	74
2023-09-30	£8,895,821	£9,760,567	£11,774,790	71
2022-09-30	£8,012,809	£9,310,136	£12,639,536	72
2021-09-30	£8,450,180	£7,866,417	£13,936,863	69
2020-09-30	£7,470,869	£7,229,862	£13,353,100	64

Trustees

Name	Role	Appointed
Amanda Jane Page		2022-12-14
Andre Filipe Nunes		2023-04-21
David John Maloney		2025-06-28
Dr Terence Richard Wright		2025-05-27
George Wharton		2020-02-28
Jean Liao		2023-11-21
Joanne Lesley Langfield		2021-04-16
Nimisha Rajendra Jadeja		2021-04-16

Linked charities

- THE PAUL STRICKLAND SCANNER CENTRE APPEAL (298867-1)

PAUL STRICKLAND SCANNER CENTRE

England & Wales - Charity number 298867

Accounts



Our vision

comes

to life

Annual Report and Financial
Statements 2023-2024



PAUL
STRICKLAND
SCANNER
CENTRE

CANCER IMAGING EXPERTS

“

The staff were very good. Professional, informative and caring. Radiographer in particular was excellent.

PATIENT COMMENT

Registered charity no. 298867. Company no. 2033936
(England and Wales)

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in large print. Please ring 01923 886310.

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Chair's report

This report gives me the opportunity to provide an update on the work of Paul Strickland Scanner Centre over the past year. First of all, a big thank-you to all our donors, fundraisers and staff for their loyal support and hard work. Without them, we would not be able to deliver the highest quality imaging and support to Mount Vernon Cancer Centre and beyond.

Our staff deserve my gratitude for the supportive and empathetic care that they provide to all those having a scan at the PSSC. We recruited four more staff last year and were pleased that a number of our team members either started further education courses (for example Postgraduate Certificates in MRI and CT), or completed their studies. Ensuring we have highly skilled and trained staff is crucial to our ambitions to lead the way in the provision of imaging and diagnostic services. We were also pleased that staff from Paul Strickland Scanner Centre were able to present at the British Nuclear Medicine Society annual conference.

We were delighted to welcome a number of our supporters to our official opening of the new PET-CT scanner in September. Councillor Colleen Sullivan, the Mayor of Hillingdon, performed the official ribbon cutting ceremony and enjoyed a tour of the new facilities. It was very impressive to hear the staff describe the benefits of the new machine and especially the reduction in time taken to scan patients. Considerable advances in medical imaging technology since the centre was first set up in 1985 under Dr Strickland have completely transformed our service. Imaging quality has vastly improved, while the time taken for a typical scan has fallen drastically, with superior patient comfort and accuracy of diagnosis.

As part of the opening event, we were also delighted to hear presentations from two of our senior clinicians, Professor Anwar Padhani and Dr Wai Lup Wong. Both were eager to explain



Ms Joanne Langfield, Chair



We are deeply grateful to our supporters.

As an independent charity, we rely on your donations and fundraising to provide a world-class medical imaging service to our patients.



PAUL
STRICKLAND
SCANNER
CENTRE

Renies

how the efforts of the Paul Strickland Scanner Centre support our mission to provide outstanding advanced scanning technology and enhance the provision of life-changing diagnostics. Both clinicians were also keen to talk about how artificial intelligence (AI) is transforming our imaging services. The centre has taken a number of steps to enhance the experience of those having a scan – whether it's by installing faster scanners, or giving them access to a more comfortable scanner bed than older machines.

In terms of the Board of Trustees, we have not had any resignations this year and have welcomed a new Trustee, Ms Victoria Poole. Victoria runs a local Marketing and Communications company, and is able to provide brand and digital marketing expertise to the charity. She has been working with our Fundraising and Communications Team to develop new ways to promote the charity and the work we do in the local community. We are always keen to talk about our work to local voluntary groups and we were pleased to be able to talk about the work of the centre to the U3A, the Bedmond Women's Institute and the Science and Social Sub-committee of the Federation of Bucks Women Institutes. We enjoy these events and the opportunity to talk about our work. We know that many members of these groups have experience of cancer themselves or know someone who has had the disease, so it's helpful to be able to describe how our scans and imaging contribute to patients' care and treatment at Mount Vernon Cancer Centre.

I also wanted to thank supporter and volunteer Annie Harrington, who talked at the opening ceremony before a reception to mark the completion of our multi-million-pound centre revamp. Annie was able to talk about her personal experience of using the centre and how that led to volunteering for us. Annie was also involved in the patient experience group and helped us design the new patient waiting room. For those of you who have sat in the new waiting room, I hope you enjoy the furniture and ambience of the area, which is designed to make those waiting feel more comfortable than in the facilities we used to be able to offer.

As a result of our new PET-CT and other scanners, we have delivered 20,136 scans, 1,313 more than in last year.

I would also like to thank all our supporters who have run, walked, played golf or run quizzes to raise money for us. This has been very important to us given the financial challenges faced by charities. We are so grateful to all of you who support us through your activities, or by leaving us a legacy in your Will. As a charity, all our funding goes to providing scans and, although we receive income from the NHS and private sector for providing them with imaging services, this increasingly does not cover the costs of what we do.

Like other charities, we face rising costs and falling income, so all you do is of great help. Thank you.

This year, we have continued to work closely with our colleagues at Mount Vernon Cancer Centre. We recognise that for both Paul Strickland Scanner Centre and Mount Vernon the fabric of the building, despite investment by the NHS and us, is no longer fit for purpose. We have continued to be part of the group set up by NHS England East of England to develop a plan to relocate Mount Vernon Cancer Centre (along with Paul Strickland Scanner Centre) to new facilities, subject to a public consultation.

We expect the public consultation to take place in Spring 2025, although any move that is agreed will take some time to happen as a new cancer centre will need to be built. Meanwhile, we continue to do our best to mitigate the challenges of the estate and find ways to deliver the quality of care our patients and referrers expect.

Ms Joanne Langfield

Chair of the Board of Trustees



Trustees' report

OUR VISION

We will lead the way in imaging for the diagnosis, treatment and monitoring of cancer and other clinical conditions.



Our values describe what matters to us at Paul Strickland Scanner Centre. They are a promise of how we will carry out our work – how we will treat our patients, our staff and our partners.

“

Very enthusiastic, knowledgeable radiographer; answered all my questions in detail. Excellent service - very prompt and organised as usual.

Beating cancer, one scan at a time

We specialise in medical imaging scans that are critical in the treatment and monitoring of cancer and other serious conditions.

As a registered charity, our focus is on providing the best possible care to improve the lives of our patients. We offer MRI, CT, and PET-CT scans to both NHS and private patients from North West London, Middlesex, Hertfordshire, Buckinghamshire, and Bedfordshire. These scans are essential for diagnosing and monitoring cancer and other serious conditions, such as dementia. We also support life-changing medical research. As an independent charity with no government funding, we rely on the generosity of our supporters to keep our doors open and help us make a difference in the lives of our patients.

Public benefit

Our board of trustees is focused on making sure the charity's work meets the Charity Commission's guidance on public benefit. This Trustees' Annual Report confirms the purpose, activities and public benefits of the Charity.



Cancer imaging pioneer

Paul Strickland OBE

Dr Strickland qualified in 1943 and came to Mount Vernon Hospital in 1946, becoming a consultant radiotherapist in 1955.

For many years he was Chairman of the Mount Vernon Medical Committee and, in 1970, became head of the Radiotherapy Department. In 1988, 12 years after his official retirement, he was awarded the OBE.

Scanning for opportunities

In the 1970s, two British Nobel Laureates developed the CT and the MRI scanner. Dr Strickland quickly realised the importance of medical imaging in the accurate diagnosis and subsequent treatment of patients with cancer and other serious conditions.


In 1982, in the midst of a recession, he became Vice Chairman of the appeal to obtain a CT scanner for Mount Vernon. A friend remarked: "He was an absolute dynamo. He really drove everybody." The Appeal was launched in February 1983, aiming to reach £1,250,000 in three years. In just two years, by March 1985, £1,700,000 was raised, enough to fund a CT and an MRI scanner and the building to house them, which became Paul Strickland Scanner Centre. The result is a world class centre which attracts the highest calibre radiologists and radiographers.



The first diagnostic imaging unit for NHS and private patients in the UK

When Dr Paul Strickland launched his fundraising drive to buy the first scanner for Mount Vernon Hospital, nobody expected that a world-leading, independent cancer imaging centre bearing his name would be thriving on the same spot three-and-a-half decades later. The first diagnostic imaging unit for NHS and private patients in the UK, it opened in 1985 with one CT and one MRI scanner.

The first CT and MRI patients were scanned the same year, and both original scanners underwent the first of many upgrades and replacements in the early 1990s, thanks to the generosity of our supporters. There have been enormous advances in technology over the years. Image quality has improved dramatically, allowing a much more accurate diagnosis, and scans are much quicker, meaning we can scan many more patients. Whole-body MRI scanning, which is the centre's speciality and particularly important for patients with metastatic cancers, would not have been possible back then.



**Medical imaging
is now an essential
part of modern
cancer care and
changes thousands
of lives for the
better every year.**

Our CEO and team

Our staff team is led by Claire Strickland, who has been our Chief Executive since 2014. She reports to our Board of Trustees, which is chaired by Joanne Langfield, a long-standing member of our Board.

Our dedicated team plays a vital role in supporting frontline care. The vast majority of our 70+ staff are focused on providing high-quality service to our patients. This includes radiographers, who operate our advanced CT, MRI, and PET-CT equipment to produce crucial medical images, and radiologists, who specialise in diagnosing and reporting on illnesses and injuries through these images. In addition, our support staff ensure the smooth running of the centre, managing appointments and contributing to the overall patient experience. Together, our team is committed to delivering exceptional care every step of the way - from first contact through our Bookings Team from having their scans sent through to their referrer.

Fundraising and research

We have a fundraising and communications team who work to raise awareness and money to fund new scanners and research. Our clinical staff actively support medical research delivered at the centre.

A world-class centre which attracts the highest calibre radiologists and radiographers.



Claire Strickland, CEO

Objectives

To provide state of the art cross sectional medical diagnostic imaging systems and operate them principally to benefit patients attending the Mount Vernon Cancer Centre, but also for patients referred from anywhere in the UK or abroad. To carry out late translational imaging research.

Our objectives

- To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.
- To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.
- To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.
- To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.
- To improve staff engagement and organisational culture, ensuring patient safety as a top priority.

Objective 1

To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.





Booking

Our patient
journey

Bookings Team

Our in-house Bookings Team is often the first port of call for patients. We treat each and every patient as an individual, helping them find them a time slot for their scan that suits them.

Leah Page has been a member of our MRI Bookings Team since 2017. She said: "Cancer patients often face many emotional and physical challenges and I feel that at Paul Strickland Scanner Centre we offer an exceptional service tailored to their needs. We work very hard to accommodate their individual requirements as well as those of their referrers, whether a scan is needed urgently or whether someone is arriving by patient transport, or relies on friends and family to get to us."

"The team and I work very closely with our clinical colleagues, which means we are able to provide our patients with an efficient and effective service."





“

Friendly and
efficient, thank you.

PATIENT COMMENT

UKAS accreditation

We are very proud to continue to have achieved our UKAS Imaging Services Accreditation for the 8th year in a row.

UKAS accreditation of imaging services provides a patient-focused assessment that is designed to give stakeholders, service users, patients and their carers, confidence in their diagnosis and all aspects of their care. UKAS accredits to a recognised standard and this provides a framework for the NHS and private sector to provide consistently high-quality services, delivered by competent staff working in safe environments.

UKAS assesses imaging services to ensure that the standard's requirements are maintained through regular monitoring. Accreditation to standards is supported by NHS England and recognised by the Care Quality Commission (CQC).

Paula Merry, Quality and Governance Lead at Paul Strickland Scanner Centre, said: "Maintenance of our accreditation with UKAS is a testament to the work every staff member does, providing effective safe service whilst ensuring that the patient remains at the heart of what we do."



“

Accreditation
with UKAS
is a testament
to the work
every staff
member
does

PAULA MERRY

*Paula Merry, Quality and
Governance Lead*



Audit team

Striving for the best care and health outcomes for our patients

Our Audit Team actively promotes audit for all Paul Strickland Scanner Centre staff, overseeing development and coordination as well as monitoring implementation of the centre's Clinical Audit Programme. The team reports on compliance against existing guidance or internal standards and receives audit proposals as well as audits summary sheets for the centre. In addition, Audit Team members:

- Receive reports and findings from completed audit summaries and approve action plans arising from those audit findings
- Develop and maintain a robust system to monitor the progress of all Action Plans through to completion
- Present findings and learning points to centre staff
- Support staff undertaking audit
- Actively promote and search for new audit/research ideas.

Advanced Radiographer Manpreet Kaur Punia, our Clinical Audit Lead, joined us from a well-known private hospital in 2021. She said: "As the Clinical Audit Lead, I am incredibly proud of the team's exceptional work over the past year at Paul Strickland Scanner Centre. The centre is dedicated to fostering a culture of continuous improvement and excellence in patient care. Through our team's comprehensive audit programme, we ensure adherence to best practice guidelines, identifying any key areas of improvement while also highlighting where the service has achieved the highest standards in healthcare delivery. It is immensely fulfilling to see various improvements driven as a result of the implemented changes from the findings of our audits."

“

As the Clinical Audit Lead, I am incredibly proud of the team's exceptional work over the past year.

MANPREET KAUR PUNIA



Advanced Radiographer Manpreet Kaur Punia, our Clinical Audit Lead



“

Extremely friendly and professional staff, very punctual! Amazing.

PATIENT COMMENT

Objective 2

To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.





Arriving at Paul Strickland Scanner Centre

Patients report for their scan at our reception desk, where they are booked in by a member of our friendly team before waiting for their scan in our waiting room.





“

I would like to take this opportunity to say how wonderfully helpful Leah was in ensuring my wife's scan was transferred in time for the oncologist meeting we had.

“Unfortunately, my wife has terminal cancer and Leah went above and beyond with excellent communication with myself in order to assist me.”

Thank you to Leah and all the team for all your help and care.”

GEORGE, PAUL STRICKLAND
SCANNER CENTRE SUPPORTER ,
PICTURED HERE WITH TEAM MEMBER LEAH.

Patient satisfaction scores

Anonymous survey of 1,050 Paul Strickland Scanner Centre patients carried out during December 2023.



87.63%
Very Satisfied



11.57%
Satisfied



0.8%
Neither
Satisfied nor
Dissatisfied



0%
Dissatisfied



0%
Very
Dissatisfied

Patient Experience Group

Paul Strickland Scanner Centre has a dedicated multidisciplinary Patient Experience Team, which meets regularly throughout the year and drives the patient experience agenda.

The team is comprised of staff members who represent different disciplines within the Centre including radiographers, bookings, administration and communications. In addition to key staff members, a patient volunteer is part of the team, ensuring the patient perspective is heard and represented at all times.

Amongst other projects, multiple methods are used to acquire patient feedback, including via feedback cards handed to patients during the course of their appointment as well as by means of an annual patient satisfaction survey. This data enables us to create and develop a yearly action plan. All members of staff are involved in the patient experience agenda by means of an interactive Quality Improvement afternoon.

The team closely tracks the experience of patients at the centre and the centre makes changes to the service as a result. One particular success achieved was a marked increase in the amount of feedback the team were able to elicit from patients, with a significant increase in the number of patient feedback cards received back from patients during their visit, which allows the centre to keep its finger on the pulse of patient experience.

A key achievement of the group was to design a new reception area and waiting room, taking into account relevant research and patient input.

CASE STUDY

'It helps me massively to feel that I am able make my contribution after all they have come to mean to me over the years.'

"I have been a patient at Paul Strickland Scanner Centre since 2012, having regular MRI scans as part of the management of my condition. In that time, I have experienced the gamut of feelings many patients go through.

"The start can often mean fear and uncertainty - every day is a learning day - figuring out what your disease and its treatment means to you.

Obviously, over time, those feelings alter and, it's to be hoped, we find mechanisms to cope with them. Not everyone will use the same techniques but even realising that there are different ways to deal with the situations you're faced with is useful.

It's that patient experience that I try to recall on every Patient Experience Group meeting, in all scenarios whether it's a problem we are all working through or a new project.

The Paul Strickland Scanner Centre team are all professionals and all have many years' experience dealing with people in my situation but, happily, they are not in my situation. Thus, it helps them to be able to check their automatic perspective with that of an actual patient. And it helps me massively to feel that I am able make my contribution after all they have come to mean to me over the years."

“

The start can often mean fear and uncertainty - every day is a learning day.

ANNIE, PATIENT EXPERIENCE
GROUP MEMBER





“

Had many scans here -
always good, wonderful staff.

PATIENT COMMENT

Objective 3

To consolidate services and enhance local access to specialist services in order to deliver high-quality, safe, seamless, innovative and integrated services which are sustainable.





Having a scan at Paul Strickland Scanner Centre

Patients have access to three MRI scanners, a PET-CT scanner as well as a CT scanner at Paul Strickland Scanner Centre.

Scan times can vary but we do our utmost to ensure patient comfort and reassurance. We have always prided ourselves on having high-quality imaging equipment and have an active scanner replacement programme to ensure our equipment remains up-to-date.



“

I have been a few times
and always impressed
with the service.

PATIENT COMMENT

Multimillion-pound investment in Paul Strickland Scanner Centre completed

A new waiting room and high-tech PET-CT scanner suite have been officially opened

Councillor Colleen Sullivan cut the ribbon in September 2024 to officially open our new patient waiting room and PET-CT scanner suite, concluding a multimillion pound investment in our centre made possible by charitable donations. Since 2022, the centre has added two new MRI scanners, a new PET-CT scanner, a new waiting room, and a new reporting room, along with a very advanced radiology information system for the team of expert consultants who analyse the scans.

The new scanners, operated by our team of specialist radiographers, are equipped with the latest imaging technology and can produce higher quality images more quickly than the previous machines. This allows more patients to be scanned in a given time and can provide doctors with better information about a patient's condition, which can pave the way for more effective treatment and monitoring of their cancer.

In a heartfelt speech during the event, Paul Strickland Scanner Centre CEO Claire Strickland paid tribute to the donors, fundraisers, and other supporters who made the upgrade possible.

She said: "The level of investment we have been able to make would not have been possible without the generosity and hard work of our supporters. Our team at Paul Strickland Scanner Centre enjoys a worldwide reputation for excellence in cancer imaging, and charitable giving makes this possible."



Faster scans, better images, improved patient comfort

The first patients have been scanned on our brand-new PET-CT scanner, which was installed at Paul Strickland Scanner Centre during summer 2024.

The new scanner is called Vision 600 (below) and was made possible thanks to the generosity of our fundraisers and donors. It scans so rapidly that it has replaced two older machines.

Taking advantage of the new scanner's capabilities involved significant remodelling of our clinical areas, as well as addition of a brand-new patient waiting room and consultant reporting suite. The new PET-CT scanner is the latest addition to our fleet of new machines, after two very advanced new MRI scanners were installed during 2022.

In addition to being faster than the scanners it replaces, the new machine is more comfortable for patients and is capable of providing higher quality scan images – potentially paving the way for a more accurate diagnosis.



Charity-funded power injector improves patient access

Marie Fennessy, our superintendent for MRI, shares how the new MRI power injector has boosted flexibility and patient throughput

Thanks to the kindness and generosity of our donors and supporters, Paul Strickland Scanner Centre's MRI service was able to acquire a new MRI power injector recently, a device that can improve efficiency in providing patient care and opportunities for research collaborations for our team. In the world of medical imaging, equipment upgrades can have an outsized impact on patient care, with every advancement holding the potential to make a real difference.

A power injector is a highly specialised medical device that is used to inject contrast (a type of dye) into a patient with very high accuracy during their MRI examination. Power injectors deliver a consistent contrast flow rate that can be customised depending on patient need or research study requirements.

Marie Fennessy, our superintendent for MRI, said: "Before the introduction of our new MRI power injector, we grappled with limitations stemming from a single injector shared across three scanners, which meant scan slots had to be scheduled extremely carefully. Having two injectors has given us much more flexibility, significantly enhancing our operational capabilities."

Marie highlighted the precision and efficiency the new power injector makes possible during dynamic scanning procedures. "Our ability to administer contrast with pinpoint accuracy has been markedly enhanced. The new power injector ensures meticulous dosage delivery, thereby enhancing the reproducibility of our studies."



*MRI Superintendent
Marie Fennessy*



*'Having two injectors
has given us much more
flexibility'*



"With the new power injector, our radiographers can focus on concurrent tasks while the scan progresses. This optimises workflow, improves productivity and speeds up patient throughput, allowing more time for patient preparation."

Apart from routine clinical practice, the device holds significant benefits for research studies delivered at Paul Strickland Scanner Centre.

She said: "The new power injector has broadened our horizons, enabling exploration of additional research scans."

Marie expressed her heartfelt gratitude toward the donors whose support made it possible for the centre to buy the second MRI power injector, following a £20,000 fundraising appeal. "The contributions of our supporters and donors has been instrumental in improving our capabilities. Their generosity directly translates into enhanced patient care."





“

Professional and caring
approach throughout.

PATIENT COMMENT

Project Luna: Ensuring our sustainability for the future



The project team met regularly throughout the year and amongst other tasks performed a high-level options appraisal of several possible service opportunities. This exercise involved an evaluation of the strengths and benefits versus the hurdles and issues for each service.

This exercise clarified our intention to pilot a whole-body MRI cancer screening service – a service that is already widely available and for which there is a fast-growing market. Paul Strickland Scanner Centre has the established expertise and recognised reputation for Whole-Body MRI, making it an attractive potential income stream that would require relatively low upfront investment.

Other ideas for the future the team are exploring include the development of a brain health assessment scans. To prepare for Project Luna, Paul Strickland Scanner Centre launched a new website at the end of December 2023 which is more in line with the private patients market.



“

Great service - thank you.
Will contribute to charity.

PATIENT COMMENT

Objective 4

To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.





Getting the results

Following the appointment, our team of consultant radiologists will report the scan and send the results to the referring doctor. Pictured is Consultant Radiologist Dr Heminder Sokhi, a member of our team of cancer imaging experts, in our new radiology reporting suite.



22

Peer reviewed accepted journal publications by our clinical team.

Source: PubMed.gov

Data refer to the period between 1 October 2023 and 30 September 2024

1,017 research scans as part of 55 separate clinical trials (vs 770 scans as part of 56 trials during the previous reporting period).

45 involved CT
24 involved MRI scans
5 involved PET-CT scans.

Research revolution

Our in-house research team has ambitious plans for the future

The Research Team at Paul Strickland Scanner Centre has set itself the ambitious goal of revolutionising medical imaging and radiography research. Kirti Thakor, research radiographer at the centre, explains how she and the research team are working to establish the centre as a beacon of excellence in imaging-focused research.

“We want to be recognised as a centre where radiographers excel in clinical research,” says Kirti. The centre is not merely content with participating in and delivering clinical trials; it aims to drive innovations in imaging that directly enhance patient care and streamline processes for both patients and staff. One of the centre’s most exciting projects with the manufacturers is the innovation of a new imaging sequence that could eventually merge MRI and CT scan capabilities. “This could potentially (in future coming years) eliminate the need for separate CT scans in many cases, reducing radiation dose to patients whilst reducing hospital appointments and making the experience more comfortable for patients,” explains Kirti. This innovation exemplifies the centre’s commitment to reducing strain on our patients while meeting national targets for reducing waiting times. It could be a significant improvement for our patients, meaning they would need to make far fewer journeys to Mount Vernon.

Another exciting initiative is the Bright Light Therapy Project, which investigates the impact of light therapy on staff suffering from seasonal affective disorder (SAD). “We’re assessing if light therapy lamps, which simulate natural daylight, can improve the well-being of our staff during the winter months. It’s thrilling to work on a project that could potentially have a global impact if proven successful.”

The centre’s research extends beyond oncology into fields such as arthritis and liver imaging. Collaboration with other medical centres and hospitals is crucial to our research efforts. “We will be partnering with Hillingdon Hospital for research especially PET-CT scans and have worked with Imperial College on prostate imaging,” she says. These collaborations ensure that the centre remains at the forefront of medical imaging advancements.

The impact of our research on patient care is profound, particularly in oncology. “Many cancer patients participate in clinical trials as a last resort, but these trials often give them hope and access to cutting-edge treatments,” says Kirti. While the immediate benefits may not always be apparent, the long-term potential for improving cancer treatments is significant. Technological advancements also play an important role at Paul Strickland Scanner Centre. The centre utilises Artificial Intelligence (AI) reporting systems to enhance the accuracy and speed of diagnostics.

“AI helps in identifying lesions more efficiently, providing detailed reports faster, which is crucial for oncology patients who need timely and precise information,”.

Although significant progress has been made, there are still opportunities to enhance staff engagement and support research further. “Clinical research is demanding and requires continuous learning and skill development. Staff at the centre work extremely hard, making it a challenge to find time for research projects.”

To address this, the centre is engaging with staff to understand their needs and holds regular clinics to provide support and foster engagement.

Patient involvement is another area that the centre aims to take to a new level. Kirti acknowledges the need for a more structured approach to engage patients in research. “It would be great to have a separate patient experience group for research to gather their views and involve them in our projects,” she says. This patient-centric approach is essential for securing funding and ethics approval, and it aligns with the centre’s vision of making research more inclusive and impactful. “We want to be a research-focused imaging centre where radiographers excel in clinical research, and our work reflects that ambition every day. Our patients are critical in making all this possible.”

Fundraisers and supporters also play a vital role in the success of the centre’s research initiatives. “Donations are critical to what we are able to do for patients. Thank you for supporting us – it really means a lot to me and the team.” Kirti and the research team would love to hear from our supporters about what type of research they want to see.


“Their input is invaluable in shaping our research agenda and ensuring it meets the needs and expectations of patients and the wider community,” Kirti said.



Dr Amish Lakhani
MBBS MA (Cantab)
FRCR, Consultant
Radiologist
Lead Consultant,
Training




Andrew Gogbashian
MB BS MRCS
FRCR
Consultant
Oncological
Radiologist, Lead
Consultant for CT



**Professor Anwar
Padhani** MB BS FRCP
FRCR, Consultant
Radiologist Lead
Consultant, MRI




Dr Nemi Gandy
MBChB FRCR,
Consultant
Radionuclide
Radiologist




Dr Senan Alsanjari
MBBs, BSc, FRCR
Consultant
Radiologist



**Dr Subhadip
Ghosh-Ray**
BSc MBBS FRCR,
Consultant Head and
Neck Radiologist
Lead Consultant for
Information
Technology



**Dr Muhammad
Dharas, MBBS BSC**
Consultant
Radiologist



Dr Heminder Sokhi
MBChB MRCS FRCR,
Consultant
Radiologist



Dr David Lilburn
BSc (Hons) MB ChB
(Hons) MSc PhD FRCR,
Consultant Radiologist
(Molecular and Cancer
Imaging)

Dr Anthony Chambers
MB BS MRCP FRCR
Consultant Oncological
and Radionuclide
Radiologist,
Lead Consultant
for PET-CT



Dr Wai Lup Wong
BA (Hons) FRCP
FRCR
Consultant
Radiologist



Dr James Diss
BSc (Hons) MBBS
PhD FRCR,
Consultant
Radiologist



Dr Kathryn Wallitt MBBS,
BSc, FRCR,
Consultant
Radiologist,
Nuclear
Medicine



OUR CONSULTANT TEAM



SIEMENS
Healthineers



Revolutionary MRI technology reshapes cancer detection

Artificial Intelligence powered software pioneered at Paul Strickland Scanner Centre drastically shortens scan times and improves image quality

Cancer imaging is taking a leap forward, thanks to the fusion of advanced magnetic resonance imaging (MRI) techniques and deep learning being pioneered at Paul Strickland Scanner Centre.

The software is being used on our two new MRI scanners, which were installed in 2022 and made possible by significant legacy donations.

Recent research co-authored by three members of our clinical team showcases a transformative approach to whole-body diffusion-weighted imaging (WB-DWI) that significantly enhances image quality while cutting scan times by more than half.

Alongside a number of other experts in the field, our Deputy Superintendent Radiographer for MRI Mr Will McGuire, MRI Superintendent Radiographer Ms Marie Fennessy and our lead consultant for MRI, Prof Anwar Padhani, report on their findings in a paper that has just been published in European Radiology, a leading peer-reviewed academic journal.



Anwar Padhani



Will McGuire



Marie Fennessy

The promise of whole-body MRI

Over the past decade, WB-MRI has emerged as a powerful, non-invasive tool for cancer imaging. It provides a comprehensive view of both anatomical structures and functional processes, making it invaluable for staging cancer and assessing treatment responses. The technique is increasingly recognised not only for its role in cancer but also for its potential in screening and evaluating inflammatory conditions.

One key component of WB-MRI is diffusion-weighted imaging (DWI). This technique measures the movement of water molecules within tissues, which can indicate the presence of cancer cells. Traditional WB-DWI, while effective, requires long scan times and therefore isn't as readily available in other hospitals around the world.

Enter deep learning

The study delves into the efficacy of a deep learning-accelerated WB-DWI technique, known as Deep Resolve Boost (DRB). This method employs advanced algorithms to rapidly produce high-quality images from MRI data.

In the study, 50 patients with cancer in the bone marrow underwent WB-MRI scans using both traditional and DRB-accelerated DWI sequences. Radiologists compared the two sets of images, evaluating them based on several criteria: noise levels, artifacts, signal suppression, and the visibility of lesions.

Superior image quality and reduced scan times

The results were striking. In nearly 80 per cent of cases, radiologists preferred the DRB images over the conventional ones. This preference was particularly pronounced in patients with a higher body mass index (BMI). The DRB technique consistently produced images with fewer artifacts and better signal-to-noise ratios, which are critical for accurately identifying cancerous lesions. Quantitative assessments backed up these findings. The signal-to-noise and contrast-to-noise ratios were significantly higher in DRB images for all normal tissues.

Although the apparent diffusion coefficient (ADC) values, which help quantify tissue diffusivity, were slightly higher in normal tissues for DRB images, they did not differ for cancerous lesions. This consistency is crucial, as it ensures that the new technique does not compromise diagnostic accuracy.

Moreover, the acquisition time for DRB sequences was reduced by over 50%, dropping from 14 minutes to just under 7 minutes. This reduction is not just a matter of convenience; shorter scan times can significantly improve patient comfort and throughput in busy clinical settings.

Implications for Clinical Practice

The integration of deep learning into WB-DWI represents a significant advancement in medical imaging. The improved image quality and reduced scan times can enhance patient experience and streamline workflow in radiology departments. For patients, especially those undergoing frequent scans, the reduction in time spent in the MRI machine can alleviate discomfort and anxiety.

By providing high-quality images more rapidly, this technology has the potential to make WB-MRI more accessible and practical for routine use in cancer care. It could also facilitate more widespread adoption of WB-MRI for screening and monitoring purposes and reinforces the ongoing mission of Paul Strickland Scanner Centre to improve practice beyond our organisation.

Looking ahead

While the study is a promising step forward, it is just the beginning. As deep learning algorithms continue to evolve, we can expect even greater improvements in image quality and further reductions in scan times. Future research will likely focus on expanding the application of these techniques to other types of MRI and further refining the algorithms to enhance diagnostic accuracy.

- *The research paper is available online at <https://pubmed.ncbi.nlm.nih.gov/38960946/>*



I've been a regular customer for sixteen years and I'm very appreciative of Paul Strickland Scanner Centre. You give a gold star service. The staff are always friendly and professional, and it is very well run. I have almost never been kept waiting more than 10 minutes.

PATIENT COMMENT



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The atmosphere is calm
and friendly.

PATIENT COMMENT

Objective 5

To improve staff engagement and organisational culture, ensuring patient safety as a top priority.



Staff engagement

The centre has a small Fundraising and Communications team, which works to raise money through our donors and fundraisers.

The high cost of living has inevitably had an impact on our voluntary income, however the team has taken steps to mitigate this by focussing on legacies marketing, engaging with community groups such as the U3A and local branches of the Women's Institute and inviting a number of major donors to an evening reception in order to show how their donations have made an impact on Paul Strickland Scanner Centre.

The team were able to secure not just a number of donations from charitable foundations and succeeded in increasing our income from companies and networking events for local businesses.

In addition, the centre also developed a new website, which is more user friendly and showcases our service and the impact of donors, as well as how people can support our cause.



Pierre du Bois (left) and Geraldine Dammen from our Fundraising and Communications Team pictured with Hillingdon Chamber of Commerce CEO Andy Sharma.

Staff Attitude Survey: Positive Highlights

Our latest staff attitude survey demonstrates the centre's strong commitment to fostering a compassionate, inclusive, and engaging workplace, with several noteworthy highlights:



Safety

72%

...would feel secure raising concerns about unsafe clinical practice – up from 60% in 2022.



Patient focus

97%

...of staff feel their role positively impacts patient care, far exceeding the NHS average of 87%.

89%

...agree that patient care is a top priority, significantly higher than the NHS benchmark of 76%.

86%

...would recommend the organisation's services to others, reflecting a strong endorsement of the quality of care provided.



Leadership



...of staff feel their manager cares about their concerns, matching the NHS average.



...agree their manager collaborates with them to address problems, broadly in line with the NHS benchmark of 67%.



Workplace satisfaction



...of staff would recommend the organisation as a place to work, which is in line with the NHS.

As a result of the survey, the centre's Strategy Team delivered a programme of change in line with our spirit of constant improvement, including a major programme to involve our staff in the development of a values charter for Paul Strickland Scanner Centre.

In addition, we carried out an ambitious programme to support and deepen the culture of philanthropy at Paul Strickland Scanner Centre.

Bringing staff together for shared learning: Our QI afternoons

The centre holds regular Quality Improvement (QI) afternoons throughout the year, which are an important opportunity for staff engagement and shared learning.

The December Quality Improvement (QI) afternoon at Paul Strickland Scanner Centre for example focused on enhancing safety and fostering a culture of continuous learning. Bringing together both onsite and remote participants, the session included practical training and discussions aimed at improving clinical practices and organisational resilience.

Topics covered included an overview of the centre's health and safety team's remit, followed by spills training, designed to ensure all staff could respond effectively to potential incidents. Subsequent audit presentations addressed key topics, including the comparison of creatinine versus eGFR in imaging, the use of 24G yellow cannulas in CT, and updates on iMAR reconstruction in CT imaging. Each presentation was carefully tailored to emphasise patient safety and encourage evidence-based decision-making.

A session on business continuity highlighted lessons learned and strategies to strengthen organisational preparedness. The meeting concluded with discussions on organisational values and an open forum for staff feedback, further reinforcing the importance of staff engagement in shaping a positive workplace culture.

The main focus of the session was on embedding safety into every aspect of the centre's work. By addressing practical skills, sharing knowledge, and encouraging open dialogue, the event underscored the team's commitment to delivering safe, high-quality care to patients.



Members of our team during one of our QI afternoons



Giving something back

Many of our patients, their families and friends are inspired by our service to 'give something back' by fundraising for us.





Sporting events

Jennie Wardle and her daughter Evie were amongst our supporters who took part in The Big Half during September. The 13.1mile course weaves through London from Tower Bridge to the iconic Cutty Sark in Greenwich.



Spring walk

On Bank Holiday Monday 6 May, more than 100 loyal supporters and some four-legged friends braved the very wet weather to walk up to 10km for our Stepping Up For Cancer spring walk. Since the event first started in 2005 this was the muddiest walk we have had, but it raised over £4,000 for the centre.





Our golf day

Our golf day in June raised an amazing £11,500. Pictured are winners Flannery Plant Hire together with organisers Pam Holland (second from right) and Caroline Wren (right).

How we manage principal risks and uncertainties

At bi-monthly board meetings the Trustees continue to focus on major risks for the charity which would have a severe impact on operational performance as well as reputation, should they occur.

The Audit and Risk Committee, which is a sub-committee of the Board of Trustees, met three times during the reporting period. The work of the sub-committee is reported to the Board of Trustees.

The committee jointly reviews the centre's risk register, and during the reporting period reviewed all risks on the register, including compliance, clinical risk, income, contracts, business continuity, costs, investments, succession planning, fundraising, growth, capacity and expansion as well as business approach and governance. The Audit and Risk Committee updates the risk register after each meeting, which the board then reviews annually. The latest review by the Board took place on 15 November 2024.

We carry out surveys amongst patients and referrers to see how satisfied they are with our service. Our staff analyse the results, develop, and implement action plans to make improvements which will improve the experience for both patients and the doctors who referred them. Clinical audit and peer review of reports form an important part of the overall quality review process and serve not only as a safeguard for patients, but also facilitate individual and collective learning. Reviewing and learning from internal audits, past scan reports and correct identifications of disease or otherwise provides a forum for learning and forms a body of evidence of reflective practice to support annual appraisals and revalidation.

Learning Meetings are held regularly to give radiologists an opportunity to discuss specific cases with learning points. The outcomes of the meeting are communicated to all our reporters by the radiology governance lead. Depending on the urgency of the feedback, prior or subsequent communications between staff and referrers take place through which any potential patient harm is minimised and the lesson learnt is appropriately shared. Through appraisals, reporters also personally reflect on points learned and actions taken. The centre has a reciprocal peer review arrangement with University College London Hospitals (UCLH) for PET-CT scan reports.

Financial Review

This financial review outlines our charity's financial performance over the year, as detailed in the accompanying financial statements.

Total income for the year ended 30 September 2024 was £9.420m (2023: £8.896m), broadly in line with our forecasts and reflecting a 6% increase year-on-year. This growth is primarily attributable to the strategic expansion of our charitable activities, particularly the investment in new MRI scanners during the previous year.

Income from charitable activities rose to £8.732m (2023: £8.102m), representing an increase of £630k (8%). The principal driver of income continues to be the number of scans performed. During the year, 20,136 scans were carried out, up from 18,823 in 2022/23 - an increase of 1,313 scans (7%). This increase is closely linked to the successful deployment of additional MRI scanners. The type and complexity of scans undertaken also influence revenue, due to the NHS tariff-based pricing structure. Historical scan volumes are as follows:

2019 16,955	2022 17,243
2020 15,116	2023 18,823
2021 16,176	2024 20,136

Total expenditure increased by £1.718m, rising from £9.761m to £11.479m (18%). The key contributors to this increase were higher staff costs (£460k), increased depreciation charges (£402k), and a rise in operating lease rentals (£357k). Despite these pressures, the charity has proactively introduced cost management strategies such as process automation, contract renegotiations, and procurement efficiencies to help mitigate these rising costs.

The charity reported a deficit of £2.059m for the year (2023: £0.865m deficit). While this represents a deterioration in financial performance, it reflects the challenging economic environment, rising inflation, and the impact of NHS price tariffs, which constrain income growth by not keeping pace with the rising cost of delivering services.

In response, the charity remains committed to generating a sustainable surplus in future years to fund continued investment in scanning technology, equipment, and service delivery. During the year, £3.818m was invested in property improvements, new scanners, and related equipment. Depreciation on fixed assets amounted to £1.127m.

As a result of this significant capital investment and the operating deficit, the charity's financial position has weakened, with net assets decreasing to £9.716m (2023: £11.775m). Notably, £3.818m of capital expenditure included the acquisition of a new PET CT scanner, which is expected to significantly expand our service capacity and reduce waiting times for beneficiaries.

Despite the reported deficit, the charity maintains a strong liquidity position, with cash and investment balances of £4.462m as at the year-end.



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The staff are the best I've seen in the NHS, well done all.

PATIENT COMMENT

Structure, Governance and Management

TRUSTEES AND THEIR INTERESTS

Paul Strickland Scanner Centre is a charitable company, limited by guarantee. It is a registered charity governed by its Articles of Association and it does not have share capital, therefore, there are no Trustees' interests.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of Paul Strickland Scanner Centre for the purposes of company law) are responsible for preparing the Trustees Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the trustees to prepare financial statements for each financial year. Under company law the 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 charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Observe the methods and principles in the Charities SORP 2019 (FRS 102);
- 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 charity will continue its activities.

Our Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

HOW WE WORK

The governing document of Paul Strickland Scanner Centre is its Articles of Association, and policy decisions are made by our Board of Trustees. As set out in the Articles of Association, new Trustees may be appointed by the existing Trustees by resolution but must retire from office at the next general meeting and shall be eligible for election at that meeting. At each annual general meeting one third of the Trustees must retire from office. The Trustees to retire by rotation shall be those who have been longest in office since their last appointment. A Trustee shall not hold office for more than nine consecutive years and shall not be eligible for appointment or re-election upon the expiry of such period until a period of twelve months has elapsed since they retired as a Trustee. There shall be a minimum of three and a maximum of twelve Trustees. Our Trustees come from a variety of backgrounds and have been carefully chosen because of their qualifications, experience, or connection to our cause and patient community.

Our chief executive officer is Claire Strickland. She isn't on the board and the Trustees have delegated the daily running of the charity to her and she is supported by the staff team. Claire and her strategy team are accountable to the Board of Trustees, who meet six times per year.

NEW TRUSTEES

When we need a new Trustee to join our board, we invite candidates to the centre, show them around and tell them about our work. Candidates are selected by interview involving at least two Trustees. They also meet the other Trustees and get the opportunity to ask them about the charity and the work of the board. We circulate their CV to the existing Trustees and provide the candidate with an information pack about the different types of scans at the centre, our financial situation and the latest financial statements. Once their appointment has been agreed by the board, we provide new Trustees with copies of our governing documents. This includes the board terms of reference, statement of Trustee liability, frequency and timings of board meetings, a list of current Trustees, organisational structure, our current strategic plan and summary of all insurance policies. Each Trustee takes part in a carefully designed induction programme to help them understand how we help patients and their families as well as what their responsibilities are.

INVESTMENT POWERS

Under the Articles of Association, our Trustees have the power to decide which investments are best for the charity. We follow a cautious investment strategy and have taken careful steps to make sure that our reserves are not put at undue risk. During the period and at the Balance Sheet date, most of our cash reserves have been put in short term fixed deposit accounts spread across a range of institutions. This is a prudent approach and deposits are held in short term account of usually no longer than 6 months maturity so that we remain flexible.

RESERVES POLICY STATEMENT

The Trustees regularly review and maintain a Reserves Policy to ensure the charity holds sufficient resources to meet its operational commitments and safeguard the sustainability of services in line with its charitable objectives.

The policy sets a target level of free reserves – defined as unrestricted and undesignated funds—equivalent to 6 to 9 months of operational expenditure. This level is considered necessary to:

- Protect against financial uncertainty or unexpected shortfalls in income
- Ensure continuity of core services, including staff salaries and clinical operations
- Allow for an orderly wind-down of activities, should it ever be required
- Provide flexibility to respond to emergencies or emerging strategic opportunities

As at 30 September 2024, the charity's free reserves totalled £2,597,162 (2023: £4,997,579). This represents the portion of unrestricted funds not designated for specific purposes.

This level of free reserves currently falls below the target range, reflecting:

- Significant capital investments in PET-CT and MRI scanners made during the current and prior year
- Operational deficits resulting from the economic downturn, inflationary pressures, and NHS tariff constraints, which limit income despite rising service delivery costs

Despite this reduction, the charity maintains a strong liquidity position, with total cash and investment balances of £4.462m. The Trustees have assessed the current financial situation and concluded that a temporary reduction in the reserves target to between 3 and 6 months of operational expenditure is appropriate in the short to medium term.

The Trustees are closely monitoring this position. While current reserves are deemed sufficient to meet the charity's immediate operational needs, continued operational deficits are forecast. The Trustees recognise that a longer-term strategy is required to restore reserves to the desired range.

Strategies under active consideration include:

- Diversifying income streams
- Strengthening commissioning and funding arrangements
- Improving operational efficiencies

The Trustees remain fully committed to regularly reviewing the Reserves Policy and the financial position of the charity to ensure long-term resilience and the continued delivery of high-quality diagnostic services to patients.

STAFF PAY AND CONDITIONS

Pay and conditions of staff are determined nationally, as set out in the NHS Terms and Conditions of Service Handbook and subject to a national job evaluation scheme.

CRITERIA OR MEASURES USED TO ASSESS SUCCESS IN THE REPORTING PERIOD

A set of key performance indicators is in place and these are measured throughout the reporting period, so that Trustees can assess the charity's performance and results against its objectives to ensure the charity is working towards meeting them. It is reviewed and discussed at board meetings. The measures include activity, quality, patient experience and contract compliance and these are discussed in the relevant earlier sections of the report.

FUNDRAISING COMPLIANCE

The fundraising team at Paul Strickland Scanner Centre organises events and other fundraising activities in the local community. The high cost of living brought about by the spike in energy prices

in recent years as well as much higher mortgage rates due to a significant rise in interest rates has put pressure on our fundraising income streams in common with many other charities, as donors have less disposable income than previously. The team has taken mitigating actions as a result, including building major donor and trusts and foundations fundraising capacity, plus continuing our sustained focus on legacies fundraising. Additionally, we have reached out to community groups and the local business community to raise our profile and establish new fundraising income streams.

Paul Strickland Scanner Centre has signed up to the Fundraising Regulator's Code of Fundraising Practice. The team keeps up to date with the latest developments and best practice by attending conferences and webinars throughout the year. Volunteer fundraisers are given a briefing by the Information Governance lead before they raise funds for Paul Strickland Scanner Centre. All direct marketing is undertaken by the fundraising team and trained volunteers to ensure that it is not unreasonably intrusive or persistent. Contact is made through direct marketing five times a year with our supporter magazine, as well as through relevant emails to those who have consented to receiving email and selective leaflet drops in the community. We closely follow UK-GDPR guidelines.

All marketing material contains clear instructions on how a person can be removed from mailing lists. No complaints for conduct that contravenes the Fundraising Regulator's Code of Practice were received by the department in this period.

BOARD OF TRUSTEES

The Trustees serving during the year and since year end were as follows:

Mrs Nimisha Jadeja

Ms Joanne Langfield (Chair)

Mrs Jean Liao (Appointed November 2023)

Mr André Nunes

Ms Amy Page

Ms Victoria Poole (Appointed June 2024)

Mr Daniel Ross (Treasurer)

Mr George Wharton



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Amazing Service,
Staff extremely kind.

PATIENT COMMENT

Other administrative details

Company Number: 02033936

Charity registration number: 298867

Registered office: Paul Strickland Scanner Centre, Mount Vernon Hospital,
Rickmansworth Road, Northwood, HA6 2RN

Principal Bankers: Barclays Bank plc.

Solicitors: Veale Wasbrough Vizards LLP

Auditors

Our auditors, Nunn Hayward LLP, are deemed to be reappointed under section 487(2) of the Companies Act 2006. Their address is: Nunn Hayward LLP, Chartered Accountants and Statutory Auditor, 2-4 Packhorse Road, Gerrards Cross, Buckinghamshire, SL9 7QE.

RELATED PARTIES

Details of transactions with Trustees and other related parties are given in Note 17 to the financial statements.

STATEMENT OF DISCLOSURE TO THE AUDITORS

So far as the Trustees are aware, there is no relevant audit information (as defined by Section 418 of the Companies Act 2006) of which the charity's auditors are unaware, and each Trustee has 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 charity's auditors are aware of that information. In approving the Trustees' Annual Report, we also approve the strategic report included therein, in our capacity as company directors..

Ms Joanne Langfield,

Chair of the board of Trustees, dated 25 April 2025

On behalf of the Board of Trustees



Independent auditor's report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

We have audited the financial statements of Paul Strickland Scanner Centre (the 'charitable company') for the year ended 30 September 2024 which comprise the statement of financial activities, the balance sheet, cash flow statement and the related notes, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2024 and of its incoming resources and application of resources, including its income and expenditure, 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.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK,

including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees' report, which includes the strategic report and the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and

- the strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report included within the trustees' report.

We have nothing to report in respect of the following matters where 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 trustees' and directors' remuneration specified by law are not made or;
- we have not received all the information and explanations we require for our audit.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Statement of Trustees Responsibilities set out on page 72, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, then designed and performed audit procedures that addressed these risks in order to obtain sufficient and appropriate audit evidence to provide a basis for our opinion. These procedures and the extent to which they are capable of detecting irregularities, including fraud, are detailed below.

- Enquiry of management, those charged with governance and the charitable company's solicitors around actual and potential litigation and claims.
- Enquiry of the charitable company's staff in accounting, tax and compliance functions to identify any instances of non-compliance with laws and regulations having a direct effect on the financial statements including the Companies Act 2006, the Charities Act 2011 and the Charities SORP (FRS 102).
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with the above mentioned laws and regulations,
- Enquiry of the charitable company's staff in accounting, tax and compliance functions to identify any instances of non-compliance with other laws and regulations which do not have a direct effect on the financial statements but compliance with which could be fundamental to the charity's ability to operate or to avoid a material penalty, including CQC regulations.
- Reviewing minutes of meetings of those charged with governance including their own assessment of significant risks as carried out and reported by the Audit and Risk Committee.

- Auditing the risk of management override of controls, including through testing journal entries and other adjustments for appropriateness, and evaluating the business rationale of significant transactions outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities 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.

This report is made solely to the charitable company's members (who are also the trustees for the purposes of charity law and the company's members and directors for the purposes of company law), as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's trustees, as a body, in accordance with regulations made under section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Tom Lacey (Senior Statutory Auditor)

for and on behalf of Nunn Hayward LLP, Statutory Auditor

Nunn Hayward LLP is eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006

2-4 Packhorse Road, Gerrards Cross, Buckinghamshire SL9 7QE

Date: 25 April 2025

Statement of financial activities

(including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2024

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2024 £	Total 2023 £
INCOME						
<i>Donations and legacies</i>	3	329,035	-	29,259	358,294	517,838
<i>Income from charitable activities:</i>						
Clinical services	3	8,731,638	-	-	8,731,638	8,101,628
Investment income	3	329,888	-	-	329,888	276,355
TOTAL INCOME	16	9,390,561	-	29,259	9,419,820	8,895,821
EXPENDITURE						
<i>Costs of raising funds</i>	5	272,411	-	-	272,411	179,560
<i>Expenditure on charitable activities</i>	6	11,201,862	-	4,691	11,206,553	9,581,007
TOTAL EXPENDITURE	16	11,474,273	-	4,691	11,478,964	9,760,567
NET (EXPENDITURE)/INCOME		(2,083,712)	-	24,568	(2,059,144)	(864,746)
TRANSFERS BETWEEN FUNDS	16	(316,705)	367,967	(51,262)	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(2,400,417)	367,967	(26,694)	(2,059,144)	(864,746)
RECONCILIATION OF FUNDS						
FUNDS BROUGHT FORWARD	15,16	4,997,579	6,675,239	101,972	11,774,790	12,639,536
FUNDS CARRIED FORWARD	15,16	2,597,162	7,043,206	75,278	9,715,646	11,774,790

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 89 to 106 form part of these financial statements.

Balance sheet

AS AT 30TH SEPTEMBER 2024

		2024		2023	
	Notes	£	£	£	£
FIXED ASSETS					
Tangible assets	8		6,812,206		4,121,239
Investments	9		231,000		2,554,000
			<u>7,043,206</u>		<u>6,675,239</u>
CURRENT ASSETS					
Debtors	10	2,158,448		2,282,762	
Cash at bank and in hand	9	<u>4,230,773</u>		<u>6,038,765</u>	
		6,389,221		8,321,527	
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR					
Creditors and accruals	11	<u>3,699,806</u>		<u>3,185,407</u>	
NET CURRENT ASSETS			<u>2,689,415</u>		<u>5,136,120</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>9,732,621</u>		<u>11,811,359</u>
CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR					
	12		<u>16,975</u>		<u>36,569</u>
TOTAL NET ASSETS			<u><u>9,715,646</u></u>		<u><u>11,774,790</u></u>
FUNDS:					
Unrestricted funds:					
- General funds	16		2,597,162		4,997,579
- Designated funds	16		7,043,206		6,675,239
Total unrestricted funds			<u>9,640,368</u>		<u>11,672,818</u>
Restricted funds	16		<u>75,278</u>		<u>101,972</u>
TOTAL CHARITY FUNDS			<u><u>9,715,646</u></u>		<u><u>11,774,790</u></u>

Balance sheet (continued)

AS AT 30TH SEPTEMBER 2024

These financial statements were approved at a meeting of the Trustees held on 25 April 2025.

Mr Daniel Ross - Trustee

Ms Joanne Langfield – Trustee

Company number: 02033936

Registered Charity number: 298867

The notes on pages 89 to 106 form part of these financial statements.

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2024

	Notes	2024 £	2023 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash provided by/(used in) operating activities	1	(425,475)	378,020
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		136,002	71,359
Purchase of tangible fixed assets		(3,818,170)	(1,530,811)
Disposals of tangible fixed assets		-	-
Net cash used in investing activities		(3,682,168)	(1,459,452)
CASH FLOWS FROM FINANCING ACTIVITIES			
Interest paid		(2,495)	(3,502)
Repayment of obligations under finance leases		(20,854)	(19,848)
Net cash used in financing activities		(23,349)	(23,350)
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS		(4,130,992)	(1,104,782)
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		8,592,765	9,697,547
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	4,461,773	8,592,765

Notes to the cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2024

1. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2024	2023
	£	£
Net expenditure and net movement in funds for the year (as per the Statement of Financial Activities)	(2,059,144)	(864,746)
Adjustments for:		
Depreciation charges	1,127,203	725,306
Profit on sale of fixed assets	-	-
Interest received	(136,002)	(71,359)
Interest paid	2,495	3,502
Decrease/(increase) in debtors	124,314	(385,613)
Increase/(decrease) in creditors	515,659	970,930
Net cash provided by operating activities	(425,475)	378,020

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2024	2023
	£	£
Fixed asset investments - term deposits	231,000	2,554,000
Cash at bank and in hand	4,230,773	6,038,765
	4,461,773	8,592,765

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2024

1. STATUTORY INFORMATION

Paul Strickland Scanner Centre is a company limited by guarantee registered in England and Wales (company number 02033936). The liability of the members (who are also the trustees) is limited to £1 each in the event of winding up. The charity's registered and principal office is Mount Vernon Hospital, Northwood, Middlesex, HA6 2RN.

The accounts are presented in £ Sterling and rounded to the nearest £1.

2. STATEMENT OF ACCOUNTING POLICIES

The accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

2.1 Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

Paul Strickland Scanner Centre meets the definition of a public benefit entity under FRS 102. The financial statements are prepared on a going concern basis and under the historic cost convention unless otherwise stated in the relevant accounting policy note(s).

2.2 Income

Income is credited to the statement of the financial activities in the period to which it relates. With the exception of voluntary income arising from legacies, donations and gifts, all income is credited to the statement of financial activities on a receivable basis.

Income from donations and gifts is recognised on a cash received basis. Income from pecuniary legacies are recognised as receivable once probate has been granted and notification has been received. Residuary legacies are recognised as receivable once probate has been granted, provided that sufficient information has been received to enable valuation of the charity's entitlement.

Income tax recoverable in respect of gift aid donations received to 30 September 2024 has been accrued for in these financial statements.

Fees receivable for scans are brought into the financial statements on the date on which the services are provided by the scanner centre.

Investment income is recognised on a receivable basis

Grants received, which relate to a specific period of time, are dealt with on an accruals basis.

2.3 Donated services

The charity is not in receipt of any donated goods or services except for general volunteers and advertising services. In accordance with the Charities SORP (FRS 102), the economic contribution of general volunteers is not recognised in the accounts. Advertising services are recognised as income donated in the period in which the service is received, with an equal amount recognised as an expense in the same period.

2.4 Expenditure

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates.

Costs of raising funds comprises the costs associated with attracting and managing donated income.

Expenditure on charitable activities comprises services identifiable as wholly or mainly in support of the company's charitable and operational work. These costs are regarded as an integral part of carrying out the direct charitable objectives of the charity and include an appropriate proportion of overhead costs. Research and development expenditure is written off in the statement of financial activities in the year in which it is incurred.

Governance costs comprise expenditure incurred for constitutional and statutory requirements and are included within expenditure on charitable activities.

Support costs are costs indirectly incurred by the charity in supporting its charitable activities. They include the central functions and have been allocated to categories on a basis consistent with the use of resources.

2.5 Tangible fixed assets

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Land and buildings leasehold -	over the length of the lease
Property improvements -	over the length of the lease
Scanners -	between 5 - 7 years straight line
Scanner upgrades -	between 4 - 6 years straight line
Equipment -	25% straight line

Where significant building costs are incurred in order to install the new scanners, these costs are capitalised and depreciated in line with the respective scanner. General property improvements are depreciated over the remaining length of the lease.

At the year end fixed assets are reviewed to determine whether there is any indication that those assets have suffered impairment loss. If there is an indication of possible impairment, the recoverable amount of any affected assets is estimated and compared to its carrying amount. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised in the statement of financial activities.

If an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but not in excess of the amount that would have been determined had no impairment loss been recognised for the assets in prior years. A reversal of an impairment loss is recognised immediately in the statement of financial activities.

2.6 Investments

Investments are deposits held at bank which have been set aside for future capital expenditure and equal the amount of designated funds.

2.7 Debtors

Fees receivable and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid based on the cost value of the expenditure suffered.

2.8 Cash at bank

Cash at bank includes cash held in current, deposit and treasury deposit accounts and excludes amounts recognised under investments.

2.9 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or reliably estimated. Creditors and provisions are normally recognised at their settlement amount.

2.10 Finance and operating leases

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership of the leased asset to the charity. All other leases are classified as operating leases.

Assets held under finance leases are recognised initially at fair value of the leased asset at the inception of the lease. The corresponding liability to the lessor is included in the balance sheet as a finance lease obligation. Lease payments are apportioned between finance charges and a reduction of the lease obligation using the effective interest method so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the statement of financial activities. Assets held under finance leases are included in tangible fixed assets and depreciated and assessed for impairment in the same way as owned assets.

Rentals payable under operating leases are charged on a straight-line basis over the term of the lease. The aggregate benefit of lease incentives are recognised as a reduction to the expense recognised over the lease term on a straight line basis.

2.11 Taxation

The company is a registered charity and, therefore, is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities if applied for charitable purposes.

2.12 Funds

Unrestricted funds (general funds and designated funds) are those funds expendable at the discretion of the trustees in accordance with the charitable objects.

Restricted funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor imposed conditions.

2.13 Financial instruments

The charity only has financial assets and liabilities of a kind that qualify as basic financial instruments: cash at bank, debtors and creditors. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2.14 Judgements and estimation

Preparation of the financial statements requires management to make significant judgements and estimates. The items in the financial statements where judgements and estimates have been made include:

Useful economic life of tangible assets

The annual depreciation charges for tangible assets are sensitive to changes in the estimated useful economic lives and residual values of the assets. The useful economic lives and residual values are amended when necessary to reflect current estimates, based on technological advancement, future investments, economic utilisation and physical condition of the assets.

3. INCOME

Donations and legacies

	2024	2023
	£	£
Donations, gifts and funds raised	201,150	172,821
Trusts and Grants	10,980	18,416
Legacies	127,369	324,636
Gift Aid recoverable on donations	18,795	1,965
	358,294	517,838
	358,294	517,838

Donations, gifts and funds raised includes donated services totalling £34,903 (2023: £Nil) for advertising services.

Income from charitable activities

	2024	2023
	£	£
Fees from patients and health authorities	8,731,638	8,101,628
	8,731,638	8,101,628

Investment income

	2024	2023
	£	£
Royalties receivable	48,874	60,000
Cyclotron rental income	145,012	144,996
Bank interest and bank treasury deposit interest receivable	136,002	71,359
	329,888	276,355
	329,888	276,355

4. NET INCOME

	2024	2023
	£	£
<i>Net income is stated after charging:</i>		
Operating lease rentals	1,603,816	1,247,065
Finance lease interest	2,495	3,502
Auditors' remuneration - audit	17,000	15,000
Auditors' remuneration - accountancy services	3,000	3,000
Depreciation	1,127,203	725,306

5. COSTS OF RAISING FUNDS

	2024	2023
	£	£
Fundraisers' salaries and assistance	193,376	139,866
Advertising	34,903	-
Event costs	16,700	12,156
Printing and mailing	19,153	17,995
General expenses	8,279	9,543
	272,411	179,560

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs	Support Costs	Governance Costs	Total
	£	£	£	£
2024				
Costs of generating funds:				
Fundraising and related activities	272,411	-	-	272,411
Charitable activities:				
Clinical services	9,716,888	1,467,665	22,000	11,206,553
	9,989,299	1,467,665	22,000	11,478,964
2023 - Comparative information				
Costs of generating funds:				
Fundraising and related activities	179,560	-	-	179,560
Charitable activities:				
Clinical services	8,181,865	1,379,142	20,000	9,581,007
	8,361,425	1,379,142	20,000	9,760,567
SUPPORT COSTS		Staffing Costs	Other Costs	Total
2024		£	£	£
Clinical services		626,160	841,505	1,467,665
2023 - Comparative information				
Clinical services		500,101	879,041	1,379,142

Support costs represent the staffing costs which are not directly attributable to the clinical services of the charity and other costs including insurances, building costs and general office expenditure which are again, not directly attributable to clinical services. No allocation of support costs has been made to either the research or fundraising functions of the charity as these are deemed to be negligible.

7. ANALYSIS OF TOTAL STAFFING COSTS

The East and North Hertfordshire NHS Trust employs staff under joint contracts with the charity. The Trust administers the payroll and the charity is recharged for its share of the associated costs. These recharges are detailed below:

	2024	2023
	£	£
Wages and salaries	3,106,153	2,796,561
Social security	335,720	296,764
Pension	688,013	576,092
	4,129,886	3,669,417

During the year, emoluments of recharged staff earning in excess of £60,000 was as follows:-

	2024	2023
	No.	No.
£60,000 to £70,000	2	3
£70,000 to £80,000	1	1
£80,000 to £90,000	1	2
£90,000 to £100,000	2	1
£100,000 to £110,000	1	1
£120,000 to £130,000	0	1
£130,000 to £140,000	1	0

The number of recharged staff earning above £60,000 to whom retirement benefits are accruing under defined benefit schemes was 8 (2023: 9).

The average number of staff analysed by function was as follows:-

	2024	2023
	No.	No.
Medical and radiographic	64	61
Clerical and administration	10	10
	74	71

Key management comprise the trustees and the leadership team. Remuneration of key management in the year was £1,745,840 (2023: £1,584,612). The cost of trustees' indemnity insurance borne by the charity was £2,221 (2023: £2,331). The trustees did not receive any remuneration or fees for their services to the charity during the year under review.

8. TANGIBLE FIXED ASSETS

	Leasehold Land & Buildings £	Property Improvements £	Scanners £	Equipment £	Total £
Cost					
At 1 October 2023	2,091,883	2,883,443	7,000,102	2,660,339	14,635,767
Additions	-	1,721,455	1,905,412	191,303	3,818,170
Disposals	-	-	(2,766,442)	-	(2,766,442)
At 30 September 2024	2,091,883	4,604,898	6,139,072	2,851,642	15,687,495
Depreciation					
At 1 October 2023	2,091,883	921,029	5,218,409	2,283,207	10,514,528
Charge for the year	-	325,504	576,623	225,076	1,127,203
Disposals	-	-	(2,766,442)	-	(2,766,442)
At 30 September 2024	2,091,883	1,246,533	3,028,590	2,508,283	8,875,289
Net book value					
At 30 September 2024	-	3,358,365	3,110,482	343,359	6,812,206
At 30 September 2023	-	1,962,414	1,781,693	377,132	4,121,239

Included above are assets held under finance leases as follows:

	Equipment £
Net book values	
At 30 September 2024	23,854
At 30 September 2023	49,876
Depreciation charge for the year	
At 30 September 2024	26,022
At 30 September 2023	26,022

The expenditure on land buildings as shown above does not include the cost of the main building housing the Scanner Centre. Had these costs been capitalised then they would have been fully depreciated by 30 September 2005.

9. CASH AND CASH EQUIVALENTS

	2024	2023
	£	£
Investments - cash at bank and on deposit	231,000	2,554,000
Cash at bank and in hand	4,230,773	6,038,765
Cash and cash equivalents	4,461,773	8,592,765

Amounts included in investments represent cash at bank and other cash investments set aside by the charity as planned capital expenditure over the next three financial years. As such, capital preservation of these funds is deemed to be of paramount importance and in order to minimise risk, the charity has decided that these funds should be held in cash deposits which are geared to mature in line with the planned capital expenditure schedule.

10. DEBTORS

	2024	2023
	£	£
Fees receivable	1,393,596	1,504,863
Prepaid scanner maintenance costs	233,226	228,589
Other debtors	255,371	248,518
Prepayments	181,251	154,180
Legacies receivable	95,004	146,612
	2,158,448	2,282,762

Included in fees receivable is £369,153 (2023: £335,263) due from East and North Hertfordshire NHS Trust.

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024	2023
	£	£
Trade creditors	2,232,206	1,253,115
Accruals and deferred income	637,271	692,383
Other creditors - East and North Hertfordshire NHS Trust	762,882	679,968
Other creditors	43,359	520,320
Value added Tax	1,998	16,271
Net obligations under finance leases	22,090	23,350
	3,699,806	3,185,407

12. CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	2024	2023
	£	£
Net obligations under finance leases	16,975	36,569
Amounts payable:		
Over one year but less than five	16,975	36,569

Net obligations under finance leases are secured on the assets concerned.

13. FINANCIAL COMMITMENTS

At 30 September 2024 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2024	2023
	£	£
Operating and service contracts which expire:		
Less than one year	401,073	349,223
Over one year but less than five	1,096,152	825,700
Over five years	317,120	191,418
	1,814,345	1,366,341

Financial commitments on scanner maintenance agreements will lapse when the related scanner is replaced.

The financial commitments on such agreements are recognised over the estimated remaining life of the scanners.

14. CAPITAL COMMITMENTS

The Trustees regularly review the need to upgrade or replace assets in order to maintain operational efficiency and offer up to date medical imaging to patients. To achieve these objectives, as at the year end, the charity's capital expenditure planned for 2024/25 includes continued IT and communications improvements of approximately £231K.

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2023 Total funds	2022 Total funds
	£	£	£	£	£
Fixed assets	-	7,043,206	-	7,043,206	6,675,239
Current assets	6,313,943	-	75,278	6,389,221	8,321,527
Creditors due within one year	(3,699,806)	-	-	(3,699,806)	(3,185,407)
Creditors due after one year	(16,975)			(16,975)	(36,569)
Net assets	2,597,162	7,043,206	75,278	9,715,646	11,774,790

16. MOVEMENT IN FUNDS

	Balance at 1 October 2023	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2024
	£	£	£	£	£
General funds	4,997,579	9,390,561	(11,474,273)	(316,705)	2,597,162
Total general funds	4,997,579	9,390,561	(11,474,273)	(316,705)	2,597,162
Restricted funds					
Brachytherapy study	1,400	-	-	-	1,400
Lung Cancer Study	2,000	-	-	-	2,000
Research Funds	44,665	2,605	(1,980)		45,290
Power injector Fund	16,394		-	(16,394)	-
Scanner fund	11,450	9,332	-	(20,782)	-
AI software	500		-		500
Small projects		5,980	-		5,980
Project Vital Scan		10,372	-		10,372
Patient welfare	25,563	970	(2,711)	(14,086)	9,736
Total Restricted funds	101,972	29,259	(4,691)	(51,262)	75,278
Designated funds					
Scanner Replacement Fund	2,554,000	-	-	(2,554,000)	-
Designated property & equipment fund	4,121,239	-	-	2,690,967	6,812,206
IT and Communications & other	-	-	-	231,000	231,000
Total Designated funds	6,675,239	-	-	367,967	7,043,206
Total	11,774,790	9,419,820	(11,478,964)	-	9,715,646

16. MOVEMENT IN FUNDS (continued)

Designated funds

A designated fund is a 'ring fencing' by the trustees of existing unrestricted funds for a particular project or use by the charity.

Designated property & equipment fund

The property & equipment fund represents the net book value of the charity's fixed assets, including the lease and improvements to the premises on site at Mount Vernon Hospital, together with the scanners and other equipment used by the charity in the course of its day to day operations. The transfer from General Funds represents the increase in value in tangible fixed assets.

Scanner replacement fund

The trustees of Paul Strickland Scanner Centre recognise that the operational life of the scanner equipment currently in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment. During the year, the charity purchase and installed a replacement PET CT scanner. The level of the scanner replacement designated fund has been set at £Nil in FY 2024 as there is no commitment to purchase new scanners as at the date of these financial statements.

The trustees therefore believe that the amounts set aside as designated funds as shown above are appropriate.

IT, Communications & other fund

This fund represents the funds identified by the trustees as required to meet capital expenditure planned for in 2024/25.

Restricted funds

Brachytherapy

To fund a Brachytherapy pilot study which will enable the PhD study to give an extra scan time point.

Lung cancer study

Grant funding for a lung cancer study

General Research

To fund various projects relating to the diagnosis and treatment of cancer and other life limiting conditions.

Power injector fund

Funds raised for the purchase of a power injector. This equipment was purchased in the year.

Scanner fund

Funds raised towards the purchase of a replacement PET CT scanner which was purchased in the year.

AI software

Funds raised for the purchase of AI software.

Patient welfare

To fund equipment to improve patient welfare. During the year furniture was bought for the new reception area.

Small Restricted

Funds relating to the seasonal affective disorder (SAD) lamps used as part of the Bright Light Therapy. Project and funds relating to the Enhanced Patient Lounge Experience.

Project Vital Scan

Funds relating to the i-Stat Alinity blood test device.

17. RELATED PARTY TRANSACTIONS

The only transactions with related parties, other than those disclosed in note 7, were for payments totalling £1,125 to a business operated by a trustee, Amy Page. These payments were for the provision of Continuing Professional Development services provided to employees of the charity and not for services provided in the performance of duties as a trustee.

18. CONTINGENT LIABILITIES

The Charitable company is in negotiation regarding the service charges for services provided pre year end. The amount of £252,432 has been proposed by the provider as being payable, however the charitable company disputes the basis of this charge. To date no amount has been agreed on by both parties and it is felt that an estimate cannot be made with sufficient certainty to enable a liability to be recognised in respect of this.

19. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30TH SEPTEMBER 2023

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2023 £
INCOME					
Donations and legacies	3	474,587	-	43,251	517,838
<i>Income from charitable activities:</i>					
Clinical services	3	8,101,628	-	-	8,101,628
Investment income	3	276,355	-	-	276,355
Other income - profit on sale of tangible fixed assets	-	-	-	-	-
TOTAL INCOME		8,852,570	-	43,251	8,895,821
EXPENDITURE					
<i>Costs of raising funds:</i>					
Costs of generating voluntary income	5	179,560	-	-	179,560
Charitable activities	6	9,581,007	-	-	9,581,007
TOTAL EXPENDITURE		9,760,567	-	-	9,760,567
NET (EXPENDITURE)/INCOME		(907,997)	-	43,251	(864,746)
TRANSFERS BETWEEN FUNDS		325,495	(325,495)	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(582,502)	(325,495)	43,251	(864,746)
RECONCILIATION OF FUNDS					
FUNDS BROUGHT FORWARD		5,580,081	7,000,734	58,721	12,639,536
FUNDS CARRIED FORWARD	15	4,997,579	6,675,239	101,972	11,774,790

20. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2024		2023	
		£	£	£	£
Income					
Donations, gifts and funds raised			166,247		172,821
Donated Services – Google Ads			34,903		
Legacies received			127,369		324,636
Income tax recoverable			18,795		1,965
Bank interest and bank treasury			136,002		71,359
Trusts and Grants			10,980		18,416
			<u>494,296</u>		<u>589,197</u>
Less: expenditure					
Fundraisers' salaries and assistance		193,376		133,866	
Event costs		16,700		12,156	
Advertising		34,903		-	
Printing and mailing costs		19,153		17,995	
General expenses		8,279		9,543	
			<u>272,411</u>		<u>179,560</u>
Surplus - appeals fund			<u>221,885</u>		<u>409,637</u>
Add:					
Deficit – Scanner Centre	20		(2,281,029)		(1,274,383)
(Deficit)/Surplus in year			<u>(2,059,144)</u>		<u>(864,746)</u>

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the charity.

21. ANALYSIS OF INCOME AND EXPENDITURE

SCANNER CENTRE	Notes	2024		2023	
		£	£	£	£
Income					
Fees from patients and health authorities		8,731,638		8,101,628	
Profit on sale of assets		-		-	
Royalties receivable		48,874		60,000	
Cyclotron rental income		145,012		144,996	
		<u>8,925,524</u>		<u>8,306,624</u>	
Less: expenditure					
Staff salaries and radiologists' fees	4,882,880		4,394,745		
Other staffing costs	37,499		52,295		
Maintenance contracts and scanner repairs	642,123		500,607		
Repairs and renewals of equipment and building	446,715		404,104		
Lease charges on equipment	1,433,812		1,077,061		
Medical and surgical supplies, cryogenics and other consumables	1,822,920		1,600,261		
Rent and rates	170,004		170,004		
Heat, light and facilities	319,586		264,000		
Printing, postage, stationery and telephone	74,000		139,345		
Auditors' remuneration	17,000		15,000		
Medical conferences and travel	10,872		10,330		
Miscellaneous expenses	9,194		17,606		
Bank charges	3,762		3,456		
Legal, professional and consultancy fees	104,904		76,240		
Insurance	161,584		126,515		
Interest on finance leases	2,495		3,502		
Depreciation	1,127,203		725,306		
			<u>11,206,553</u>		<u>9,581,007</u>
Deficit - scanner centre			<u>(2,281,029)</u>		<u>(1,274,383)</u>

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the Charity.

PAUL STRICKLAND SCANNER CENTRE

England & Wales - Charity number 298867

Accounts



PAUL
STRICKLAND
SCANNER
CENTRE

CANCER IMAGING EXPERTS

Investing for the **next** **generation**

Annual Report and Financial
Statements 2022-2023





**All staff are so welcoming
and friendly, giving
respect and care 100%.**

PATIENT COMMENT

Company no. 02033936 | Registered charity no. 298867 (England and Wales)



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A transcript of this document is available
in large print. Please ring 01923 886310.

Chair's report

I wanted to start this report with a series of thank yous. Firstly, to all those who have continued to support Paul Strickland Scanner Centre and who have contributed so generously to allow us to deliver an increasing number of high-quality clinical scans. And I want to thank our staff, who have worked so hard to be able to provide these scans and who engaged with a wide range of new projects this year to improve care for our patients.

I also want to thank our previous Chair Mrs Cathy Williams, who retired from the Board in September. Cathy has had a very long association with the centre and we benefited enormously from her knowledge, skills and commitment. She is a very hard act to follow and I know the Board and all the staff wish her well and every happiness for the future. As well as Cathy, we also said goodbye to Dilip Manek, another very long serving expert Trustee, who has played an integral part in shaping our strategy and the work of the centre. Last but not least, we said goodbye to Dr Roberto Alonzi, another great colleague who has been so helpful and thoughtful in his clinical work and strategic insight in supporting and developing the centre. We will miss the knowledge and enthusiasm of our colleagues very much. However, we have recruited two new Trustees: Mr Andre Nunes who has previously worked at Paul Strickland Scanner Centre and has a background in radiology, strategy and clinical excellence, and Mrs Jean Liao, who brings a wealth of expertise in global health and technology. We continue to review the skills and expertise of our Trustees and will continue recruitment to fill in any gaps and ensure we can deliver the full range of objectives for the centre and achieve our charitable purpose.

Looking back on the year, we can see the impact of Covid-19. It's not been as overwhelmingly intrusive as in the past few years but it still impacts on how we work, on staff health and



I want to thank everyone for their continued support and I hope you agree that your donations have been put to a very good use.

MS JOANNE LANGFIELD



wellbeing and has continued to have a cost in terms of additional requirements. However, we know we have to live with Covid, and as such you will see that we have managed to deliver a large number of scans and have seen many patients as part of their cancer journey.

As a centre, we continue to work very closely with our excellent clinical colleagues from Mount Vernon Cancer Centre. We have reviewed for example the timeliness of our reporting, so we can make sure when patients are seen at Mount Vernon Cancer Centre (and other trusts') clinics the reviewing clinical multidisciplinary team has the most up to date scan to support treatment decisions. Without the hard work of all our staff, we could not manage to make sure we have timely reporting on treatment progress. We continue to work closely with NHS East Of England, both to deliver their specialist scans but also as committed partners in trying to find a sustainable solution for the future of the Mount Vernon Cancer Centre, as we see ourselves as integral in providing excellent clinical scans to support patient care. We hope that in the next year a long-term solution will be found, but in the meantime we remain fully committed as a Board to working with both NHS East of England and East and North Herts NHS Trust, who manage the services at Mount Vernon Cancer Centre, in order to provide the best care we can for local people.

Having said that, we do recognise the limitations of being on the Mount Vernon site in terms of the quality of our accommodation and the space we occupy. We are therefore very proud of the work our staff have undertaken, within our existing facilities, to review their work patterns and find additional capacity to offer our patients a wider range of appointment times. This in turn has enabled us to explore new roles within the clinical teams., and we have been successful in recruiting new staff to work at PSSC.

As well as staff productivity, thanks to our generous supporters we have been able to invest in new technology to support our clinical work. For example, our new MRI scanners and improved software have allowed us to reduce the time it takes to scan patients whilst simultaneously improving the quality of the scans. Improving patient comfort and clinical benefit are two of the ambitions of both our staff and Board, so we were delighted to be able to achieve both of these goals with our new technology. The work on improving the centre's financial sustainability, known as Project Luna, reflects decisions taken at our December 2022 strategy session where the Board reviewed the future of the centre and set some ambitious but achievable targets to increase the number of scans we perform, recruit additional staff and focus on how we can help meet the challenge of an increasing number of people with cancer, contributing to a more accurate diagnosis and more effective treatment for patients.

As a result, we have managed to do 1,580 more scans this year, undertook recruitment and amongst other things eliminated our waiting list for PSMA PET-CT scans. It's been a lot of work and staff have been very flexible in how they work to deliver more scans, without any compromise to the quality of the scan or the reporting time. The success of our work has been measured externally by the Quality Standard for Imaging (QSI), who endorsed us for the quality of our clinical delivery. Preparing and submitting information for an external validation is very time consuming, but it does provide the board and our team with an independent view on the quality of our service and how well we perform.

Anyone visiting the centre will see the work in progress to install our new PET-CT scanner, which should be operational in the spring of 2024. It's been a huge undertaking, as we have had to remodel the existing space and we are very grateful to the London Borough of Hillingdon planning team for their help in our redesign being approved. If you visit, you will see our new patient reception and we would like to thank in particular Annie Harrington, the patient representative on our Patient Experience Group, for her input. Her suggestions have been incorporated into new areas and have resulted in a big improvement for our patients. We look forward to celebrating the results of the hard work of our staff and the generosity of our donors at an opening event during 2024.

Other highlights of the year include the continuing success of our PET-CT scanner at the Lister Hospital in Stevenage via a subcontractor, which has increased access and reduced travel and waiting times for those patients who prefer to have their scan in North Hertfordshire. We have also completely revamped our website, making it easier to find out about our work, our staff, our scans and more. As part of the revamp, we created a purpose-built reporting suite for our consultants, improving amongst other things opportunities for learning for the radiologists of tomorrow. Thanks to the work of this team, we also featured in the New Scientist magazine this year, with an interesting article about the work of the centre and our role locally. So looking forward, one of our ambitions for 2023/4 is to ensure the successful opening of our new PET-CT scanner and ensuring that patients and staff derive the maximum benefit from the machines' new capabilities. We are currently not expecting to buy any new scanners in the immediate future beyond the

new PET-CT scanner that will be bought in 2023/24, but we do want to look at the opportunities the increasing use of AI will bring in delivering excellent clinical care. We also want to continue focusing on our staff, so they can develop and provide excellent care and, while continuing to be the employer of choice for existing and new staff, push forward on how we can make best use of our scanners and deliver more clinical activity.

Given the difficult financial circumstances that many people face, I wanted to end by thanking everyone for their continued support and I hope you agree that your donations have been put to a very good use. We will continue to do this so that we will have another successful year delivering high-quality scans for our patients.

Ms Joanne Langfield

Chair of the Board of Trustees, April 2024



Some of the patient facing members of our team at Paul Strickland Scanner Centre



“

The staff who carried out the scan were all so friendly and made me relaxed for my time in the scanner. Overall, I couldn't find anything other than excellence whilst at Paul Strickland Scanner Centre. I'm very grateful to everyone there.

PATIENT COMMENT

Trustees' report

We will lead the way in imaging for the diagnosis, treatment and monitoring of cancer and other clinical conditions.

For our patients and referrers:



P
Providing world class diagnostic imaging

R
Responding promptly to patient and referrer needs

I
Improving patient outcomes

D
Demonstrating clinical excellence

E
Enabling clinical and technology advancements

For the year ended 30 September 2023



“

**Super friendly.
Thank you!**

PATIENT COMMENT

About us

At Paul Strickland Scanner Centre, we specialise in medical imaging for patients dealing with cancer and other serious conditions.

As a registered charity, our focus is on providing the best possible care to improve the lives of our patients. We offer MRI, CT, and PET-CT scans to both NHS and private patients from North West London, Middlesex, Hertfordshire, Buckinghamshire and Bedfordshire. These scans are essential for diagnosing and monitoring cancer and other serious conditions, such as dementia. We also support life-changing medical research. As an independent charity with no government funding, we rely on the generosity of our supporters to keep our doors open and help us make a difference in the lives of our patients.

Public benefit

Our board of trustees is focussed on making sure the charity's work meets the Charity Commission's guidance on public benefit.



Cancer imaging pioneer

Paul Strickland OBE

Dr Strickland qualified in 1943 and came to Mount Vernon Hospital in 1946, becoming consultant radiotherapist in 1955.

For many years he was Chairman of the Mount Vernon Medical Committee and, in 1970, became head of the Radiotherapy Department. In 1988, 12 years after his official retirement, he was awarded the OBE.

Scanning for opportunities

In the 1970s, two British Nobel Laureates developed the CT and the MRI scanner. Dr Strickland quickly realised the importance of medical imaging in the accurate diagnosis and subsequent treatment of patients with cancer and other serious conditions.

In 1982, in the midst of a recession, he became Vice Chairman of the appeal to obtain a CT scanner for Mount Vernon. A friend remarked: "He was an absolute dynamo. He really drove everybody." The Appeal was launched in February 1983, aiming to reach £1,250,000 in three years. In just two years, by March 1985, £1,700,000 was raised, enough to fund a CT and an MRI scanner and the building to house them, which became Paul Strickland Scanner Centre. The result is a world class centre which attracts the highest calibre radiologists and radiographers.



*Dr Paul Strickland
pictured with our
patron, HRH The
Duchess of Kent*



**Carry on what you
are doing. Brilliant care.**

PATIENT COMMENT

The first diagnostic imaging unit for NHS and private patients in the UK

When Dr Paul Strickland launched his fundraising drive to buy the first scanner for Mount Vernon Hospital, nobody expected that a world-leading, independent cancer imaging centre bearing his name would be thriving on the same spot three-and-a-half decades later. The first diagnostic imaging unit for NHS and private patients in the UK, it opened in 1985 with one CT and one MRI scanner.

The first CT and MRI patients were scanned the same year, and both original scanners underwent the first of many upgrades and replacements in the early 1990s, thanks to the generosity of our supporters.

There have been enormous advances in technology over the years. Image quality has improved dramatically, allowing a much more accurate diagnosis, and scans are much quicker, meaning we can scan many more patients. Whole-body MRI scanning, which is the centre's speciality and particularly important for patients with metastatic cancers, would not have been possible back then.

Medical imaging is now an essential part of modern cancer care and changes thousands of lives for the better every year.



“

**Very relaxed,
can't wait to
come back.**

PATIENT COMMENT

Our CEO and team

Our staff team is led by Claire Strickland, who has been our Chief Executive since 2014. She reports to our Board of Trustees, which is chaired by Joanne Langfield, a long-standing member of our Board.

We are hugely grateful to a number of very dedicated volunteers who support our charity. Claire is the daughter of our founder and believes that the patient must always come first when delivering high-standard care. Most of our staff are either radiographers (clinical staff who produce CT, MRI and PET-CT images using our specialised equipment) or radiologists (doctors who specialise in diagnosing and reporting on illnesses and injuries through the use of medical images). Other staff support patients by booking appointments and making sure the centre is efficiently run.

Fundraising and research

We have a small fundraising and communications team who work to raise awareness and money to fund new scanners and research. Our clinical staff actively support medical research delivered at the centre.

A world-class centre which attracts the highest calibre radiologists and radiographers.



Claire Strickland, our Chief Executive

Objectives and activities

To provide state-of-the-art, cross sectional medical diagnostic imaging systems, and to operate them principally to benefit patients attending the Mount Vernon Cancer Centre, but also for patients referred from anywhere in the UK or abroad. To carry out late translational imaging research.

Our objectives

- To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.
- To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.
- To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.
- To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.
- To improve staff engagement and organisational culture, ensuring patient safety as a top priority.

OBJECTIVE 1

To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.



Quality Standard for Imaging

We are very proud to continue to have achieved our Quality Standard of Imaging (QSI) accreditation for the 7th year in a row.



The QSI sets the national quality criteria for imaging services, and is a collaboration between The Royal College of Radiologists (RCR) and the College of Radiographers (CoR), and is managed by United Kingdom Accreditation Service (UKAS). Last year saw the launch by the colleges of the new 2021 standard to which the centre successfully transitioned to in July 2023. In meeting this standard, accredited by UKAS, we know that our quality management system exceeds the baseline requirements of regulators such as the Care Quality Commission and the culture of quality is embedded across our organisation.

By assessing our performance against this standard and continually making improvements, we are assuring our patients receive consistently high-quality services, delivered by skilled staff, within a safe environment.

Paula Merry, Quality and Governance Lead at Paul Strickland Scanner Centre, said: "Successful transition to the new QSI standard is due to the passion of our staff for excellent patient care and continued professionalism."



Paula Merry, Quality and Governance Lead

Audit team

Striving for the best care and health outcomes for our patients

Our Audit Team actively promotes audit for all Paul Strickland Scanner Centre staff, overseeing development and coordination as well as monitoring implementation of the Centre's Clinical Audit Programme. The team reports on compliance against existing guidance or internal standards and receives audit proposals as well as audits summary sheets for the Centre. In addition, Audit Team members:

- Receive audit proposals and audit summary sheets for the Centre.
- Receive reports and findings from completed audit summaries and approve action plans arising from those audit findings.
- Develop and maintain a robust system to monitor the progress of all Action Plans through to completion.
- Present findings and learning points to centre staff.
- Support staff undertaking audit.
- Actively promote and search for new audit/research ideas.

Advanced Radiographer Manpreet Kaur Punia, our Clinical Audit Lead, joined us from a well-known private hospital in 2021. She said: "There's a real focus on audit at Paul Strickland Scanner Centre compared to where I worked previously and I was very keen to join the centre's audit team soon after I started.

"Being a member of the audit team has been great. I've been involved in a number of audits and seeing changes in the way we do things as a result of the audit team's work has been really encouraging.

"There is also a big focus on communicating audit results externally in order to drive improvements to patient care in the wider healthcare systems."



Advanced Radiographer Manpreet Kaur Punia, our Clinical Audit Lead

AUDIT CASE STUDY

MRI Deep Learning Reconstruction: Revolutionising liver imaging

In the fast-evolving world of medical imaging, advancements often hold the promise of more efficient and accurate diagnoses. One such leap forward lies in the deep learning reconstruction (DLR) technique applied to magnetic resonance imaging (MRI). Recently, an audit at Paul Strickland Scanner Centre shed light on the potential of this technology, particularly in liver imaging.



*MRI Advanced Radiographer
Rupi Jillard*

A team led by MRI Advanced Radiographer Rupri Jillard evaluated conventional diffusion imaging in the liver with a new diffusion sequence provided by the company Siemens. The aim was to assess the impact on both image quality and scan time.

At the heart of this evaluation lies Siemens' "Deep Resolve Boost," a sophisticated application harnessing neural networks to improve image quality and reduce scan times. These new sequences are available across the centre's 1.5 T Siemens Sola MRI scanners.

Rupri examined 15 patient cases between August and September 2023, analysing acquisition times, signal-to-noise ratios, and qualitative image assessments. The new scan demonstrated an average acquisition time of just 5 minutes compared to the conventional 8 minutes and 30 seconds. The signal-to-noise ratio increased with the new sequence, enhancing image clarity. The qualitative analysis further revealed substantial improvements in motion artifacts and noise reduction.

But what does this mean for patients? The new diffusion sequence translates into expedited scans, potentially reducing patient anxiety and time spent in the scanner, reducing appointment times from 45 minutes to 30 minutes. This boosts efficiency but also increases accessibility.

This innovative approach, integrating cutting-edge technology into routine clinical practice, promises a brighter future for MRI imaging. By maintaining established image quality standards while drastically reducing acquisition times, Deep Resolve showcases the potentially transformative power of deep learning in healthcare.

As Rupri and her team continue to integrate the Deep Resolve into other MRI protocols, the promise of improved patient outcomes looms on the horizon. This marks not just a technological advancement but a pivotal shift in efficiency and access to our MRI service for patients. As demand for MRI services increases, these advancements may well prove to be a game-changer, ushering in an era of more effective, streamlined, and patient-friendly medical imaging.



“

All of the staff were wonderful! Friendly and reassuring.

PATIENT COMMENT

OBJECTIVE 2

To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.

Supporter inspired by our care for his mum and dad

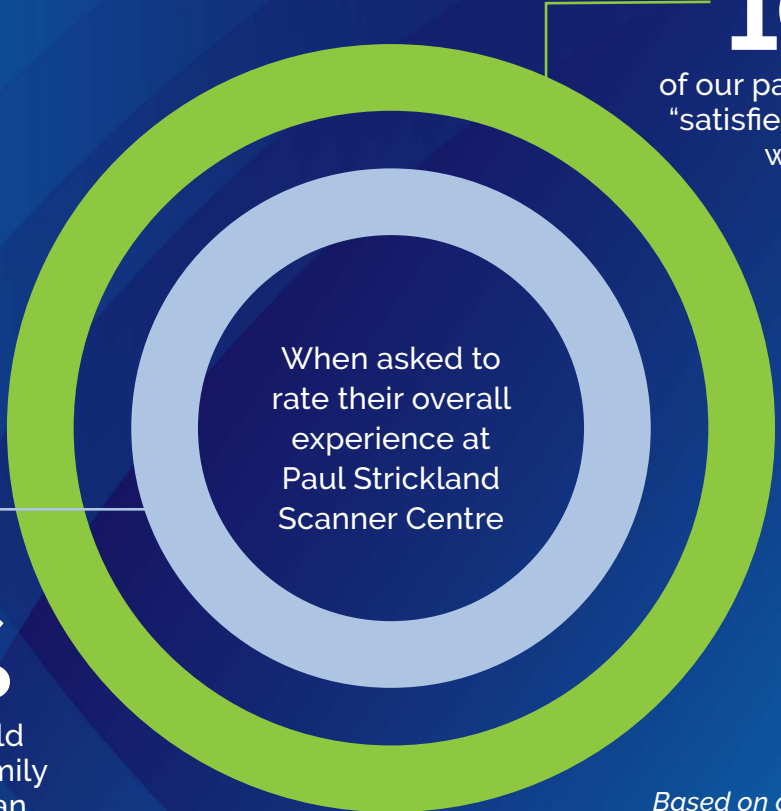
Rick Wilmott raised several thousand pounds for us by running the Big Half marathon as well as the Vitality 10k. He said: "Paul Strickland Scanner Centre is a charity close to my heart as they looked after my dad prior to his passing last year and are now also looking after my mum. Nothing like keeping it in the family!"



What our patients say about us

100%

of our patients say they were "satisfied" or "very satisfied" with their care



When asked to rate their overall experience at Paul Strickland Scanner Centre

100%

of our patients would recommend us to family and friends for a scan

Based on an anonymous survey during December 2022 of 261 Paul Strickland Scanner Centre patients

Project Luna: Enhancing patient care and financial stability at Paul Strickland Scanner Centre

In a bid to bolster the financial resilience of Paul Strickland Scanner Centre, underpinned by our commitment to safety and service quality, we launched Project Luna in early 2023.

A project team, along with a working party made up of key staff members, was formed to increase scanning capacity. Additional scanning slots were strategically utilised to accommodate more patients, thereby enhancing service access for both NHS and private patients, with waiting time reduction benefitting both NHS and private patients.

This strategic move led to an increase in MRI referrals from private GPs, a growth facilitated by the creation of new marketing literature tailored to their needs. In addition, we established a new supply chain for PSMA PET-CT, which helped clear our waiting list for PSMA PET-CT imaging. To further improve our service, we revamped the Paul Strickland Scanner Centre website with a focus on patient needs, particularly those of our private patients, thereby making it more user-friendly and patient-centric.

Cherith Desmeules, Strategy Lead and Service Manager for Paul Strickland Scanner Centre, said: "Project Luna is a really important initiative for the centre and will help put us on a sustainable footing for the future. It's been a real privilege leading the project team."



*Cherith Desmeules, Strategy
Lead and Service Manager*

Patient Experience Group

Paul Strickland Scanner Centre has a dedicated multidisciplinary Patient Experience Team, which meets regularly throughout the year and drives the patient experience agenda.



*Patient Experience
Group chair Rachel Jacobs*

The team is comprised of staff members who represent different disciplines within the Centre including radiographers, bookings, administration and communications. In addition to key staff members, a patient volunteer is part of the team, ensuring the patient perspective is heard and represented at all times.

Amongst other projects, multiple methods are used to acquire patient feedback, including via comments cards handed to patients during the course of their appointment as well as by means of an annual patient satisfaction survey. This data enables us to create and develop a yearly action plan. All members of staff are involved in the patient experience agenda by means of an interactive Quality Improvement afternoon.

The team closely tracks the experience of patients at the centre and the centre makes changes to the service as a result. A good example of this is how a project to digitise the centre's patient information offering was launched as a result of patients feeding back that they would prefer an alternative to paper copies of our patient information booklets.

Rachel Jacobs, Chair of the Group, said: "The Patient Experience Group assesses and enhances the experience of our patients, their families and carers. In particular, we monitor and ensure that the centre complies with Quality Standard for Imaging statements relating to patient information, privacy and dignity, patient-focussed service delivery and patient feedback."



Fundraising and Communications

We reviewed and refocussed our fundraising and communications strategy during the reporting period in order to adjust to the post-pandemic world and the much tougher fundraising climate brought about by difficult conditions, as well as the need of the centre to increase private referrals.

This work included a major revamp of the Paul Strickland Scanner Centre website, making it more up to date and attractive to patients and donors alike.

With a member of the team on maternity leave, we engaged a specialist trust and grants fundraiser to make targeted approaches to charitable trusts and similar grant making bodies, which has resulted in funding from a variety of sources.

The Fundraising and Communications Team recruited a new Philanthropy Manager as part of our drive to grow income from not only trusts and foundations but also from companies and in particular major donors.

Donations in memory of Julia conclude power injector appeal



Our appeal for an MRI power injector has successfully concluded thanks to in memory donations.

Julia Bell began her support of Paul Strickland Scanner Centre when as a patient; she wanted to do something to help. She set up a birthday fundraiser on Facebook and asked her friends to donate to this cause that was so close to her heart. Following on from that, Julia and her husband Stephen had collection boxes at home and their place of work to continue to raise money.

Sadly, Julia passed away during 2023 but her friends and family donated so generously in her memory, as was her wish, raising £10,000 which has enabled us to close our appeal for an MRI power injector. This piece of equipment will help us scan even more patients and increase the number of clinical trials we are able to support.

Fundraisers pictured during the annual London Winter Walk.





Local businesswoman Louise Rayner ran the London Marathon in April 2023 to raise money for Paul Strickland Scanner Centre.



Supporters flocked to our annual Stepping Up For Cancer fundraising walk in May 2023.

OBJECTIVE 3

To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.



An ambitious upgrade to Paul Strickland Scanner Centre is currently underway, involving significant building work.



Second scanner concludes MRI upgrade

With the installation of our second new scanner, we completed the upgrade of our MRI service started earlier in 2022.

The two new Siemens Magnetom Sola 1.5 scanners produce higher resolution images — which can mean referrers receive more detailed information about a patient's cancer. Additionally, they have a wider bore, which benefits patients who are claustrophobic. Faster image acquisition times could allow us to scan more patients than previously, improving access to our high-quality, award-winning service. They will also allow us to scan more people who have had implants, such as metal hips, than currently.

The new scanners are an excellent choice for whole-body MRI scans, an area where Paul Strickland Scanner Centre is the global leader, having performed more scans of this type than any other comparable centre.

In addition to the impressive hardware improvements, the new scanners feature very advanced new software, bringing the artificial intelligence revolution that is currently sweeping modern medicine, to Mount Vernon.

Mr Will McGuire, Deputy Superintendent for MRI at Paul Strickland Scanner Centre, said: "When you put together the better hardware and new software, you are looking at insane levels of scan time reduction, with better image quality."

One remarkable feature of the new scanners is that they are able to run a prostate MRI scan completely by themselves for the first time. "The benefit for the patient is that you eliminate variability between scans caused by the operator, as every scan will be done in exactly the same way. If your objective is the improvement of healthcare, then it's got to be this way, in particular given the long-standing shortage of radiographers."

Ms Claire Strickland, Paul Strickland Scanner Centre CEO, expressed her gratitude to those who have supported the charity over the years and continue to do so. She said: "It's thanks to donations and money raised by supporters that we have been able to make this level of investment."

Centre upgrade continues

Building works required for a new PET-CT scanner, improved patient areas and a new reporting suite for our radiologists saw excellent progress during 2023. The works form part of what is probably the biggest upgrade in the centre's history and follows installation of two MRI scanners.

"It's a very exciting project—you don't often see such significant upgrades," according to Bruno Ferreira, our Superintendent for PET-CT.

As in the case of our MRI upgrade, the work will improve patient comfort and allow us to scan more patients than before, even though the new Siemens Biograph Vision 600 PET-CT scanner is replacing our two existing scanners. Just like the new MRI scanners, the new PET-CT scanner will be faster, produce higher definition images and feature very advanced artificial intelligence software. This will aid cancer diagnosis and monitoring. Having just one PET-CT scanner instead of two will free up a significant amount of space, which will be used to construct new cannulation and uptake bays—clinical areas where patients are injected with radiopharmaceutical agent before their scan and wait for it to be dispersed through their body.



*Superintendent for
PET-CT, Bruno Ferreira*

It is expected the new uptake bays will improve patient comfort, privacy and radiation shielding. Mr Ferreira said: "This is a huge project but will be rewarding when it has been completed." The new PET-CT scanner is scheduled to arrive during 2024.

One of our new Siemens
Sola 1.5T MRI scanners.



Successful early diagnosis pilot leads to NHS adoption

A pilot study involving Paul Strickland Scanner Centre and the NHS which seeks to diagnose or rule out cancer in patients who visit their GP with vague symptoms, has proven so successful that it is now being rolled out across Hertfordshire.

The Vague Symptoms Pathway (VSP) programme aims to find the quickest, most efficient way to reach a diagnosis in patients who visit their GP with “non-specific” symptoms, including anything from unexplained weight loss, tiredness, constantly feeling sick, bloated, or even just feeling generally unwell for a period of weeks.

Although the risk is very low, these non-specific symptoms may sometimes be caused by a serious illness, such as cancer. By making a referral under the VSP, a GP can give their patients rapid access to diagnostic tests, including a CT scan, that could help catch cancer earlier.

Cherith Desmeules, Service Manager and Strategy Lead at Paul Strickland Scanner Centre, is leading and overseeing the programme at the centre.

She said: “Living with vague, undiagnosed symptoms can be traumatic and devastating to someone’s quality of life, affecting everything from mental health to personal finances.

“Getting clarity on whether or not someone has cancer early on can not only improve survival chances but can also avoid a lot of unnecessary anxiety for patients and their loved ones.”

“

Very friendly staff
who put you at ease.

PATIENT COMMENT

She said: "We carried out the pilot with Herts Valley Clinical Commissioning Group in order to determine whether there might be a need for this service on the NHS.

"We started in March 2021 and scanned 308 patients during 18 months. Of those patients, 49 (16%) had an unexpected finding on their scans. Not all of those findings were cancer but they were referred on for further investigation, which will have led to their conditions been treated if required and their lives improved as a result. Some of the non-cancer conditions picked up include pulmonary embolisms (a blocked blood vessel in your lungs which can be life-threatening), kidney or liver problems, or other infections.

"We've now evaluated the pilot and it has been so successful that it is being commissioned as a service by West Herts Hospitals NHS Trust, the NHS organisation that looks after Watford General Hospital, Hemel Hempstead Hospital and St Albans City Hospital, and is being rolled out across Hertfordshire."

Lower radiation than elsewhere

"The patients referred to us during the pilot study were mostly over 40— very often in their 60s and 70s - who are more likely to develop cancer than those in younger age groups."

GPs do have guidelines to support them in making a decision when it comes to whether someone should be referred through the pathway. The CT scan isn't the only test that is done – patients will usually have had blood, urine and other tests to rule out other conditions.

Paul Strickland Scanner Centre's dual energy CT scanner allows for lower doses of radiation than similar scans at many other centres and hospitals.

"We initially only agreed to support the pilot, but have now committed to being part of the programme long-term, with one of our lead radiologists attending the West Hertfordshire Hospitals multi-disciplinary team meetings in order to provide specialist cancer imaging advice.

"The commissioners have specifically commented on the exceptional care our team provide to patients on the pathway and the fantastic service referrers received. We're very pleased that the pilot has been so successful that it is now being rolled out on the NHS."

“It will be interesting to see what happens on a bigger scale. Until now we’ve run a small pilot which has proven to be very successful, with more patients coming through. Ultimately, if rolled out nationally, we hope to diagnose cancer much earlier through the Vague Symptoms Pathway than would otherwise have been the case. It’s taking a more preventative approach to cancer, as well as other diseases. This can not only improve quality of life and clinical outcomes but also prevent the condition from becoming an emergency and resulting in a diagnosis following a visit to accident and emergency.”

**CHERITH DESMEULES, STRATEGY
LEAD AND SERVICE MANAGER**

OBJECTIVE 4

To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.



17

Peer reviewed accepted journal publications by our clinical team.

Source: PubMed.gov
Data refer to period between 1 October 2022
and 30 September 2023

*770 scans completed for
56 separate clinical trials*


41 trials involved CT scans
13 trials involved MRI scans
2 trials involved PET-CT scans

EMPIRIC study now well underway

Clinical research at Mount Vernon Cancer Centre that could drastically improve the survival chances of women with cervical cancer in the future, saw excellent progress during the reporting period.

The EMPIRIC study, which featured in our last annual report and is supported by Paul Strickland Scanner Centre, aims to use our advanced MRI techniques in combination with other tests to predict a patient's response to treatment and whether they might be at greater risk of seeing their cancer return.

Senior Clinical Research Fellow Dr Mohammed Abdul-Latif said: "We have successfully recruited our first patients of the 40 we need for the study and are on track to complete within the next 2-3 years. The quality of the MRI scans produced by Paul Strickland Scanner Centre are excellent. We are honoured by the willingness of patients who have so far consented to the EMPIRIC study. Their enthusiasm to join the study reflects how important research is to our patients. Thanks to their contribution, we are collecting data vital to demonstrating the value of MRI in improving the treatment of cervical cancer. We have also shown that incorporating multiple, complicated MRI scans into cervical cancer radiotherapy is feasible— and this opens the door to wider use of MRI in this context."

A portrait of Dr. Mohammed Abdul-Latif, a man with dark hair and a beard, wearing a light blue button-down shirt. He is smiling and looking slightly to the right. The background shows a brick building with windows and a wooden deck, with a grassy area in the foreground.

Dr Mohammed Abdul-Latif

OUR CONSULTANT TEAM



Dr David Lilburn
BSc (Hons) MB ChB (Hons)
MSc PhD FRCR,
Consultant Radiologist
(Molecular and Cancer
Imaging)



Dr Andrew Gogbashian
MB BS MRCS FRCR,
Consultant Oncological
Radiologist
Lead Consultant, CT



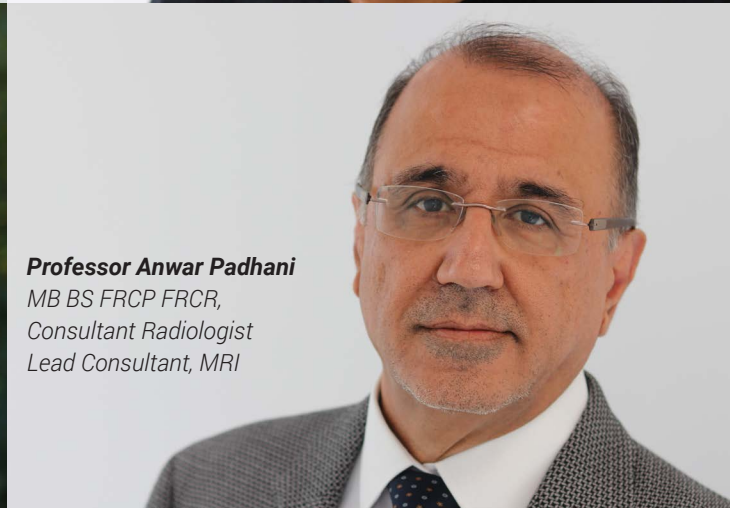
Dr Nemi Gandy
MBChB FRCR,
Consultant
Radionuclide
Radiologist



Dr Wai Lup Wong
BA (Hons) FRCP
FRCR, Consultant
Radiologist
Lead Consultant,
PET-CT



Dr Muhammad Dharas,
MBBS BSC
Consultant Radiologist



Professor Anwar Padhani
MB BS FRCP FRCR,
Consultant Radiologist
Lead Consultant, MRI

Dr Anthony Chambers

MB BS MRCP FRCR,
Consultant Oncological and
Radionuclide Radiologist



Dr Heminder Sokhi

MBChB MRCS FRCR,
Consultant Radiologist



Dr Subhadip Ghosh-Ray

BSc MBBS FRCR,
Consultant Head and
Neck Radiologist
Lead Consultant for
Information Technology



Dr James Diss

BSc (Hons) MBBS
PhD FRCR,
Consultant
Radiologist



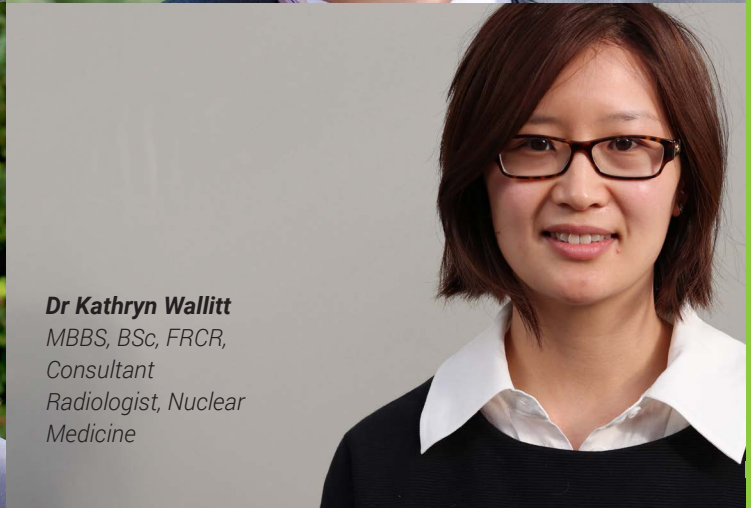
Dr Amish Lakhani

MBBS MA (Cantab) FRCR,
Consultant Radiologist
Lead Consultant, Training



Dr Kathryn Wallitt

MBBS, BSc, FRCR,
Consultant
Radiologist, Nuclear
Medicine



RESEARCH CASE STUDY

Research could lead to better outcomes for ovarian cancer patients

The results of a groundbreaking pilot cohort study involving Paul Strickland Scanner Centre and Mount Vernon Cancer centre suggest that a new dual-energy CT imaging model could revolutionise the way response to treatment in patients with high-grade serous ovarian cancer is assessed.

This innovative approach, centred around measuring CT iodine contrast concentration within cancer tissue, shows promising potential in accurately monitoring treatment response and predicting patient outcomes. The study was led by widely recognised ovarian cancer expert Prof Marcia Hall, Consultant Oncologist at Mount Vernon Cancer Centre.



“

Great care from staff.
Made me feel at ease.

PATIENT COMMENT

The results were recently published in the journal *Cancer Imaging*, in an article titled 'Development of a dual energy CT based model to assess response to treatment in patients with high grade serous ovarian cancer: a pilot cohort study', authored by Prof Hall, Dr Zena Alizzi, Dr Emmanouil Karteris and Dr Andrew Gogbashian, lead consultant for CT at Paul Strickland Scanner Centre.

Around 7,300 cases of ovarian cancer are diagnosed in the UK every year, with women in their mid-seventies at greatest risk.

Despite its name, ovarian cancer most frequently originates in the fallopian tubes rather than the ovaries. The cells in the fallopian tubes, responsible for catching eggs, divide very frequently.

The frequency of cell division puts them at an increased risk of errors during cell division, leading to an increased risk of cancer. The challenge lies in detecting malignant cells, as they tend to drop off into the abdominal cavity, where they are impossible to visualise using conventional imaging techniques, until they grow to a mass of cells approximately 0.5cm, or 1/5 inch (the equivalent of 10 million cells).

Typically, doctors rely on the Response Evaluation Criteria in Solid Tumours (RECIST) to assess treatment response, which involves measuring changes in the size of tumour lumps.

However, this method is not ideal for ovarian cancer, which often presents as tiny spots or sheets of disease, making it challenging for radiologists to measure accurately.

Prof Hall and her team explored an alternative approach based on iodine concentration measurements from dual-energy CT scans. They found that iodine concentration changes correlated more accurately with patient outcomes compared to RECIST measurements.

“

Warm, clean and friendly. Welcome, efficient and caring. Thank you.

PATIENT COMMENT

CA125, a blood-based protein marker, is routinely used in the clinic to assess response to treatment for patients with ovarian cancer, although this can sometimes produce false results, it is the best test we have to confirm or refute response to treatment in these patients.

However, the regulatory authorities do not accept CA125 response as proof that new treatments are effective. Changes in iodine concentration mirror CA125 responses to treatment much better than RECIST measurements and if validated may prove to be more acceptable as proof of efficacy for novel drugs.

Prof Hall said: "The results from this study suggest a more objective and reliable way to assess treatment responses, especially in patients without measurable lumps.

By analysing iodine concentration changes, doctors may be able to make better-informed decisions about the effectiveness of treatments, ultimately leading to improved patient care."

Despite the encouraging findings, further research and validation are necessary to establish this technique as the new standard for treatment assessment. Prof Hall hopes that evidence produced with additional funding and larger trials involving multiple centres could result in the technique being more widely adopted and lead to the development of more effective treatments.

She said: "The study has the potential to expand the pool of patients eligible for clinical trials, ensuring that even those with non-measurable tumours can benefit from innovative treatments. The research also highlights the need for objective imaging measures, which will contribute to the development of more targeted and effective therapies for high-grade serous ovarian cancer."

Prof Hall hopes to explore such opportunities to advance this pioneering technique and bring it closer to clinical implementation.

She said: "While our research is still in its early stages, the potential benefits for ovarian cancer patients are immense. The hope is that this breakthrough could transform the way doctors assess and treat high-grade serous ovarian cancer, providing a brighter outlook for patients."

It was thanks to a gift left by a supporter in her Will that Paul Strickland Scanner Centre was able to jointly fund a research fellow post for Dr Zena Alizzi, which made this study possible, together with Mount Vernon Cancer Centre, the John Bush Academic Fund and the Cancer Treatment Research Trust.

Measuring the carbon footprint of molecular imaging

Mr Mark Cracknell, Radiographer Paul Strickland Scanner Centre; Gerry Lowe, Medical Physicist the Mount Vernon Cancer Centre and Robert Chuter, Principal Clinical Scientist from The Christie Hospital, Manchester, have embarked on a sustainability project to measure the carbon footprint of SPECT and PET-CT scans for a single patient.

The aim of the project is to provide a benchmark, identify hotspots, and target reduction efforts and it is part funded by Institute of Physics and Engineering in Medicine (IPEM) (www.ipem.ac.uk).

The NHS contributes to 5% of UK carbon emissions, according to NHS England. The health service has set ambitious targets to reach net zero by 2040, with an 80% reduction by 2028 to 2032 for emissions directly controlled by the NHS. For emissions that the NHS can influence, the aim is to reach net zero by 2045, with an 80% reduction by 2036 to 2039.

The team will use a “bottom-up” approach, which involves identifying and quantifying all materials and processes involved for a single patient (activity data). Once the activity data has been collected, Emission factors will be used to convert the activity data into carbon dioxide equivalent (CO₂e). Data are being acquired from Paul Strickland Scanner Centre activity, and the team are also inviting other centres throughout the UK to contribute their data in order to make the final dataset more generalisable.

The power consumption of different devices around the Paul Strickland Scanner Centre PET-CT department was calculated using a readily available power monitor.

The consumables used for a typical cannulation were weighed, and then a conversion factor applied. Consumables associated with the automatic injector (used to inject the PET radiopharmaceuticals) were also weighed, to be converted into CO₂e.

Data from Energy Meters connected to each scanner were collected and compared with the number of patients scanned to calculate energy use in kWh per patient.

Over a two-week period, the amount of waste produced in PET-CT was weighed and recorded according to each type (General waste, Clinical Waste, Recycling). The number of patients for the previous day was also noted, to calculate waste per patient. Conversion factors according to the method of disposal will then be applied to calculate the CO₂e for waste produced per patient. Patient travel data will be collected via a questionnaire, with the intention to survey 200 patients over a two-to-three-month period. Patients will be asked from where they are travelling for their appointment and what mode of transport they used. A similar survey will be sent to PET-CT staff. The CO₂e will then be calculated using the Green House Gases emissions factor for the mode of transport, available from the BEIS/DEFRA database.

Future work includes collecting energy consumption data for A/C units and including the carbon footprint for the production and delivery of radioactive tracer. The team hopes to produce the results by the end of 2024. This project represents a significant step towards understanding and reducing the environmental impact of medical imaging.

PATSLIDE

“

Quick and efficient.

PATIENT COMMENT

OBJECTIVE 5

To improve staff engagement and organisational culture, ensuring patient safety as a top priority.

Wellbeing and staff engagement

The charity's Wellbeing, Intranet and Staff Engagement (WISE) Team carried out a number of activities as part of its ongoing programme to support and engage staff. Staff wellbeing has become even more important than before as a result of the understandable anxiety experienced by many healthcare workers due to the pandemic.

Some of the team's key activities during the reporting period included:

Staff Wellbeing Champions

A team of three wellbeing champions support staff who are struggling emotionally, signposting them to the extensive support services provided by the Trust if necessary.

Anonymous feedback

In order to generate more ideas from staff, we implemented an anonymous feedback system, which allowed individual staff members to make suggestions as to how the centre can be improved. Staff welcomed the idea and a number of suggestions were received.

One suggestion that was implemented for example was to upload the centre's annual leave chart to the cloud so that staff could check it when away from the workplace, making it easier for them to plan their life outside of work.

Values-based workshop

As part of our Quality Improvement programme for staff, the WISE team organised and hosted an afternoon session during September which focusses on improving staff wellbeing and team building.

During the session, staff listened to a talk by the East and North Hertfordshire NHS Trust Freedom to Speak Up Guardian Sylvia Gomes about the process to raise concerns. In addition, Dementia Nurse Specialist gave an insightful talk into the experience of patients with dementia and how staff can best support them.

Staff summer event

We once again held our annual barbecue for staff and trustees at Batchworth Golf Club, which recently replaced our annual Christmas dinner together in order to reduce the risk of Covid transmission amongst staff.

QI afternoons

The centre's hosts regular Quality Improvement (QI) afternoons for all staff. At these important all-staff education and engagement events, our people receive safety and other training relevant to their work at Paul Strickland Scanner Centre. During the pandemic, these meetings were held online.

A number of topics were covered during the reporting period, including staff wellbeing and engagement, clinical audit, patient experience and safety.





“

Today, as always, staff are very skilled and efficient. They keep patients informed about any delays and are compassionate and patient-centred.

PATIENT COMMENT

What it's like to work for us

Marie Fennessy, who recently joined us as MRI superintendent, shares her experience of working at Paul Strickland Scanner Centre.

“All the staff are so friendly and enthusiastic and it's an amazing place for patients. They are given time and the opportunity to ask questions and examinations are tailored to the individual patient needs. Patient satisfaction is a priority. I joined Paul Strickland Scanner Centre from a large district general hospital, which had been a huge challenge and privilege – although it was a large hospital serving a substantial portion of west London, we were under-resourced both with staffing and equipment, having just one MRI scanner, when compared with three MRI scanners at Paul Strickland Scanner Centre.

“The waiting list was enormous. Particularly after the pandemic, it felt like an impossible situation to turn around.

“There's so much more emphasis placed on training, learning and developing at Paul Strickland Scanner Centre and the centre invests heavily in both equipment and staff. Sadly, quite often in the NHS there just isn't the scope to expand services as we do here.

“Prior to joining, I knew Paul Strickland Scanner Centre was a charity set up to transform patients' lives through medical imaging and that voluntary donations play a vital role in funding equipment. In many other hospitals, acquiring funding for new equipment can be an extremely difficult and a bureaucratic process; you come up against multiple obstacles. At Paul Strickland Scanner Centre, things seem to be a lot more straightforward. From my experience, if you submit a sound and clinically justified business case for equipment, you are likely to get it funded. It really is a breath of fresh air.”



“

**It really is a breath
of fresh air.**

MARIE FENNESSY, MRI SUPERINTENDENT



“

I attended with my father who has mild dementia. Everyone was so kind and patient. Thank you to the reception staff for being so patient.

PATIENT COMMENT

How we manage principal risks and uncertainties

At bi-monthly board meetings the Trustees continue to focus on major risks for the charity which would have a severe impact on operational performance as well as reputation, should they occur.

The Audit and Risk Committee, which is a sub-committee of the Board of Trustees, met three times during the reporting period. The work of the sub-committee is reported to the Board of Trustees. The committee jointly reviews the centre's risk register, and during the reporting period reviewed all risks on the register, including compliance, clinical risk, income, contracts, business continuity, costs, investments, succession planning, fundraising, growth, capacity and expansion as well as business approach and governance. The Audit and Risk Committee updates the risk register after each meeting, which the board then reviews annually. The latest review by the Board took place on 15 September 2023.

We carry out surveys amongst patients and referrers to see how satisfied they are with our service. Our staff analyse the results, develop, and implement action plans to make improvements which will improve the experience for both patients and the doctors who referred them. Clinical audit and peer review of reports form an important part of the overall quality review process and serve not only as a safeguard for patients, but also facilitate individual and collective learning. Reviewing and learning from internal audits, past scan reports and correct identifications of disease or otherwise provides a forum for learning and forms a body of evidence of reflective practice to support annual appraisals and revalidation.

Learning Meetings are held regularly to give radiologists an opportunity to discuss specific cases with learning points. The outcomes of the meeting are communicated to all our reporters by the radiology governance lead. Depending on the urgency of the feedback, prior or subsequent communications between staff and referrers take place through which any potential patient harm is minimised and the lesson learnt is appropriately shared. Through appraisals, reporters also personally reflect on points learned and actions taken. The centre has a reciprocal peer review arrangement with University College London Hospitals (UCLH) for PET-CT scan reports.

FINANCIAL REVIEW

This financial review outlines our charity's financial performance over the year, as detailed in the accompanying financial statements.

Income for the year closely aligned with our forecasts, with total income reaching £8.896m for the period ending 30 September 2023 (2022: £8.013m), marking an 11% increase. This growth is primarily due to the strategic expansion of our charitable activities, highlighted by our investment in new MRI scanners in the preceding year.

Total income from charitable activities was £8.102m (2022: £7.107m), an increase of £995k (14%).

The number of scans carried out is the principal activity driver for the charity; the total number of scans performed during the year was 18,823, compared to 17,243 in the whole of 2021/22, an increase of 1,580 scans (9%). This 9% increase can be significantly attributed to the strategic acquisition and deployment of new MRI scanners in the previous year. The mix of scans conducted has a bearing on total revenue achieved because of the pricing structure. Total scan numbers in recent years are as follows:

2019	16,955	2022	17,243
2020	15,116	2023	18,823
2021	16,176		

Total expenditure increased by £451k from £9,310k to £9,761k (0.5%). An overall increase in expenses was driven by rises in staff costs (£101k), depreciation (£256k), and support expenses (£210k). Despite these pressures, the charity has proactively implemented several measures to manage and offset these increases effectively. These strategies include leveraging technology to reduce manual processes, and renegotiating contracts and procurement processes to secure more favourable terms.

The charity generated a deficit of £865k (2022: 1,297k deficit). The result is a moderately positive outcome for the charity due to impacts of the economic downturn and inflation.

The charity needs to generate a surplus, year on year, to enable it to continue to invest in new scanners, associated equipment and other advanced technology as well as provide the services which are in such demand. To help rebuild the charity finances, the charity is planning to invest in new scanners and equipment. Depreciation charged on fixed assets was £725k.

The financial position of the charity has deteriorated due to annual financial deficit of £865k. In the year under review, the charity made a significant investment of £1.446 million in preparatory costs for a new PET CT scanner. This strategic investment is expected to enhance our service capacity, enabling us to conduct a higher volume of scans and reduce waiting times for our beneficiaries. Total net assets are £11.775m (2022: £12.640m). The balance sheet of the charity is very liquid, with cash balances, including investments of £8.593m.

Structure, Governance and Management

TRUSTEES AND THEIR INTERESTS

Paul Strickland Scanner Centre is a charitable company, limited by guarantee. It is a registered charity governed by its Articles of Association and it does not have share capital, therefore, there are no Trustees' interests.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

Our Trustees (who are also directors of Paul Strickland Scanner Centre for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Financial Statements in accordance with applicable laws and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, our Trustees are required to:

- Observe the methods and principles in the Charities SORP 2019 (FRS 102);
- 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 charity will continue its activities;

A close-up, slightly blurred photograph of a medical control panel. The panel is dark grey or black with several buttons. The most prominent feature is a circular directional pad with six white arrowheads pointing up, down, left, and right. Above and below this pad are other buttons, some with white symbols. The lighting is soft, creating a professional and clinical atmosphere.

“

Excellent staff.

PATIENT COMMENT

Our Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

HOW WE WORK

The governing document of Paul Strickland Scanner Centre is its Articles of Association, and policy decisions are made by our Board of Trustees. As set out in the Articles of Association, new Trustees may be appointed by the existing Trustees by resolution but must retire from office at the next general meeting and shall be eligible for election at that meeting. At each annual general meeting one third of the Trustees must retire from office. The Trustees to retire by rotation shall be those who have been longest in office since their last appointment. A Trustee shall not hold office for more than nine consecutive years and shall not be eligible for appointment or re-election upon the expiry of such period until a period of twelve months has elapsed since they retired as a Trustee. There shall be a minimum of three and a maximum of twelve Trustees. Our Trustees come from a variety of backgrounds and have been carefully chosen because of their qualifications, experience, or connection to our cause and patient community.

Our chief executive officer is Claire Strickland. She isn't on the board and the Trustees have delegated the daily running of the charity to her and she is supported by the staff team. Claire and her strategy team are accountable to the Board of Trustees, who meet six times per year.

NEW TRUSTEES

When we need a new Trustee to join our board, we invite candidates to the centre, show them around and tell them about our work. Candidates are selected by interview involving at least two Trustees. They also meet the other Trustees and get the opportunity to ask them about the charity and the work of the board. We circulate their CV to the existing Trustees and provide the candidate with an information pack about the different types of scans at the centre, our financial situation and the latest financial statements. Once their appointment has been agreed by the board, we provide new Trustees with copies of our governing documents. This includes the board terms of reference, statement of Trustee liability, frequency and timings of board meetings, a list of current Trustees, organisational structure, our current strategic plan and summary of all insurance policies. Each Trustee takes part in a carefully

designed induction programme to help them understand how we help patients and their families as well as what their responsibilities are.

INVESTMENT POWERS

Under the Articles of Association, our Trustees have the power to decide which investments are best for the charity. We follow a cautious investment strategy and have taken careful steps to make sure that our reserves are not put at undue risk. During the period and at the Balance Sheet date, most of our cash reserves have been put in short term fixed deposit accounts spread across a range of institutions. This is a prudent approach and deposits are held in short term account of usually no longer than 6 months maturity so that we remain flexible.

RESERVES POLICY STATEMENT

The Charity diligently establishes, and regularly evaluates, its reserves policy to safeguard the maintenance of sufficient funds that cover essential operational expenses, including staff salaries and associated costs, for a 6 to 9 months period. This is to ensure that not only will ongoing commitments be fulfilled, but also to sustain services in alignment with the Charity's objectives. Currently, our total unrestricted funds amount to £11,672,818 and our total free reserves are £4,997,579. Our reserves policy has been developed taking account of guidance published by the Charity Commission.

This strategic approach is designed to facilitate responsiveness during emergencies, safeguard the well-being of our patients, and provide the flexibility to redirect resources for intricate and enduring specialist clinical care pathways, should the unlikely event of winding up the Charity arise. The Trustees are aware of the finite operational lifespan of the scanning equipment currently in use. Consequently, provisions are set aside from the accumulated fund to acknowledge the Charity's future commitment to funding the vital replacement of older equipment. By adhering to these financial practices, we aim to assure potential funding partners that our commitment to financial prudence is aligned with sustaining our mission and responsibilities as a provider of state-of-the-art imaging scans.

STAFF PAY AND CONDITIONS

Pay and conditions of staff are determined nationally, as set out in the NHS Terms and Conditions of Service Handbook and subject to a national job evaluation scheme.

CRITERIA OR MEASURES USED TO ASSESS SUCCESS IN THE REPORTING PERIOD

A set of key performance indicators is in place and these are measured throughout the reporting period, so that Trustees can assess the charity's performance and results against its objectives to ensure the charity is working towards meeting them. It is reviewed and discussed at board meetings. The measures include activity, quality, patient experience and contract compliance and these are discussed in the relevant earlier sections of the report.

FUNDRAISING COMPLIANCE

The fundraising team at Paul Strickland Scanner Centre organises events and other fundraising activities in the local community. Due to the end of the pandemic, we have been able to restart many of our popular events, such as our annual Charity Golf Day. During the reporting period, Paul Strickland Scanner Centre involved an external fundraising professional on a contract basis to carry out fundraising from trusts and grant makers as a result of a vacancy that had arisen due to maternity leave. Paul Strickland Scanner Centre has signed up to the Fundraising Regulator's Code of Fundraising Practice. The team keeps up to date with the latest developments and best practice by attending conferences and webinars throughout the year. Volunteer fundraisers are given a briefing by the Information Governance lead before they raise funds for Paul Strickland Scanner Centre. All direct marketing is undertaken by the fundraising team to ensure that it is not unreasonably intrusive or persistent. Contact is made through direct marketing five times a year with our supporter magazine, as well as through relevant emails to those who have consented to receiving email. We closely follow UK-GDPR guidelines. All marketing material contains clear instructions on how a person can be removed from mailing lists. No complaints for conduct that contravenes the Fundraising Regulator's Code of Practice were received by the department in this period.

BOARD OF TRUSTEES

The Trustees serving during the year and since year end were as follows:

Dr Roberto Alonzi (resigned April 2023)

Mrs Nimisha Jadeja

Ms Joanne Langfield (Chair since April 2023)

Mr André Nunes (Appointed April 2023)

Mr Dilip Manek (resigned April 2023)

Ms Amy Page (appointed December 2022)

Mr Daniel Ross (Treasurer)

Mr George Wharton

Mrs Cathy Williams (Chair to April 2023)

Mrs Jean Liao (Appointed November 2023)



Polite, helpful staff.

PATIENT COMMENT

Other administrative details

Company Number: 02033936

Charity registration number: 298867

Registered office: Paul Strickland Scanner Centre, Mount Vernon Hospital,
Rickmansworth Road, Northwood, HA6 2RN

Principal Bankers: Barclays Bank plc.

Solicitors: Veale Wasbrough Vizards LLP

Auditors

Our auditors, Nunn Hayward LLP, are deemed to be reappointed under section 487(2) of the Companies Act 2006. Their address is: Nunn Hayward LLP, Chartered Accountants and Statutory Auditor, 2-4 Packhorse Road, Gerrards Cross, Buckinghamshire, SL9 7QE.

RELATED PARTIES

Details of transactions with Trustees and other related parties are given in [Note 17] to the financial statements.

STATEMENT OF DISCLOSURE TO THE AUDITORS

So far as the Trustees are aware, there is no relevant audit information (as defined by Section 418 of the Companies Act 2006) of which the charity's auditors are unaware, and each Trustee has 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 charity's auditors are aware of that information. In approving the Trustees' Annual Report, we also approve the strategic report included therein, in our capacity as company directors.

Ms Joanne Langfield,

Chair of the board of Trustees, dated 26 April 2024

On behalf of the Board of Trustees



Independent auditor's report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

We have audited the financial statements of Paul Strickland Scanner Centre (the 'charitable company') for the year ended 30 September 2023 which comprise the statement of financial activities, the balance sheet, cash flow statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2023 and of its incoming resources and application of resources, including its income and expenditure, 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.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the

ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees' report, which includes the strategic report and the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report included within the trustees' report.

We have nothing to report in respect of the following matters where 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;
- the financial statements are not in agreement with the accounting records and returns or;
- certain disclosures of trustees' and directors' remuneration specified by law are not made or;
- we have not received all the information and explanations we require for our audit.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Statement of Trustees Responsibilities set out on page 74, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, then designed and performed audit procedures that addressed these risks in order to obtain sufficient and appropriate audit evidence to provide a basis for our opinion. These procedures and the extent to which they are capable of detecting irregularities, including fraud, are detailed below.

- Enquiry of management, those charged with governance and the charitable company's solicitors around actual and potential litigation and claims.
- Enquiry of the charitable company's staff in accounting, tax and compliance functions to identify any instances of non-compliance with laws and regulations having a direct effect on the financial statements including the Companies Act 2006, the Charities Act 2011 and the Charities SORP (FRS 102).
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with the above mentioned laws and regulations,
- Enquiry of the charitable company's staff in accounting, tax and compliance functions to identify any instances of non-compliance with other laws and regulations which do not have a direct effect on the financial statements but compliance with which could be fundamental to the charity's ability to operate or to avoid a material penalty, including CQC regulations.

- Reviewing minutes of meetings of those charged with governance including their own assessment of significant risks as carried out and reported by the Audit and Risk Committee
- Auditing the risk of management override of controls, including through testing journal entries and other adjustments for appropriateness, and evaluating the business rationale of significant transactions outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities 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.

This report is made solely to the charitable company's members (who are also the trustees for the purposes of charity law and the company's members and directors for the purposes of company law), as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's trustees, as a body, in accordance with regulations made under section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Tom Lacey (Senior Statutory Auditor)

for and on behalf of Nunn Hayward LLP, Statutory Auditor

Nunn Hayward LLP is eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006

2-4 Packhorse Road, Gerrards Cross, Buckinghamshire SL9 7QE

Date: 26 April 2024

Statement of financial activities

(including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2023

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2023 £	Total 2022 £
INCOME						
<i>Donations and legacies</i>	3	474,587	-	43,251	517,838	439,624
<i>Income from charitable activities:</i>						
Clinical services	3	8,101,628	-	-	8,101,628	7,106,542
<i>Investment income</i>	3	276,355	-	-	276,355	321,643
<i>Other income - profit on sale of tangible fixed assets</i>		-	-	-	-	145,000
TOTAL INCOME	16	8,852,570	-	43,251	8,895,821	8,012,809
EXPENDITURE						
<i>Costs of raising funds</i>	5	179,560	-	-	179,560	171,890
<i>Expenditure on charitable activities</i>	6	9,581,007	-	-	9,581,007	9,138,246
TOTAL EXPENDITURE	16	9,760,567	-	-	9,760,567	9,310,136
NET (EXPENDITURE)/INCOME		(907,997)	-	43,251	(864,746)	(1,297,327)
TRANSFERS BETWEEN FUNDS	16	325,495	(325,495)	-	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(582,502)	(325,495)	43,251	(864,746)	(1,297,327)
RECONCILIATION OF FUNDS						
FUNDS BROUGHT FORWARD	15,16	5,580,081	7,000,734	58,721	12,639,536	13,936,863
FUNDS CARRIED FORWARD	15,16	4,997,579	6,675,239	101,972	11,774,790	12,639,536

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 91 to 107 form part of these financial statements.

Balance sheet

AS AT 30TH SEPTEMBER 2023

		2023		2022	
	Notes	£	£	£	£
FIXED ASSETS					
Tangible assets	8		4,121,239		3,315,734
Investments	9		2,554,000		3,685,000
			<u>6,675,239</u>		<u>7,000,734</u>
CURRENT ASSETS					
Debtors	10	2,282,762		1,897,149	
Cash at bank and in hand	9	<u>6,038,765</u>		<u>6,012,547</u>	
		8,321,527		7,909,696	
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR					
Creditors and accruals	11	<u>3,185,407</u>		<u>2,214,477</u>	
NET CURRENT ASSETS			<u>5,136,120</u>		<u>5,695,219</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>11,811,359</u>		<u>12,695,953</u>
CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR					
	12		<u>36,569</u>		<u>56,417</u>
TOTAL NET ASSETS			<u><u>11,774,790</u></u>		<u><u>12,639,536</u></u>
FUNDS:					
Unrestricted funds:					
- General funds	16		4,997,579		5,580,081
- Designated funds	16		6,675,239		7,000,734
Total unrestricted funds			<u>11,672,818</u>		<u>12,580,815</u>
Restricted funds	16		<u>101,972</u>		<u>58,721</u>
TOTAL CHARITY FUNDS			<u><u>11,774,790</u></u>		<u><u>12,639,536</u></u>

Balance sheet (continued)

AS AT 30TH SEPTEMBER 2023

These financial statements were approved at a meeting of the Trustees held on 26 April 2024.

TRUSTEES

Daniel Ross

Ms Joanne Langfield

Company number: 02033936

Registered Charity number: 298867

The notes on pages 91 to 107 form part of these financial statements.

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2023

	Notes	2023 £	2022 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash provided by/(used in) operating activities	1	378,020	(1,014,483)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		71,359	3,765
Purchase of tangible fixed assets		(1,530,811)	(2,374,391)
Disposals of tangible fixed assets		-	145,000
Net cash used in investing activities		(1,459,452)	(2,225,626)
CASH FLOWS FROM FINANCING ACTIVITIES			
Interest paid		(3,502)	(4,865)
Repayment of obligations under finance leases		(19,848)	(24,322)
Net cash used in financing activities		(23,350)	(29,187)
DECREASE IN CASH AND CASH EQUIVALENTS		(1,104,782)	(3,269,296)
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		9,697,547	12,966,843
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	8,592,765	9,697,547

Notes to the cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2023

1. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2023	2022
	£	£
Net expenditure and net movement in funds for the year (as per the Statement of Financial Activities)	(864,746)	(1,297,327)
Adjustments for:		
Depreciation charges	725,306	469,052
Profit on sale of fixed assets	-	(145,000)
Interest received	(71,359)	(3,765)
Interest paid	3,502	4,865
(Increase)/decrease in debtors	(385,613)	2,439,850
Increase/(decrease) in creditors	970,930	(2,482,158)
Net cash provided by operating activities	<u>378,020</u>	<u>(1,014,483)</u>

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2023	2022
	£	£
Fixed asset investments - term deposits	2,554,000	3,685,000
Cash at bank and in hand	6,038,765	6,012,547
	<u>8,592,765</u>	<u>9,697,547</u>

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2023

1. STATUTORY INFORMATION

Paul Strickland Scanner Centre is a company limited by guarantee registered in England and Wales (company number 02033936). The liability of the members (who are also the trustees) is limited to £1 each in the event of winding up. The charity's registered and principal office is Mount Vernon Hospital, Northwood, Middlesex, HA6 2RN.

The accounts are presented in £ Sterling and rounded to the nearest £1.

2. STATEMENT OF ACCOUNTING POLICIES

The accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

2.1 Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

Paul Strickland Scanner Centre meets the definition of a public benefit entity under FRS 102. The financial statements are prepared on a going concern basis and under the historic cost convention unless otherwise stated in the relevant accounting policy note(s).

These financial statements are prepared in accordance with applicable charity and company law.

2.2 Income

Income is credited to the statement of the financial activities in the period to which it relates. With the exception of voluntary income arising from legacies, donations and gifts, all income is credited to the statement of financial activities on a receivable basis.

Income from donations and gifts is recognised on a cash received basis. Income from pecuniary legacies are recognised as receivable once probate has been granted and notification has been received. Residuary legacies are recognised as receivable once probate has been granted, provided that sufficient information has been received to enable valuation of the charity's entitlement.

Income tax recoverable in respect of gift aid donations received to 30 September 2023 has been accrued for in these financial statements.

Fees receivable for scans are brought into the financial statements on the date on which the services are provided by the scanner centre.

Investment income is recognised on a receivable basis

Grants received, which relate to a specific period of time, are dealt with on an accruals basis.

2.3 Donated services

The charity is not in receipt of any donated goods or services, other than general volunteers. In accordance with the Charities SORP (FRS 102), the economic contribution of general volunteers is not recognised in the accounts.

2.4 Expenditure

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates.

Costs of raising funds comprises the costs associated with attracting and managing donated income.

Expenditure on charitable activities comprises services identifiable as wholly or mainly in support of the company's charitable and operational work. These costs are regarded as an integral part of carrying out the direct charitable objectives of the charity and include

an appropriate proportion of overhead costs. Research and development expenditure is written off in the statement of financial activities in the year in which it is incurred.

Governance costs comprise expenditure incurred for constitutional and statutory requirements and are included within expenditure on charitable activities.

Support costs are costs indirectly incurred by the charity in supporting its charitable activities. They include the central functions and have been allocated to categories on a basis consistent with the use of resources.

2.5 Tangible fixed assets

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Land and buildings leasehold - over the length of the lease

Property improvements - over the length of the lease

Scanners - between 5 - 7 years straight line

Scanner upgrades - between 4 - 6 years straight line

Equipment - 25% straight line

Where significant building costs are incurred in order to install the new scanners, these costs are capitalised and depreciated in line with the respective scanner. General property improvements are depreciated over the remaining length of the lease.

At the year end fixed assets are reviewed to determine whether there is any indication that those assets have suffered impairment loss. If there is an indication of possible impairment, the recoverable amount of any affected assets is estimated and compared to its carrying amount. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised in the statement of financial activities.

If an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but not in excess of the amount that would have been determined had no impairment loss been recognised for

the assets in prior years. A reversal of an impairment loss is recognised immediately in the statement of financial activities.

2.6 Investments

Investments are deposits held at bank which have been set aside for future capital expenditure and equals the amount of designated funds.

2.7 Debtors

Fees receivable and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid based on the cost value of the expenditure suffered.

2.8 Cash at bank

Cash at bank includes cash held in current, deposit and treasury deposit accounts and excludes amounts recognised under investments.

2.9 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or reliably estimated. Creditors and provisions are normally recognised at their settlement amount.

2.10 Finance and operating leases

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership of the leased asset to the charity. All other leases are classified as operating leases.

Assets held under finance leases are recognised initially at fair value of the leased asset at the inception of the lease. The corresponding liability to the lessor is included in the balance sheet as a finance lease obligation. Lease payments are apportioned between finance charges and a reduction of the lease obligation using the effective interest method so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the statement of financial activities. Assets held under finance leases are included in tangible fixed assets and depreciated and assessed for impairment in the same way as owned assets.

Rentals payable under operating leases are charged on a straight-line basis over the term of the lease. The aggregate benefit of lease incentives are recognised as a reduction to the expense recognised over the lease term on a straight line basis.

2.11 Taxation

The company is a registered charity and, therefore, is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities if applied for charitable purposes.

2.12 Funds

Unrestricted funds (general funds and designated funds) are those funds expendable at the discretion of the trustees in accordance with the charitable objects.

Restricted funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor imposed conditions.

2.13 Financial instruments

The charity only has financial assets and liabilities of a kind that qualify as basic financial instruments: cash at bank, debtors and creditors. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2.14 Judgements and estimation

Preparation of the financial statements requires management to make significant judgements and estimates. The items in the financial statements where judgements and estimates have been made include:

Useful economic life of tangible assets

The annual depreciation charges for tangible assets are sensitive to changes in the estimated useful economic lives and residual values of the assets. The useful economic lives and residual values are amended when necessary to reflect current estimates, based on technological advancement, future investments, economic utilisation and physical condition of the assets.

3. INCOME

Donations and legacies	2023	2022
	£	£
Donations, gifts and funds raised	172,821	194,997
Trusts and Grants	18,416	12,752
Legacies	324,636	199,598
Gift Aid recoverable on donations	1,965	32,277
	<u>517,838</u>	<u>439,624</u>
Income from charitable activities	2023	2022
	£	£
Fees from patients and health authorities	<u>8,101,628</u>	<u>7,106,542</u>
Investment income	2023	2022
	£	£
Royalties receivable	60,000	172,872
Cyclotron rental income	144,996	145,006
Bank interest and bank treasury deposit interest receivable	71,359	3,765
	<u>276,355</u>	<u>321,643</u>

4. NET INCOME

	2023	2022
	£	£
<i>Net income is stated after charging:</i>		
Operating lease rentals	1,247,065	1,506,545
Finance lease interest	3,502	4,865
Auditors' remuneration - audit	15,000	13,000
Auditors' remuneration - accountancy services	3,000	8,000
Depreciation	725,306	469,052

5. COSTS OF RAISING FUNDS

	2023	2022
	£	£
Fundraisers' salaries and assistance	139,866	133,876
Event costs	12,156	7,508
Printing and mailing	17,995	19,712
General expenses	9,543	10,794
	179,560	171,890

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs	Support Costs	Governance Costs	Total
	£	£	£	£
2023				
Costs of generating funds:				
Fundraising and related activities	179,560	-	-	179,560
Charitable activities:				
Clinical services	8,181,865	1,379,142	20,000	9,581,007
	8,181,865	1,379,142	20,000	9,581,007
	8,361,425	1,379,142	20,000	9,760,567
2022 - Comparative information				
Costs of generating funds:				
Fundraising and related activities	171,890	-	-	171,890
Charitable activities:				
Clinical services	8,075,505	1,039,741	23,000	9,138,246
	8,075,505	1,039,741	23,000	9,138,246
	8,247,395	1,039,741	23,000	9,310,136
SUPPORT COSTS		Staffing Costs	Other Costs	Total
2023		£	£	£
Clinical services		500,101	879,041	1,379,142
2022 - Comparative information				
Clinical services		370,870	668,871	1,039,741

Support costs represent the staffing costs which are not directly attributable to the clinical services of the charity and other costs including insurances, building costs and general office expenditure which are again, not directly attributable to clinical services. No allocation of support costs has been made to either the research or fundraising functions of the charity as these are deemed to be negligible.

7. ANALYSIS OF TOTAL STAFFING COSTS

The East and North Hertfordshire NHS Trust employs staff under joint contracts with the charity. The Trust administers the payroll and the charity is recharged for its share of the associated costs. These recharges are detailed below:

	2023	2022
	£	£
Wages and salaries	2,796,561	2,711,404
Social security	576,092	558,549
Pension	296,764	297,957
	<u>3,669,417</u>	<u>3,567,910</u>

During the year, emoluments of recharged staff earning in excess of £60,000 was as follows:-

	2023	2022
	No.	No.
£60,000 to £70,000	3	2
£70,000 to £80,000	1	1
£80,000 to £90,000	2	3
£90,000 to £100,000	1	0
£100,000 to £110,000	1	1
£120,000 to £130,000	1	1

The number of recharged staff earning above £60,000 to whom retirement benefits are accruing under defined benefit schemes was 9 (2022: 8).

The average number of staff analysed by function was as follows:-

	2023	2022
	No.	No.
Medical and radiographic	61	61
Clerical and administration	10	11
	<u>71</u>	<u>72</u>

Key management comprise the trustees and the leadership team. Remuneration of key management in the year was £1,584,612 (2022: £1,553,049). The cost of trustees' indemnity insurance borne by the charity was £2,331 (2022: £2,104). The trustees did not receive any remuneration or fees for their services to the charity during the year under review.

8. TANGIBLE FIXED ASSETS

	Leasehold Land & Buildings £	Property Improvements £	Scanners £	Equipment £	Total £
Cost					
At 1 October 2022	2,091,883	1,437,513	7,000,102	2,575,458	13,104,956
Additions	-	1,445,930	-	84,881	1,530,811
Disposals	-	-	-	-	-
At 30 September 2023	2,091,883	2,883,443	7,000,102	2,660,339	14,635,767
Depreciation					
At 1 October 2022	2,091,883	843,532	4,777,886	2,075,921	9,789,222
Charge for the year	-	77,497	440,523	207,286	725,306
Disposals	-	-	-	-	-
At 30 September 2023	2,091,883	921,029	5,218,409	2,283,207	10,514,528
Net book value					
At 30 September 2023	-	1,962,414	1,781,693	377,132	4,121,239
At 30 September 2022	-	593,981	2,222,216	499,537	3,315,734

Included above are assets held under finance leases as follows:

	Equipment £
Net book values	
At 30 September 2023	49,876
At 30 September 2022	75,898
Depreciation charge for the year	
At 30 September 2023	26,022
At 30 September 2022	28,191

The expenditure on land buildings as shown above does not include the cost of the main building housing the Scanner Centre. Had these costs been capitalised then they would have been fully depreciated by 30 September 2005.

9. CASH AND CASH EQUIVALENTS

	2023	2022
	£	£
Investments - cash at bank and on deposit	2,554,000	3,685,000
Cash at bank and in hand	6,038,765	6,012,547
Cash and cash equivalents	8,592,765	9,697,547

Amounts included in investments represent cash at bank and other cash investments set aside by the charity as planned capital expenditure over the next three financial years. As such, capital preservation of these funds is deemed to be of paramount importance and in order to minimise risk, the charity has decided that these funds should be held in cash deposits which are geared to mature in line with the planned capital expenditure schedule.

10. DEBTORS

	2023	2022
	£	£
Fees receivable	1,504,863	1,239,308
Prepaid scanner maintenance costs	228,589	228,124
Other debtors	248,518	172,874
Prepayments	154,180	133,318
Legacies receivable	146,612	123,525
	2,282,762	1,897,149

Included in fees receivable is £335,263 (2022: £136,986) due from East and North Hertfordshire NHS Trust.

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2023	2022
	£	£
Trade creditors	1,253,115	1,178,150
Accruals and deferred income	692,383	649,348
Other creditors - East and North Hertfordshire NHS Trust	679,968	356,379
Other creditors	520,320	-
Value added Tax	16,271	7,250
Net obligations under finance leases	23,350	23,350
	<u>3,185,407</u>	<u>2,214,477</u>

12. CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	2023	2022
	£	£
Net obligations under finance leases	36,569	56,417
Amounts payable:		
Over one year but less than five	36,569	56,417

Net obligations under finance leases are secured on the assets concerned.

13. FINANCIAL COMMITMENTS

At 30 September 2023 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2023	2022
	£	£
Operating and service contracts which expire:		
Less than one year	349,223	160,627
Over one year but less than five	825,700	487,889
Over five years	191,418	293,536
	<u>1,366,341</u>	<u>942,052</u>

Financial commitments on scanner maintenance agreements will lapse when the related scanner is replaced. The financial commitments on such agreements are recognised over the estimated remaining life of the scanners.

14. CAPITAL COMMITMENTS

The Trustees regularly review the need to upgrade or replace scanners in order to maintain operational efficiency and offer up to date medical imaging to patients. To achieve these objectives, as at the year end, the charity had placed an order for a new PET CT scanner for £1.9m. The Trustees have already spent £1.446m towards the installation and associated building costs and expect a further £0.654m to be spent on installation and associated costs for this scanner over the next year.

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2023 Total funds	2022 Total funds
	£	£	£	£	£
Fixed assets	-	6,675,239	-	6,675,239	7,000,734
Current assets	8,219,555	-	101,972	8,321,527	7,909,696
Creditors due within one year	(3,185,407)	-	-	(3,185,407)	(2,214,477)
Creditors due after one year	(36,569)			(36,569)	(56,417)
Net assets	4,997,579	6,675,239	101,972	11,774,790	12,639,536

16. MOVEMENT IN FUNDS

	Balance at 1 October 2022	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2023
	£	£	£	£	£
General funds	5,580,081	8,852,570	(9,760,567)	325,495	4,997,579
Total general funds	5,580,081	8,852,570	(9,760,567)	325,495	4,997,579
Restricted funds					
Brachytherapy study	1,400	-	-	-	1,400
Lung Cancer Study	-	2,000	-	-	2,000
Research Funds	42,105	2,560	-	-	44,665
Power injector Fund	-	16,394	-	-	16,394
Scanner fund	-	11,450	-	-	11,450
AI software	-	500	-	-	500
Patient welfare	15,216	10,347	-	-	25,563
Total Restricted funds	58,721	43,251	-	-	101,972
Designated funds					
Scanner Replacement Fund	3,500,000	-	-	(946,000)	2,554,000
Designated property & equipment fund	3,315,734	-	-	805,505	4,121,239
IT and Communications & other	185,000	-	-	(185,000)	-
Total Designated funds	7,000,734	-	-	(325,495)	6,675,239
Total	12,639,536	8,895,821	(9,760,567)	-	11,774,790

16. MOVEMENT IN FUNDS (continued)

Designated funds

A designated fund is a 'ring fencing' by the trustees of existing unrestricted funds for a particular project or use by the charity.

Designated property & equipment fund

The property & equipment fund represents the net book value of the charity's fixed assets, including the lease and improvements to the premises on site at Mount Vernon Hospital, together with the scanners and other equipment used by the charity in the course of its day to day operations. The transfer from General Funds represents the increase in value in tangible fixed assets.

Scanner replacement fund

The trustees of Paul Strickland Scanner Centre recognise that the operational life of the scanner equipment currently in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment. During the year, the charity started the project to purchase and install a replacement PET CT scanner, which will complete in 2023/24. The level of the scanner replacement designated fund has therefore been set at the remaining estimated costs for this replacement project which comprise £1,900,000 for the PET CT scanner and £654,000 further associated build-in costs.

The trustees therefore believe that the amounts set aside as designated funds as shown above are appropriate.

Restricted funds

Brachytherapy

To fund a Brachytherapy pilot study which will enable the PhD study to give an extra scan time point.

Lung cancer study

Grant funding for a lung cancer study

General Research

To fund various projects relating to the diagnosis and treatment of cancer and other life limiting conditions.

Power injector fund

Funds raised for the purchase of a power injector. This equipment was purchased after the year end.

Scanner fund

Funds raised towards the purchase of a replacement CT scanner.

AI software

Funds raised for the purchase of AI software.

Patient welfare

To fund equipment to improve patient welfare. In 2022/23 £10,347 was received into this fund which was not spent in the year, however an order was placed post year end for reception furniture for patient use totalling £14,086.

17. RELATED PARTY TRANSACTIONS

The only transactions with related parties, other than those disclosed in note 7, were for payments totalling £1,425 to a business operated by a trustee, Amy Page. These payments were for the provision of Continuing Professional Development services provided to employees of the charity and not for services provided in the performance of duties as a trustee.

18. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30TH SEPTEMBER 2022

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2022 £
INCOME					
Donations and legacies	3	397,992	-	41,632	439,624
<i>Income from charitable activities:</i>					
Clinical services	3	7,106,542	-	-	7,106,542
Investment income	3	321,643	-	-	321,643
<i>Other income - profit on sale of tangible fixed assets</i>	-	145,000	-	-	145,000
TOTAL INCOME		7,971,177	-	41,632	8,012,809
EXPENDITURE					
<i>Costs of raising funds:</i>					
Costs of generating voluntary income	5	171,890	-	-	171,890
Charitable activities	6	9,138,246	-	-	9,138,246
TOTAL EXPENDITURE		9,310,136	-	-	9,310,136
NET (EXPENDITURE)/INCOME		(1,388,959)	-	41,632	(1,297,327)
TRANSFERS BETWEEN FUNDS		386,543	(312,509)	(74,034)	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(952,416)	(312,509)	(32,402)	(1,297,327)
RECONCILIATION OF FUNDS					
FUNDS BROUGHT FORWARD		6,532,497	7,313,243	91,123	13,936,863
FUNDS CARRIED FORWARD	15	5,580,081	7,000,734	58,721	12,639,536

19. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2023		2022	
		£	£	£	£
Income					
Donations, gifts and funds raised			172,821		194,997
Legacies received			324,636		199,598
Income tax recoverable			1,965		32,277
Bank interest and bank treasury			71,359		3,765
Trusts and Grants			18,416		12,752
			<u>589,197</u>		<u>443,389</u>
Less: expenditure					
Fundraisers' salaries and assistance		139,866		133,876	
Event costs		12,156		7,508	
Printing and mailing costs		17,995		19,712	
General expenses		9,543		10,794	
			<u>179,560</u>		<u>171,890</u>
Surplus - appeals fund			<u>409,637</u>		<u>271,499</u>
Add:					
Deficit – Scanner Centre	20		(1,274,383)		(1,568,826)
Deficit in the year			<u>(864,746)</u>		<u>(1,297,327)</u>

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the charity.

20. ANALYSIS OF INCOME AND EXPENDITURE

SCANNER CENTRE	Notes	2023		2022	
		£	£	£	£
Income					
Fees from patients and health authorities		8,101,628		7,106,542	
Profit on sale of assets		-		145,000	
Royalties receivable		60,000		172,872	
Cyclotron rental income		144,996		145,006	
		<u>8,306,624</u>		<u>7,569,420</u>	
Less: expenditure					
Staff salaries and radiologists' fees	4,394,745		4,103,166		
Other staffing costs	52,295		7,830		
Maintenance contracts and scanner repairs	500,607		657,443		
Repairs and renewals of equipment and building	404,104		387,696		
Lease charges on equipment	1,077,061		1,336,541		
Medical and surgical supplies, cryogenics and other consumables	1,600,261		1,340,160		
Coronavirus costs	-		49,764		
Rent and rates	170,004		174,504		
Heat, light and facilities	264,000		264,000		
Printing, postage, stationery and telephone	139,345		109,085		
Auditors' remuneration	15,000		13,000		
Medical conferences and travel	10,330		4,717		
Miscellaneous expenses	17,606		11,862		
Bank charges	3,456		2,149		
Legal, professional and consultancy fees	76,240		95,229		
Insurance	126,515		107,183		
Interest on finance leases	3,502		4,865		
Depreciation	725,306		469,052		
		<u>9,581,007</u>		<u>9,138,246</u>	
Deficit - scanner centre		<u>(1,274,383)</u>		<u>(1,568,826)</u>	

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the Charity.

PAUL STRICKLAND SCANNER CENTRE

England & Wales - Charity number 298867

Accounts



PAUL
STRICKLAND
SCANNER
CENTRE

CANCER IMAGING EXPERTS

Saving lives through early diagnosis

Annual Report and Financial
Statements 2021-22





**It's always a pleasant
experience, staff are
welcoming and reassuring.**

PATIENT COMMENT

Company no. 02033936 | Registered charity no. 298867 (England and Wales)



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A transcript of this document is available
in large print. Please ring 01923 886310.

Chair's report

This past year has been another interesting and challenging one. The ongoing issues from the COVID-19 pandemic have certainly continued to affect the services delivered by the staff at the centre. The use of personal protective equipment continues, which is expensive and a challenge for both staff and patients.

The team have, as ever, gone above and beyond to provide a high-quality and safe service to the patients and referring clinicians. The number of scans done remains high, with only small changes in numbers from previous years. CT scans have increased from 5,896 to 6,164, MRI scans from 5,198 to 5,574 and PET-CT scans from 5,082 to 5,690. Our ongoing business relationship with InHealth continues to benefit patients requiring PET-CT scans at the Lister Hospital in Stevenage.

The Trustees have continued to meet primarily virtually, which has allowed us to maintain the business of the Board with good attendance and involvement in all decision making. Unfortunately, one of our newly appointed Trustees had to give up the role but we thank Shelly Heard for the great contribution that she made. Amy Page also had to temporarily resign her post but was willing to reconsider her role for the upcoming year and we are grateful for her commitment to the centre. Research and development continues to be a crucial part of our work and is considered an important feature of our clinical practice.

We are also committed to the training and development of our team. Several of our radiographers are currently doing postgraduate studies alongside their clinical role in order to further deepen their medical imaging expertise. Additionally, our radiography assistants are training how to cannulate patients, which develops their role in order to make our service more flexible and resilient in the future.



The Trustees are looking forward to working together for another year in order to continue the legacy of Dr Paul Strickland.

MRS CATHY WILLIAMS



As part of our long-term workforce plan to bring on board and develop new talent, which is particularly important in the current climate where our industry faces staffing challenges, we have taken steps to develop the radiography workforce of tomorrow. This has involved offering student placements to radiography students from the University of Portsmouth and the University of Plymouth. Feedback from the students involved, as well as their universities, has been excellent. On top of this, we offer Mount Vernon Cancer Centre (MVCC) radiotherapy students insight into the work of the centre. Additionally, we have taken on our first newly qualified radiographer, which is an exciting development for us.

The Board membership has been relatively stable this year, which is hugely important in the running of the business and helps the management team to know the direction of travel at a strategic level and continue to concentrate on the operational efficiency of the centre.

A challenge that we have faced - and continue to face - is the ongoing uncertainty arising from the review into cancer services at Mount Vernon, which began in 2019. The ongoing review may result in a change of location and a change in which NHS Trust manages MVCC. For some years now this has been East and North Hertfordshire Hospitals NHS Trust but discussions are taking place for the potential transfer of the management of MVCC to University College London Hospitals NHS Foundation Trust (UCLH). We continue to work with all parties involved to achieve a satisfactory outcome to these discussions..

The slow progress of this project has had a potentially destabilising effect on MVCC and, as a consequence, has been an important focus for our organisation. The management team, ably lead by Claire Strickland, have worked extremely hard to ensure staff are kept informed and are able to voice any concerns they may have. The Board of Trustees have been kept up to date with the discussions and have been able to support Claire and her team. As such, the centre remains a place where both staff and patients can feel certain about the organisation, its future and facilities. The Quality Standard for Imaging (QSI) accreditation Paul Strickland Scanner Centre has held for the past few years has been renewed. The culture of continuous quality improvement is something the centre is rightly proud of and every member of staff plays a vital role in our QSI application.

We have invested a significant amount of our reserves in the development of the centre this year, ensuring robust turnover of our funds. Nevertheless, fundraising continues to be challenging, which is evident in other charitable organisations in this economic environment.

Innovations during this year include two new MRI scanners, which boast advanced AI capability and deliver superior images plus improved capacity. New Relax & View panels in MRI scanning rooms create a more relaxing atmosphere for patients, which can improve quality of images. Investment in information technology has improved our operating efficiency and gives us options for further development in the future.

The Vague Symptoms Pathway pilot, a programme which can help GPs spot cancer earlier by means of a CT scan, was successfully completed, opening the door for the service being commissioned by the NHS in Hertfordshire. This is a very triumphant outcome from work undertaken by the team.

Staff satisfaction surveys continue to inform the work of the management team in giving support and encouraging involvement. The Board regularly receive updates on actions undertaken to maintain and improve staff wellbeing, and our wellbeing champions continue to be effective. In order to raise awareness and improve understanding, menopause awareness training has taken place across the organisation.

We launched a programme to replace our two existing PET-CT scanners with one new, state-of-the-art machine. Additionally, we started planning for the replacement of our waiting room as part of the larger redevelopment of the centre.

The Trustees are looking forward to working together for another year in order to continue the legacy of Dr Paul Strickland.



Mrs Cathy Williams
Chair of the Board of Trustees, *April 2023*

Trustees' report

We will lead the way in imaging for the diagnosis, treatment and monitoring of cancer and other clinical conditions.

For our patients and referrers:

P

Providing world class diagnostic imaging

R

Responding promptly to patient and referrer needs

I

Improving patient outcomes

D

Demonstrating clinical excellence

E

Enabling clinical and technology advancements

For the year ended 30 September 2022



Medical staff are all so patient and lovely. Nothing is too much trouble. No question is too stupid. Well done!

PATIENT COMMENT

About us

At Paul Strickland Scanner Centre, we specialise in medical imaging for patients dealing with cancer and other serious conditions.

As a registered charity, our focus is on providing the best possible care to improve the lives of our patients. We offer MRI, CT, and PET-CT scans to both NHS and private patients from North West London, Middlesex, Hertfordshire, Buckinghamshire and Bedfordshire. These scans are essential for diagnosing and monitoring cancer and other serious conditions, such as dementia. We also support life-changing medical research. As an independent charity with no government funding, we rely on the generosity of our supporters to keep our doors open and help us make a difference in the lives of our patients.

Public benefit

As outlined in this report, our trustees have complied with their duty to have regard to the Charity Commission's public benefit guidance when exercising any powers or duties to which the guidance is relevant.



Cancer imaging pioneer

Paul Strickland OBE

Dr Strickland qualified in 1943 and came to Mount Vernon Hospital in 1946, becoming consultant radiotherapist in 1955.

For many years he was Chairman of the Mount Vernon Medical Committee and, in 1970, became head of the Radiotherapy Department. In 1988, 12 years after his official retirement, he was awarded the OBE.

Scanning for opportunities

In the 1970s, two British Nobel Laureates developed the CT and the MRI scanner. Dr Strickland quickly realised the importance of medical imaging in the accurate diagnosis and subsequent treatment of patients with cancer and other serious conditions.

In 1982, in the midst of a recession, he became Vice Chairman of the appeal to obtain a CT scanner for Mount Vernon. A friend remarked: "He was an absolute dynamo. He really drove everybody." The Appeal was launched in February 1983, aiming to reach £1,250,000 in 3 years. In just two years, by March 1985, £1,700,000 was raised, enough to fund a CT and an MRI scanner and the building to house them, which became Paul Strickland Scanner Centre. The result is a world-class centre which attracts the highest calibre radiologists and radiographers.



*Dr Paul Strickland
pictured with our
patron, HRH The
Duchess of Kent*



A world-class centre which attracts the highest calibre radiologists and radiographers.

The first diagnostic imaging unit for NHS and private patients in the UK

When Dr Paul Strickland launched his fundraising drive to buy the first scanner for Mount Vernon Hospital, nobody expected that a world-leading, independent cancer imaging centre bearing his name would be thriving on the same spot three-and-a-half decades later. The first diagnostic imaging unit for NHS and private patients in the UK, it opened in 1985 with one CT and one MRI scanner.

The first CT and MRI patients were scanned the same year, and both original scanners underwent the first of many upgrades and replacements in the early 1990s, thanks to the generosity of our supporters.

There have been enormous advances in technology over the years. Image quality has improved dramatically, allowing a much more accurate diagnosis, and scans are much quicker, meaning we can scan many more patients. Whole-body MRI scanning, which is the centre's speciality and particularly important for patients with metastatic cancers, would not have been possible back then.

Medical imaging is now an essential part of modern cancer care and changes thousands of lives for the better every year.

“

**Friendly,
efficient, discreet,
professional
treatment
throughout,
thank you all.**

PATIENT COMMENT



Our CEO and team

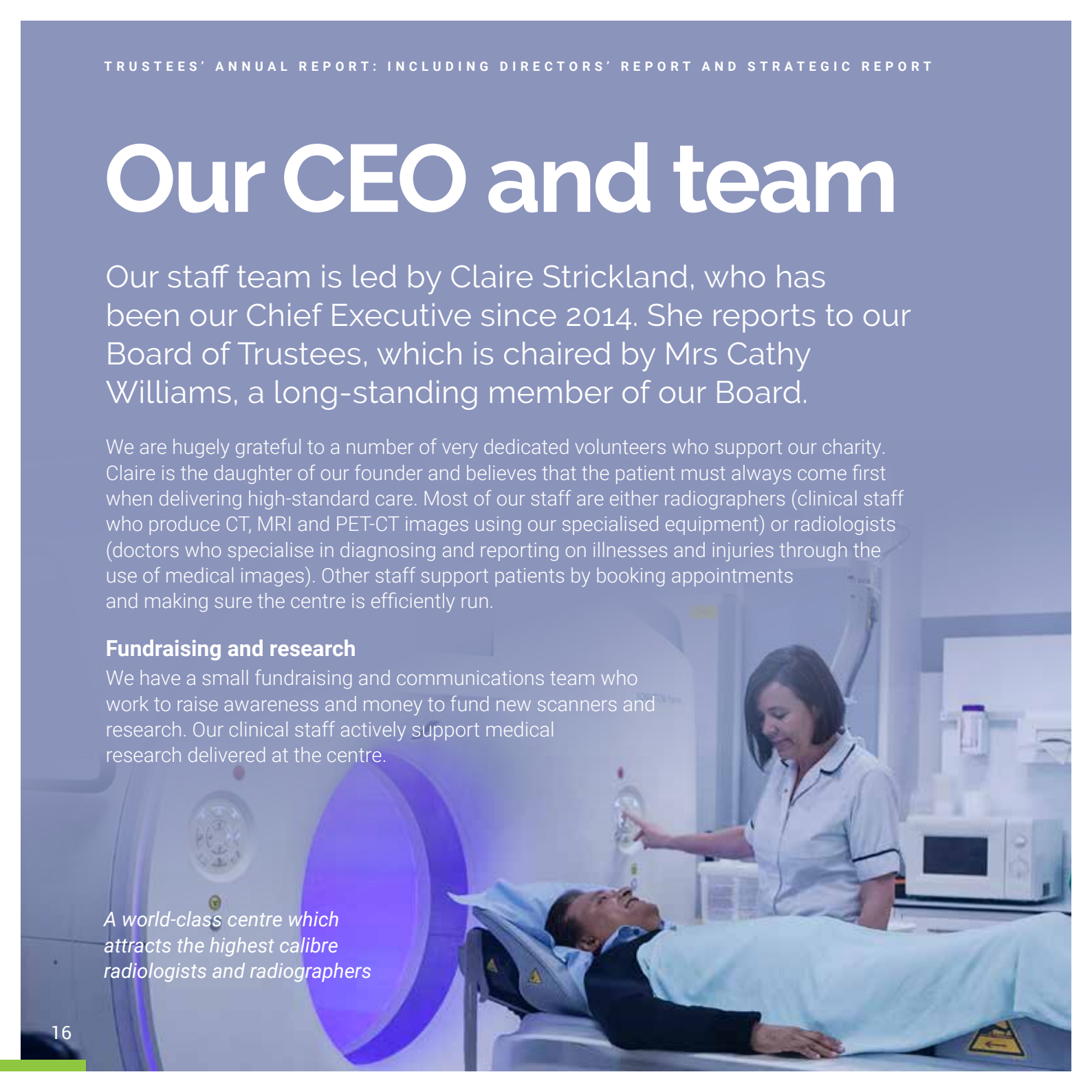
Our staff team is led by Claire Strickland, who has been our Chief Executive since 2014. She reports to our Board of Trustees, which is chaired by Mrs Cathy Williams, a long-standing member of our Board.

We are hugely grateful to a number of very dedicated volunteers who support our charity. Claire is the daughter of our founder and believes that the patient must always come first when delivering high-standard care. Most of our staff are either radiographers (clinical staff who produce CT, MRI and PET-CT images using our specialised equipment) or radiologists (doctors who specialise in diagnosing and reporting on illnesses and injuries through the use of medical images). Other staff support patients by booking appointments and making sure the centre is efficiently run.

Fundraising and research

We have a small fundraising and communications team who work to raise awareness and money to fund new scanners and research. Our clinical staff actively support medical research delivered at the centre.

A world-class centre which attracts the highest calibre radiologists and radiographers





Claire Strickland, our Chief Executive

Objectives and activities

To provide state-of-the-art, cross sectional medical diagnostic imaging systems, and to operate them principally to benefit patients attending the Mount Vernon Cancer Centre, but also for patients referred from anywhere in the UK or abroad. To carry out late translational imaging research.

Our objectives

- To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.
- To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.
- To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.
- To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.
- To improve staff engagement and organisational culture, ensuring patient safety as a top priority.



OBJECTIVE 1

To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.

Making sure our service continues to excel in the future

“It’s absolutely essential that we maintain and build on our position as a centre that is at the forefront of cancer imaging,” says Cherith Desmeules, who was recently appointed to the post of Service Manager and Strategy Lead at Paul Strickland Scanner Centre

Cherith joined the centre as a radiographer from a private hospital in North West London in April 2011. In 2015, she advanced to CT superintendent radiographer before being promoted to Service Manager and Strategy Lead in August 2022.

Cherith’s role entails strategic planning for our service, planning for the future and how the centre will meet it both operationally and clinically.

She said: “I work very closely with our Quality and Governance Lead to ensure we will be able to keep standards high in the future with regards to quality and safety. The role also has a more hands-on element and I attend clinical leads meetings to help ensure effective working across CT, MRI and PET-CT services and that we meet referrer and patient needs.



Cherith Desmeules has been appointed Service Manager and Strategy Lead

Cherith runs major projects at the centre and supports the Board of Trustees in decision-making by preparing business cases and providing information on how the service is being run. One major piece of work she is currently undertaking is exploring possibilities to expand our business for private patients, with proceeds being ploughed back into the charity for the benefit of both NHS and private patients."

Whilst looking at how we can deepen our links with hospitals, Cherith values the relationship with Mount Vernon Cancer Centre. She said: "It's important to ensure our strong ties with Mount Vernon Cancer Centre are kept in place, should the transition to UCLH as proposed by NHS England take place."



Quality standard for imaging

We are very proud to continue to have achieved our Quality Standard of Imaging accreditation for the 6th year in a row.



The Quality Standard of Imaging (QSI) sets the national quality criteria for imaging services, and is a collaboration between The Royal College of Radiologists (RCR) and the College of Radiographers (CoR), and is managed by UKAS.

In meeting this standard, accredited by UKAS, we know that our quality management system exceeds the baseline requirements of regulators such as the Care Quality Commission and the culture of quality is embedded across our organisation.

By assessing our performance against this standard and continually making improvements we are assuring our patients receive consistently high-quality services, delivered by skilled staff, within a safe environment.

Paula Merry, Quality and Governance Lead at Paul Strickland Scanner Centre, said: "Maintaining our accreditation is a testament to our staff who have sustained their passion for excellent patient care through their continued professionalism."

Audit team

Striving for the best care and health outcomes for our patients

Our Audit Team actively promotes audit for all Paul Strickland Scanner Centre staff, overseeing development and coordination as well as monitoring implementation of the Centre's Clinical Audit Programme.

The team reports on compliance against existing guidance or internal standards and receives audit proposals as well as audits summary sheets for the Centre. In addition, Audit Team members:

- Receive reports and findings from completed audit summaries and approve action plans arising from those audit findings.
- Develop and maintain a robust system to monitor the progress of all Action Plans through to completion.
- Present findings and learning points to centre staff.
- Support staff undertaking audit.
- Actively promote and search for new audit/research ideas.

CASE STUDY

Clinical audit leads to radiation reduction for cancer patients

Thanks to a clinical audit carried out by Paul Strickland Scanner Centre, and effective communication with referrers, there has been a reduction in the number of cancer patients referred for a CT scan as part of a surveillance protocol who could have had an MRI scan instead.

As CT scans have an associated radiation dose and MRI scans do not, this development could have important radiation dose saving implications for patients.

In 2017, an audit was undertaken to see if referrers to Paul Strickland Scanner Centre were correctly requesting CT or MRI brain imaging scans for renal, melanoma and lung cancer patients as part of their ongoing surveillance programme, with the aim of raising awareness of the radiation dose reduction available to these patients. During a subsequent discussion with referrers,

it was agreed that they continue to refer this cohort of patients for an MRI scan if possible. A CT scan is still the second option, available if patients could not be referred for an MRI scan for clinical reasons (for example due to being fitted with implants that were not MRI compliant or if they were claustrophobic).

In 2017, 892 radiology request referrals were made for melanoma patients to have CT Chest, abdomen, and pelvis including or excluding the neck. To gain a 95% confidence level with a 5% margin of error, 235 requests were analysed. During the analysis for this period, the patients that had CT brain scans did not have an indication or a reason for not having an MRI scan. Many of these patients have had MRI imaging in the past or going forwards.

In 2022, 1,244 radiology request referrals were made for melanoma patients to have a chest, abdomen, and pelvis including or excluding neck scan. To gain a 95% confidence level with a 5% margin of error, 254 radiology request referrals were analysed. During the analysis of this period there was an increase in the number of MRI brain scan requests made.

The 2022 audit showed that there has been an improvement in the referral pathway, with the number of MRI brain scan requests increasing from 2017 to 2022. The data collected shows that there has been an increase in the number of referrers choosing MRI brain surveillance scans over CT brain scans, resulting in fewer patients being exposed to ionising radiation.

After further analysis of the data, it was shown that those patients that were referred for a CT brain scan rather than an MRI scan had either a safety contraindication or claustrophobia. There were also three elderly patients that preferred a CT scan rather than an MRI due to mobility issues or speed of examination.

Data shows that referrers are complying with the correct referral pathway and plans to carry out a follow-up audit are in place for 2024.

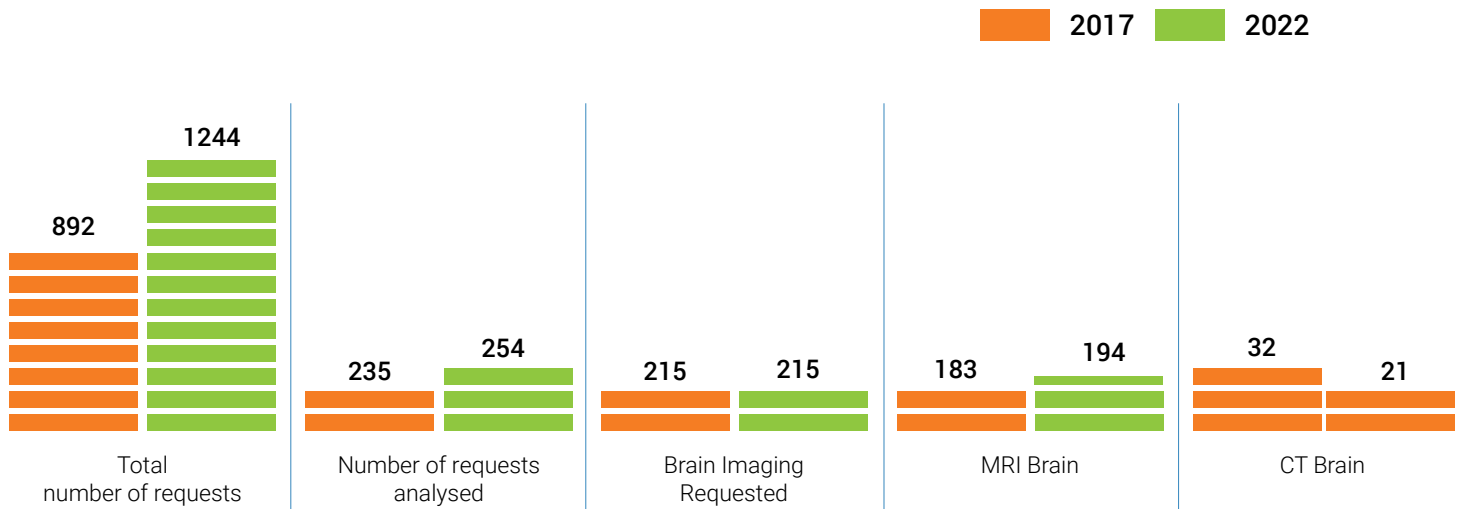
Radiographer Hema Clark, who co-led the audit together with her colleague Kirti Thakor, said: “We are encouraging staff at Paul Strickland Scanner Centre to question CT brain referrals at the vetting level. Radiographers have been asked to liaise with referrers and radiologists to ensure we are not unnecessarily carrying out CT brain scans when patients could be having MRI brain scans.”

This audit was fed back to the referrers to ensure we receive the correct requests. If the referrers are requesting CT scans instead of MRI scans, they must now provide a valid reason.

Suzannah Patel, Advanced Radiographer at Paul Strickland Scanner Centre and co-chair of the audit team, said: “Clinical and non-clinical staff members at the Paul Strickland Scanner Centre work collaboratively on our programme of clinical audits throughout the year.

Everyone has done an amazing job over the past year, despite the many challenges we have faced, completing 24 clinical audits during the period of 1 October 2021 to 30 September 2022.”

We are now looking forward to investigating how we can improve image quality in all three modalities, as well as optimising the pathway for diabetic patients in PET-CT.”



SOMATOM Force

“
**100% happy
with my visit.**

PATIENT COMMENT



OBJECTIVE 2

To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.

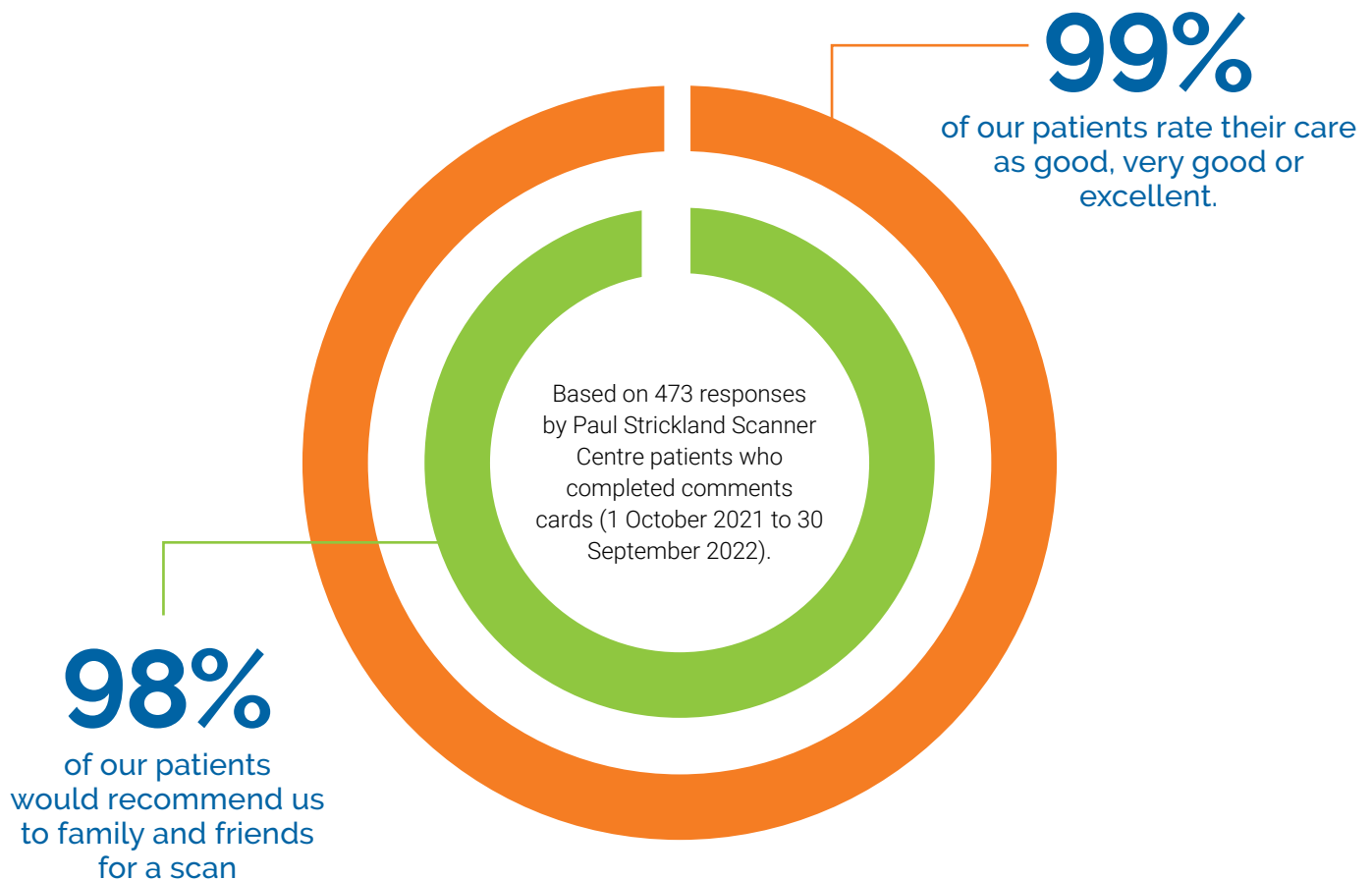


“My treatment ended back in 2012 and I’m doing really well. Together with my medical team, I’m extremely grateful to the team at Paul Strickland Scanner Centre for their support in helping to keep me well.”

EVELYN, PAUL STRICKLAND
SCANNER CENTRE PATIENT



What our patients say about us



Patient Experience Group

Paul Strickland Scanner Centre has a dedicated multidisciplinary Patient Experience Team, which meets regularly throughout the year and drives the patient experience agenda.

The team is comprised of staff members who represent different disciplines within the Centre including radiographers, bookings, administration and communications. In addition to key staff members, a patient volunteer is part of the team, ensuring the patient perspective is heard and represented at all times. Amongst other projects, the team uses multiple methods to acquire patient feedback including comments cards, QR codes and the annual patient satisfaction survey. This data enables us to create and develop a yearly action plan. All members of staff are involved in the patient experience agenda by means of an interactive Quality Improvement afternoon.

One major piece of work the team was involved with during the reporting period was planning for the new waiting room at Paul Strickland Scanner Centre in time for the centre's revamp during 2023. Following a literature review of the latest research on patient-friendly waiting room design, the team worked with patients to develop a new concept that would suit their needs, enlisting pro bono design expertise by interior design agency Riley Brookes.

Post year-end we were informed that a successful application to the National Lottery Community Fund for £9,400 to help fund the project has been successful. Louise Lewinson, Information Analyst and Chair of the Group, said: "The Patient Experience Group helps to ensure that our patients are at the forefront of all we do. With the help of patient feedback, we can provide a service tailored to the needs of the patients. The new reception area will be a testament to this. The group also works towards the patient focused criteria required for our Quality Standard for Imaging accreditation each year."



*Patient Experience
Group chair Louise Lewinson*



High satisfaction through effective risk management

Our newly improved risk management process is now fully embedded, with risks identified on the front line and captured in modality risk registers being escalated when appropriate to the charity's Audit and Risk committee.

This process proved particularly useful when one of our MRI scanner developed technical problems during January 2022, which meant its helium stores had to be frequently replenished with the result that downtime increased, which affected the front line. The difficulties were quickly escalated to the Audit and Risk committee and subsequently the Board of Trustees, who were then in a position to bring the scheduled scanner upgrade forward and rapidly approve the necessary funds to replace the scanner with a very advanced new model.

Paula Merry, Quality and Governance Lead at the centre said: "The way we dealt with the MRI scanner replacement shows we have robust governance processes in place at Paul Strickland Scanner Centre and reflects our ability and agility to solve problems quickly, ensuring we can maintain patient and referrer satisfaction at a very high level."



Paula Merry

Fundraising and Communications

With the cost-of-living crisis biting, and the worst fall in living standard since records began according to Government figures, our income from grants and donations has come under considerable pressure.

We carried out a number of tasks during the reporting period to offset these difficulties, including a direct mail campaign in the vicinity of the hospital which has resulted in new donor acquisition as well as a number of donations.

With a member of the team on maternity leave, we engaged a specialist trust and grants fundraiser to make targeted approaches to charitable trusts and similar grant making bodies, which has resulted in funding.

Our deliberate strategy to generate more supporter-led fundraising has paid further dividends, with a number of supporters, including David Simmonds CBE – the MP for Ruislip, Northwood and Pinner – raising money through sporting events.



Member of Parliament and Paul Strickland Scanner Centre supporter, David Simmonds CBE

From left: Fundraisers Chris Jones, Steve Clack, Josh Batterham, Gary Sexton



“

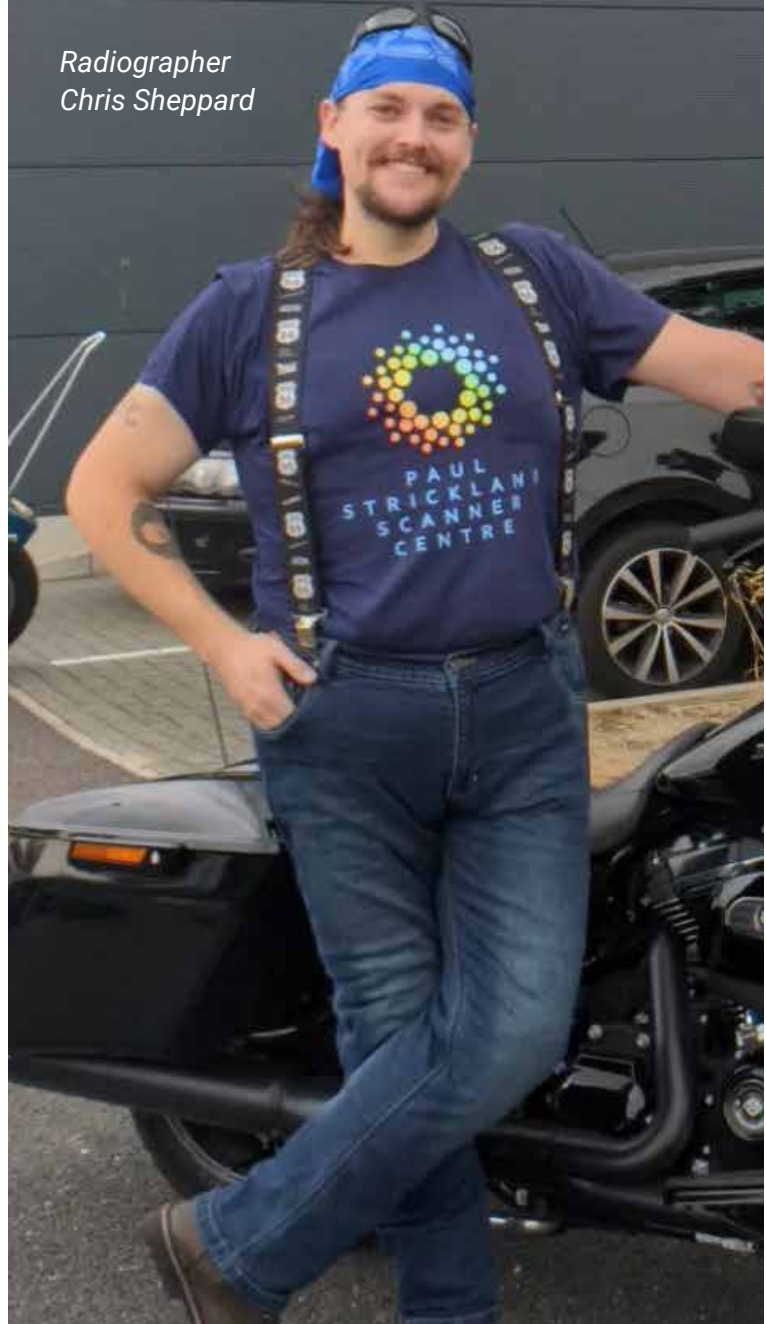
“A few years ago, I lost my friend Mike to cancer and wanted to show that he still has a place within our hearts. When Mike passed away, friends and family made donations in his memory to Paul Strickland Scanner Centre and I wanted to continue raising money to help fund the fantastic work of the centre”

GARY, PAUL STRICKLAND SCANNER CENTRE SUPPORTER

*Fundraiser and
volunteer Annie
Harrington*



*Radiographer
Chris Sheppard*





OBJECTIVE 3

To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.

We recently installed two brand new MRI scanners at Mount Vernon for our patients



Enhancing access to high-quality MRI and PET-CT scans

Thanks to the generosity of our donors and supporters, we have been able to launch what is probably the most significant transformation in the centre's history, bringing three new scanners to Mount Vernon that capitalise on the artificial intelligence (AI) revolution in modern cancer imaging.

A major upgrade to Paul Strickland Scanner Centre's MRI and PET-CT scanning capabilities is allowing patients to benefit from the artificial intelligence revolution sweeping modern medicine.

The upgrade involves the installation of two new MRI scanners and a new PET-CT scanner, as well as a revolution in our IT capabilities, vital to diagnosis and treatment planning in modern cancer care. In addition, a far-reaching refurbishment of the centre, including our patient waiting area, is being undertaken. Donations and legacies from our supporters have played a significant role in making the £6 million upgrade, possibly the biggest in the centre's history, a reality.

All three scanners, manufactured by medical imaging industry market leader Siemens Healthineers, come with very advanced software which will make scans faster and provide better images to our radiologists, which in turn could lead to a more accurate diagnosis and better-informed treatment plans used by medical teams in patient care.

Mr Will McGuire (right), the long-standing Deputy Superintendent for MRI at Paul Strickland Scanner Centre, led the MRI side of the upgrade project. He said: "We replaced our existing 3T and 1.5T MRI scanners with two new very advanced 1.5T MRI scanners, a decision taken specifically with the needs of cancer patients in mind. Not only do the new scanners have a much wider opening, which is better for bigger patients and those who are claustrophobic, but they are able to scan patients faster and produce better images. In addition, they allow us to scan more people who have had implants, such as metal hips, than before and therefore increase patient access."



Perfect for whole-body MRI

The new MRI machines, which form part of our fleet of three MRI scanners, are also an excellent choice for whole-body MRI scans, an area where Paul Strickland Scanner Centre is the undisputed global leader.

In addition to giving more cancer patients access to MRI scans, the new scanners are more comfortable for patients, feature next-generation safety features, are more reliable and more environmentally sustainable. Will said: "MRI scanners need helium to operate and the new scanners feature 'zero boil-off', which means they should not need to have their helium stores replenished, which results in less downtime."

Software

"It's the software the new scanner uses that will take things to the next level."

Scanning times could ultimately be reduced by as much as 60%, which means we could potentially scan twice as many patients on any given day as currently, significantly increasing access to our high-quality imaging service for cancer patients.

"The new MRI scanners have allowed us to use deep learning, often referred to as artificial intelligence, as part of the image acquisition. The scanner software has been trained on thousands of scans. When the radiographer runs the scan, the scanner takes less data from the patient and the 'Deep Resolve' software then basically fills in the gaps based on its knowledge. The software packages both reduce 'noise' on scan images and provide radiologists with a better definition image.



MAGNETOM Solo

A BioMatrix System

*One of our new MRI
scanners*

“When you put together the better hardware and new software, you are looking at drastic levels of time reduction, with better image quality at the same time.”

Operator-free scanning

While the new scanner will be easier to use for staff, one remarkable feature is that it is able to run a prostate MRI completely by itself for the first time. “It’s a bit of a threat to the radiographer profession, however the benefit for the patient is that you eliminate variability between scans caused by the operator, as every scan will be done in exactly the same way.

“If your objective is the improvement of healthcare, then it’s got to be this way, in particular given the long-standing staffing pressures in the industry. You can produce thousands of MRI scanners, but who is going to run them? We’re embracing the future.”

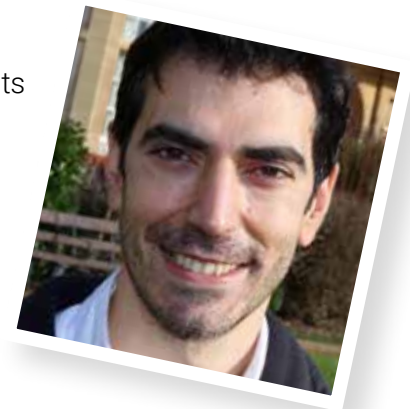
Another exciting part of the project is Relax and View panels, which were installed in the new scanner suite and create a pleasant and uplifting distraction for patients being scanned.

The project began in March 2022 and was concluded by Autumn the same year and included an upgrade of the control room from where radiographers operate the scanner. A mobile MRI scanner unit was used to continue the service while the work took place.

“The project is super exciting because it’s a whole new generation of machine, leading to better patient access to scans and shorter scan times for patients and a better experience altogether.”

A new PET-CT scanner

In addition to MRI scanners, the centre is making a substantial investment in its PET-CT capability, completely revamping our PET-CT suite and replacing our two existing PET-CT scanners with a very advanced new machine (Siemens Biograph Vision600) that will eventually be able to scan as many, if not more patients, on any given day as we currently scan with two scanners. This part of the project is run by Mr Bruno Ferreira (right), our Superintendent for PET-CT. He said: “It’s a very exciting project – you don’t often see such significant upgrades.” Just as with the MRI upgrade, the improvements will translate into more patient comfort and much faster scan times.





Delivery of our new 1.5T MRI scanner before installation

Faster scans for patients, with fewer re-scans

PET-CT scans can take between 25 to 30 minutes, but with the new scanner we can complete the process potentially in less than half that time, with the scan itself taking as little as 7 minutes. The new scanner will also provide better scan images, due to a reduction in “motion artefacts” (scan image distortions due to movement by the patient during the scan). Bruno said: “It can be very difficult for someone to remain completely motionless for over 20 minutes. As a result it will be less likely that a patient will have to come back for additional scans, saving them time and exposure to additional radiation.

In addition, it also saves our team time, which can then be put into scanning more patients and our radiologists reporting their scans.

'A game-changer for patients'

“One innovative feature of the new scanner is ‘tailored acquisition modes’, which means it can focus on a particular part of the patient’s body during the scan. Additionally, thanks to artificial intelligence software, the scanner is able to learn the breathing patterns of a particular patient and adapt how it scans accordingly. For example, if the patient has a lesion in the chest that is subject of the scan, the scanner will be able to adjust for the individual up and down movement as the patient breathes, which will make images much clearer for our radiologists who report the scans for the referring clinician, clearly indicating whether a cancer is in the liver or the lung for example. This could be a game-changer for patients.”

Having just one PET-CT scanner instead of two will free up a significant amount of space, which will be used to construct new cannulation and uptake bays, where patients are injected with radiopharmaceutical agent before their scan and wait for it to be dispersed through their body, until they can be scanned in the PET-CT scanner. The new uptake bays will significantly improve privacy and comfort for our patients and provide improved shielding from radiation to our staff.

The changes are being made with the centre’s recently acquired Posijet (an automatic dispensing and injection device, which can be wheeled from patient to patient) in mind. As a result, there is less need for patients to move around, which can be particularly beneficial for those with mobility problems, and also resulting in a big reduction of radiation dose to the staff.

*Laying the ground for an
upgrade and expansion of
our PET-CT service*



Additionally, a new patient waiting area will be created in an annexe on the East side of Paul Strickland Scanner Centre, with views over landscaped gardens, using the innovative modular construction techniques already pioneered elsewhere at Paul Strickland Scanner Centre by Mr Damion Melsome, the centre's Operations Manager, and which are the envy of others operating on the Mount Vernon site.

Bruno is ambitious about the service and he plans to evaluate whether it may be possible for the team to serve even more patients during a given day than currently.

"We could potentially reduce scan times even further in the future, which we will determine with the help of clinical audits." Bruno and the team will also investigate whether it may also be possible to apply a lower radiation dose to scans, reducing radiation exposure to patients and the staff. "There are no drawbacks for patients, only positives."

The much-discussed possible move of Mount Vernon Cancer Centre to Watford in the long-term should not create a major problem for Paul Strickland Scanner Centre, as we would move together with the cancer centre. If the move happens significantly sooner than 10 years from now, the scanners would be moved to Watford.

If not (which is possible since a decision about a possible move has not yet been made by the Government and Bruno believes the building of a new cancer centre in Watford is likely to only start after the Watford General Hospital rebuild has been completed), both the new PET-CT and MRI scanners would be reaching the end of their lives at that stage. By then, the option to move the existing scanners or change them for new ones, would have to be re-evaluated.

Minimising disruption to patients

"We're trying to keep the amount of time the project takes to a minimum and have broken it down into phases, minimising any impact on patients. The first phase is due to start in the first half of 2023," according to Bruno. As with the old MRI scanners, the old PET-CT scanner will be sold off to mitigate the cost of the project. "It's going to be a challenge for the team to run the service at the same time as the building work is going on." It is planned to always have at least one PET-CT scanner running at Mount Vernon at any one time, with our satellite site at the Lister Hospital in Stevenage providing additional PET-CT capacity. "This is a huge project but it will be so rewarding when it has been completed."



“

Everything was very efficient. I was informed of everything that was to take place very clearly.

PATIENT COMMENT



OBJECTIVE 4

To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.



22

Peer reviewed accepted journal publications by our clinical team.

Source: PubMed.gov

Data refer to period between 1 October 2021 and 30 September 2022

745 scans completed for 55 separate clinical trials

49 trials involved CT scans
23 trials involved MRI scans
3 trials involved PET-CT scans

CASE STUDY

Cervical cancer study gets underway

A research collaboration with Mount Vernon Cancer Centre could be a game changer for women.

Every year, hundreds of women in the UK undergo successful treatment for cervical cancer, only to later see their cancer return, often in a different part of the body. With the help of our very advanced MRI techniques, a new study by Mount Vernon Cancer Centre supported by Paul Strickland Scanner Centre seeks to identify those patients early on, which could one day lead to their survival chances being drastically improved through personalised treatment and follow-up plans.

Senior Clinical Research Fellow Dr Mohammed Abdul-Latif is recruiting 40 cervical cancer patients to take part in the EMPIRIC study at Mount Vernon until 2024. The study's principal investigator is Consultant Radiographer Dr Yatman Tsang. Prof Peter Hoskin and Dr Hannah Tharmalingham, both consultant oncologists at Mount Vernon Cancer Centre where Dr Abdul-Latif works, are co-investigators.

EMPIRIC aims to determine whether advanced MRI scanning at Paul Strickland Scanner Centre, in combination with tissue samples and blood tests, could be used to predict how effective combination radiotherapy and chemotherapy treatment for cervical cancer might be for individual patients and how they might be at greater risk of their cancer coming back or metastasising (spread to other parts of their body).

As well as holding clinics with Prof Hoskin at Mount Vernon Cancer Centre, since the beginning of 2022 Dr Abdul-Latif has been preparing for the study to begin recruitment, in liaison with teams at Paul Strickland Scanner Centre and Mount Vernon Cancer Centre. He has also made connections



with teams at Brunel University and Manchester University, who will be responsible for blood tests and tumour biopsies respectively.

He said: "In most cases, cervical cancer is treated with a combination of radiotherapy and chemotherapy, coupled with brachytherapy (internal radiotherapy). Treatment is highly successful in most cases: In 95% of cases, 5 years after it was first observed in the cervix it hasn't progressed locally.

"If you look at cases where cervical cancer has spread following treatment, it's generally not to tissue surrounding the local area where the cancer first occurred, which seems to be managed really well by our treatment including radiotherapy, but to another part of the body altogether (metastasis). We need better ways of assessing which patients are more likely to metastasise, progress or not respond to our treatment in the first place. We need to do that based not only on their biopsy or the initial MRI scan, but by looking at the actual tumour – how it responds to treatment and how we can link that to the biology of the tumour, which we obtain through methods like blood tests.

"As part of the EMPIRIC study, the team at Paul Strickland Scanner Centre won't do standard MRI scans but three different, highly complex sequences of MRI scans which are designed to look at different properties of the tumour - not just the shape of the tumour but the actual structure of it, for example how blood flows through the tumour. This may allow us to establish links to certain response rates to our treatments."

"For instance, we may image a patient throughout their treatment and then notice that the cancer isn't shrinking. This would raise the question about whether there may be something different about this particular patient's cancer which means it isn't responding.

"Once we have enough data, we may then be able to tell in advance whether, or how well, a patient might respond to a particular treatment based on their tumour type. This could lead to a patient's treatment being personalised based on their individual tumour, which would optimise it considerably.

"We would also be able to identify which patients might be more likely to see their cancer coming back or spread to other parts of the body, and tailor our treatment approach or follow-up for those patients, monitoring them much more closely for example."

Dr Abdul-Latif suggests that one day scientists may even be able to make the scans and other diagnostic data available to artificial intelligence software, which could then use it to analyse and even recommend personalised treatment and follow-up plans for patients.

Machine learning

He said: "We're quite excited about a possible role for machine learning to pick up any patterns that have been identified. You'd just plug your images into the system and it would tell you what the risk of relapse or metastasis might be for a particular patient."

Dr Abdul-Latif



"As far as I know, EMPIRIC is the first time someone has looked at whether, in combination with blood tests and tissue samples, multiple MRI techniques can identify those patients at higher risk of relapse or metastasis.

"If we show that it's possible to determine in advance who might be at bigger risk, this will pave the way for bigger studies which will seek to determine whether we can apply our findings in a clinical setting."

"High-quality MRI imaging, which Paul Strickland Scanner Centre excels at, is the only non-invasive way of doing it and is becoming increasingly more important in virtually all tumour types, not just to diagnose and monitor disease but also to predict how a cancer might develop.

"I've worked at many hospitals so far, and Paul Strickland Scanner Centre is a brilliant place. The staff are very open and patient focussed."

Our team at Paul Strickland Scanner Centre is grateful to the Arcobaleno Cancer Trust, the Sir Samuel Scott of Yews Trust, the Frogal Trust and the Chapman Charitable Trust for their financial contributions, as well as a legacy donation of £10,440, which helps to cover a significant portion of the costs we are incurring by supporting this important clinical research study.

Empiric explained

Patients with cervical cancer that has not spread to other parts of the body can be cured with radiotherapy. One of the reasons radiotherapy can fail is because there are areas within the tumour that have a poor oxygen supply, which makes them resistant to radiotherapy.

The EMPIRIC study aims to assess if it is feasible using a special type of MRI scan called multi-parametric MRI (mpMRI) to identify areas of low oxygen within the tumour, so a higher dose of radiation can be given specifically to these areas. The higher dose of radiation may overcome the resistance and potentially improve cure rates without increasing side effects.

It has been shown that blood samples can be examined to inform a patient's medical team about the possible response that a patient may be having from their cervix cancer treatment. Recently developed techniques allow the examination of the actual circulating cancer or tumour cells (CTCs) or sometimes just "free" cancer DNA in a patient's blood. The EMPIRIC study aims to explore the feasibility of examining blood for such circulating cancer cells and DNA using new techniques. In addition, this study will examine any circulating cancer cells in your blood stream for the expression of certain genes in order to evaluate if these can be used to predict the outcome of cancer treatment for individual patients earlier than we currently are able to do with scans and cancer markers.



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Lead Consultant, CT



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Medicine



CASE STUDY

Helping GPs spot cancer earlier

With the UK lagging behind many other rich countries in the early diagnosis of cancer, our new partnership with the NHS and family doctors offers a solution

A pilot study, involving Paul Strickland Scanner Centre and the NHS, which seeks to diagnose or rule out cancer in patients who visit their GP with vague symptoms, has proven so successful that it is now being rolled out across Hertfordshire.

The Vague Symptoms Pathway (VSP) programme aims to find the quickest, most efficient way to reach a diagnosis in patients who visit their GP with “non-specific” symptoms, including anything from unexplained weight loss, tiredness, constantly feeling sick, bloated, or even just feeling generally unwell for a period of weeks.

Although the risk is very low, these non-specific symptoms may sometimes be caused by a serious illness, such as cancer. By making a referral under the VSP, a GP can give their patients rapid access to diagnostic tests, including a CT scan, that could help catch cancer earlier.

Cherith Desmeules, Service Manager and Strategy Lead at Paul Strickland Scanner Centre (right), is leading and overseeing the programme at the centre.



SIEMENS



Biogra



Very caring staff.

PATIENT COMMENT

She said: "Living with vague, undiagnosed symptoms can be traumatic and devastating to someone's quality of life, affecting everything from mental health to personal finances. "Getting clarity on whether or not someone has cancer early on can not only improve survival chances but can also avoid a lot of unnecessary anxiety for patients and their loved ones."

She said: "We carried out the pilot with Herts Valley Clinical Commissioning Group in order to determine whether there might be a need for this service on the NHS."

"We started in March 2021 and scanned 308 patients during 18 months. Of those patients, 49 (16%) had an unexpected finding on their scans. Not all of those findings were cancer but they were referred on for further investigation, which will have led to their conditions being treated if required and their lives improved as a result. Some of the non-cancer conditions picked up include pulmonary embolisms (a blocked blood vessel in your lungs which can be life-threatening), kidney or liver problems, or other infections."

"We've now evaluated the pilot and it has been so successful that it is being commissioned as a service by West Herts Hospitals NHS Trust, the NHS organisation that looks after Watford General Hospital, Hemel Hempstead Hospital and St Albans City Hospital, and is being rolled out across Hertfordshire."

Lower radiation than elsewhere

"The patients referred to us during the pilot study were mostly over 40 – very often in their 60s and 70s – who are more likely to develop cancer than those in younger age groups."

GPs do have guidelines to support them in making a decision when it comes to whether someone should be referred through the pathway. The CT scan isn't the only test that is done – patients will usually have had blood, urine and other tests to rule out other conditions.

Paul Strickland Scanner Centre's dual energy CT scanner allows for lower doses of radiation than similar scans at many other centres and hospitals.

“

**Smooth,
seamless
experience -
clear instructions and
everyone very personable.**

PATIENT COMMENT

“We initially only agreed to support the pilot, but have now committed to being part of the programme long-term, with one of our lead radiologists attending the West Hertfordshire Hospitals multi-disciplinary team meetings in order to provide specialist cancer imaging advice.

“The commissioners have specifically commented on the exceptional care our team provide to patients on the pathway and the fantastic service referrers received. We're very pleased that the pilot has been so successful that it is now being rolled out on the NHS.”

Our vision for the service

“It will be interesting to see what happens on a bigger scale. Until now we've run a small pilot which has proven to be very successful, with more patients coming through. Ultimately, if rolled out nationally, we hope to diagnose cancer much earlier through the Vague Symptoms Pathway than would otherwise have been the case. It's taking a more preventative approach to cancer, as well as other diseases. This can not only improve quality of life and clinical outcomes but also prevent the condition from becoming an emergency and resulting in a diagnosis following a visit to accident and emergency.”

Referral criteria used by GPs

New and unexplained:

- Weight loss
- Loss of appetite
- Tiredness
- Feeling sick or unwell
- Bloating or sweating
- Abdominal pain that lasts longer than four weeks (or less if very concerned about it),
- Pain that is getting worse, including bone pain, that lasts four weeks or more
- Abnormal blood tests that cannot be explained otherwise
- A “gut feeling” by the GP that the patient could have cancer.

Aged 40 and over (those under 50 are unlikely to be diagnosed with cancer through the vague symptoms pathway).

“

Every visit is always excellent, and all the staff are amazing.

PATIENT COMMENT



OBJECTIVE 5

To improve staff engagement and organisational culture, ensuring patient safety as a top priority.

Staff engagement and wellbeing

Wellbeing and Staff Engagement

The charity's Wellbeing, Intranet and Staff Engagement (WISE) Team carried out a number of activities as part of its ongoing programme to support and engage staff. Staff wellbeing has become even more important than before as a result of the understandable anxiety experienced by many healthcare workers due to the pandemic. Some of the team's key activities during the reporting period included:

Appointment of additional staff Wellbeing Champion

Times continued to be difficult for frontline healthcare workers due to the continuing risks associated with Covid-19 as well as elevated staff sickness levels. Due to the vulnerability of our patients, our team continues to work under Covid-19 restrictions similar to those mandated during the pandemic, which causes additional strain on our workforce. During this period, our team of two Wellbeing Champions continued to support our staff as and when needed, and an additional champion was recruited.

Menopause training

As part of our Quality Improvement programme for staff, the WISE team organised and hosted an afternoon session during September which focussed on improving staff wellbeing and team building.



*Rachel Jacobs,
Wellbeing Champion*

During the session, our wellbeing champion Rachel Jacobs delivered a training workshop about menopause in the workplace to both clinical and administration staff. The aim of the workshop was foster better understanding of the impact of menopause on colleagues and equip the workforce with the tools to better support menopausal colleagues when the need arises.

Staff summer event

Due to the risks associated with Covid-19 we have had to cancel our usual and long-standing staff Christmas party two years in a row and, after consulting our staff, hosted a summer barbecue for the purposes of staff engagement in July 2022. Staff feedback about the event was excellent and we are looking at making the event a regular feature.

QI afternoons

The centre's hosts regular Quality Improvement (QI) afternoons for all staff. At these important all-staff education and engagement events, our people receive safety and other training relevant to their work at Paul Strickland Scanner Centre. During the pandemic, these meetings were held online.

A number of topics were covered during the reporting period, including staff wellbeing and engagement, clinical audit, patient experience and safety.



Long-serving MRI superintendent Linda Culver's birthday was marked with a special cake baked for her by a colleague



“

**The staff are fantastic -
friendly and helpful.**

PATIENT COMMENT

What it's like to work for us



"I joined Paul Strickland Scanner Centre in 2017 and have found it to be a great place to work. Not only is everyone really friendly but there is a real commitment to excellence and the highest quality patient care, which makes me very proud to be a member of the team. Low staff turnover and a real focus on staff development help ensure the service is highly professional and as a result our patient feedback is excellent.

"It is an honour for my colleagues and I to be part of this amazing work, which touches the lives of thousands of patients every year who would otherwise be without the exceptional and specialist care provided by Paul Strickland Scanner Centre."

Kelly Kilby, CT Superintendent Radiographer at Paul Strickland Scanner Centre



“

It's a great place
to work.

KELLY KILBY, CT SUPERINTENDENT RADIOGRAPHER



“

**Keep up the good work
and the staff are very
good and explained the
procedure step by step.
Very satisfied.**

PATIENT COMMENT

How we manage principal risks and uncertainties

At bi-monthly board meetings the Trustees continue to focus on major risks for the charity which would have a severe impact on operational performance as well as reputation, should they occur.

The Audit and Risk Committee, which is a sub-committee of the Board of Trustees, met three times during the reporting period. The work of the sub-committee is reported to the Board of Trustees. The committee jointly reviews the centre's risk register, and during the reporting period reviewed all risks on the register, including compliance, clinical risk, income, contracts (including PET-CT) and business continuity (including the impact of Covid-19 on the charity), costs, investments, succession planning, fundraising, growth, capacity and expansion as well as business approach and governance.

Risks posed by the possible failure of MRI equipment, as well as PET-CT tracer shortages, were escalated to the committee from the modality risk registers and duly discussed and recorded.

The Audit and Risk Committee updates the risk register after each meeting, which the board then reviews annually. The latest review by the Board took place on 10 October 2022. We carry out surveys amongst patients and referrers to see how satisfied they are with our service. Our staff analyse the results, and develop and implement action plans to make improvements which will improve the experience for both patients and the doctors who referred them.

Clinical audit and peer review of reports form an important part of the overall quality review process and serve not only as a safeguard for patients, but also facilitate individual and collective learning. Reviewing and learning from internal audits, past scan reports and correct identifications of disease or otherwise provides a forum for learning and forms a body of evidence of reflective practice to support annual appraisals and revalidation.

Learning Meetings are held regularly to give radiologists an opportunity to discuss specific cases with learning points. The outcomes of the meeting are communicated to all our reporters by the radiology governance lead.

Depending on the urgency of the feedback, prior or subsequent communications between staff and referrers take place through which any potential patient harm is minimised and the lesson learnt is appropriately shared. Through appraisals, reporters also personally reflect on points learned and actions taken. The centre has a reciprocal peer review arrangement with University College London Hospitals (UCLH) for PET-CT scan reports.

FINANCIAL REVIEW

Full details of the charity's finances during the year are set out in the attached financial statements. Income for the year was much less than planned. The total income of £8.013m (period ended 30 September 2021: £8.450m) is lower than the previous year's figure by £437k (-5%). Total income from charitable activities was £7.107m (2021: £6.941m), an increase of £165k (2%).

The number of scans carried out is the principal activity driver for the charity; the total number of scans performed during the year was 17,243, compared to 16,176 in the whole of 2020/21, an increase of 1,067 scans (7%). The mix of scans conducted has a bearing on total revenue achieved because of the pricing structure. Total scan numbers in recent years are as follows:

2018	17,915	2021	16,176
2019	16,955	2022	17,243
2020	15,116		

Total expenditure increased by £1.444m from £7,866k to £9,310k (18%). The charity incurred £669k one-off additional costs due to MRI machine defect and a £276k increase in staff expense has resulted in an overall expense increase. The variable nature of many of the charity's costs means that changes in activity will contribute to the overall changes in particular cost elements. The impact of Covid-19 and the global economic downturn has been felt in every area of the charity's activities. It has been a difficult year for the charity.

The charity generated a deficit of £1,297k (2021: £584k surplus). The result is a moderately positive outcome for the charity given one-off additional costs incurred due to the MRI machine defect and due to impacts of the economic downturn and inflation.

The charity needs to generate a surplus, year on year, to enable it to continue to invest in new scanners, associated equipment and other advanced technology as well as provide the services which are in such demand. To help rebuild the charity finances post Covid, the charity is planning to invest in new scanners and equipment. In the year under review, the charity invested £1.722m in installing two MRI scanners. Depreciation charged on fixed assets was £469k.

The total net assets of the charity have reduced in this year as a result of the deficit reported of £1.297m. Total net assets as at 30 September 2022 are £12.640m (2021: £13.937m). The balance sheet of the charity is very liquid, with cash held at bank and short term deposits of £9.698m.

Structure, Governance and Management

TRUSTEES AND THEIR INTERESTS

Paul Strickland Scanner Centre is a charitable company, limited by guarantee. It is a registered charity governed by its Articles of Association and it does not have share capital, therefore, there are no Trustees' interests.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

Our Trustees (who are also directors of Paul Strickland Scanner Centre for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Financial Statements in accordance with applicable laws and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, our Trustees are required to:

- Observe the methods and principles in the Charities SORP 2019 (FRS 102);
- Select suitable accounting policies and then apply them consistently;
- Make judgements and accounting estimates that are reasonable and prudent;



“

**Staff are very friendly
and talk you through
the whole process,
thank you.**

PATIENT COMMENT

- 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 charity will continue its activities;

Our Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

HOW WE WORK

The governing document of Paul Strickland Scanner Centre is its Articles of Association, and policy decisions are made by our Board of Trustees. As set out in the Articles of Association, new Trustees may be appointed by the existing Trustees by resolution but must retire from office at the next general meeting and shall be eligible for election at that meeting. At each annual general meeting one third of the Trustees must retire from office. The Trustees to retire by rotation shall be those who have been longest in office since their last appointment. A Trustee shall not hold office for more than nine consecutive years and shall not be eligible for appointment or re-election upon the expiry of such period until a period of twelve months has elapsed since they retired as a Trustee. There shall be a minimum of three and a maximum of twelve Trustees. Our Trustees come from a variety of backgrounds and have been carefully chosen because of their qualifications, experience, or connection to our cause and patient community.

Our chief executive officer is Claire Strickland. She isn't on the board and the Trustees have delegated the daily running of the charity to her and she is supported by the staff team. Claire and her strategy team are accountable to the Board of Trustees, who meet six times per year.

NEW TRUSTEES

When we need a new Trustee to join our board, we invite candidates to the centre, show them around and tell them about our work. Candidates are selected by interview involving at least two Trustees. They also meet the other Trustees and get the opportunity to ask them about the charity and the work of the board. We circulate their CV to the existing Trustees and provide the candidate with an information pack about the different types of scans at the

centre, our financial situation and the latest financial statements. Once their appointment has been agreed by the board, we provide new Trustees with copies of our governing documents. This includes the board terms of reference, statement of Trustee liability, frequency and timings of board meetings, a list of current Trustees, organisational structure, our current strategic plan and summary of all insurance policies. Each Trustee takes part in a carefully designed induction programme to help them understand how we help patients and their families as well as what their responsibilities are.

INVESTMENT POWERS

Under the Articles of Association, our Trustees have the power to decide which investments are best for the charity. We follow a cautious investment strategy and have taken careful steps to make sure that our reserves are not put at undue risk. During the period and at the Balance Sheet date, most of our cash reserves have been put in short term fixed deposit accounts spread across a range of institutions. This is a prudent approach and deposits are held in short term account of usually no longer than 6 months maturity so that we remain flexible. Unfortunately interest rates remained low during the year.

RESERVES POLICY STATEMENT

Paul Strickland Scanner Centre's policy on reserves is consistent with the recommendations published by the Charity Commission SORP. Reserves are established and reviewed to ensure that the charity retains a level of funds to meet its forward obligations and to ensure it can reasonably maintain a level of service in line with its objectives. The total net assets are £12,640k of which £59k represents restricted funds; £7,000k has already been designated to fund critically important capital and equipment projects. General unrestricted funds equal our free reserves at a total of £5,580k. It is our policy to keep free reserves at a level that would cover running costs (including staff salaries and associated costs) for 6 to 9 months. This is to spend in emergencies and to protect the interests of our patients and allows for complex and long-standing specialist clinical care pathways to be redirected, in the unlikely event that the charity should be wound up. The Trustees of the charity recognise that the operational life of the scanning equipment in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment.

STAFF PAY AND CONDITIONS

Pay and conditions of staff are determined nationally, as set out in the NHS Terms and Conditions of Service Handbook and subject to a national job evaluation scheme.

CRITERIA OR MEASURES USED TO ASSESS SUCCESS IN THE REPORTING PERIOD

A set of key performance indicators is in place and these are measured throughout the reporting period, so that Trustees can assess the charity's performance and results against its objectives to ensure the charity is working towards meeting them. It is reviewed and discussed at board meetings. The measures include activity, quality, patient experience and contract compliance and these are discussed in the relevant earlier sections of the report.

FUNDRAISING COMPLIANCE

The fundraising team at Paul Strickland Scanner Centre organises events and other fundraising activities in the local community. Due to the end pandemic, we have been able to restart many of our popular events, such as our annual Charity Golf Day. During the reporting period, Paul Strickland Scanner Centre involved an external fundraising professional on a contract basis to carry out fundraising from trusts and grant makers as a result of a vacancy that had arisen due to maternity leave. Paul Strickland Scanner Centre has signed up to the Fundraising Regulator's Code of Fundraising Practice. The team keeps up to date with the latest developments and best practice by attending conferences and webinars throughout the year. Volunteer fundraisers are given a briefing by the Information Governance lead before they raise funds for Paul Strickland Scanner Centre. All direct marketing is undertaken by the fundraising team to ensure that it is not unreasonably intrusive or persistent. Contact is made through direct marketing four times a year with our supporter magazine, as well as through relevant emails to those who have consented to receiving email. We closely follow UK-GDPR guidelines. All marketing material contains clear instructions on how a person can be removed from mailing lists. No complaints for conduct that contravenes the Fundraising Regulator's Code of Practice were received by the department in this period.

BOARD OF TRUSTEES

The Trustees serving during the year and since year end were as follows:

Dr Roberto Alonzi

Prof Shelley Heard (resigned 25 February 2022)

Mrs Nimisha Jadeja

Ms Joanne Langfield

Mr Dilip Manek

Ms Amy Page (resigned 22 April 2022, reappointed 16 December 2022).

Mr Daniel Ross (Treasurer)

Mr George Wharton

Mrs Cathy Williams (Chair)



“

Absolutely nothing could be improved! I have visited many hospitals but never have I ever been treated with such kindness and courtesy.

PATIENT COMMENT

Other administrative details

Company Number: 02033936

Charity registration number: 298867

Registered office: Paul Strickland Scanner Centre, Mount Vernon Hospital,
Rickmansworth Road, Northwood, HA6 2RN

Principal Bankers: Barclays Bank plc.

Solicitors: Veale Wasbrough Vizards

Auditors

Our auditors, Nunn Hayward LLP, are deemed to be reappointed under section 487(2) of the Companies Act 2006. Their address is: Nunn Hayward LLP, Chartered Accountants and Statutory Auditor, 2-4 Packhorse Road, Gerrards Cross, Buckinghamshire, SL9 7QE.

RELATED PARTIES

Details of transactions with Trustees and other related parties are given in Note 17 to the financial statements.

STATEMENT OF DISCLOSURE TO THE AUDITORS

So far as the Trustees are aware, there is no relevant audit information (as defined by Section 418 of the Companies Act 2006) of which the charity's auditors are unaware, and each Trustee has 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 charity's auditors are aware of that information. In approving the Trustees' Annual Report, we also approve the strategic report included therein, in our capacity as company directors.

Mrs Cathy Williams,

Chair of the board of Trustees, dated 21 April 2023

On behalf of the Board of Trustees



Independent auditor's report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

We have audited the financial statements of Paul Strickland Scanner Centre (the 'charitable company') for the year ended 30 September 2022 which comprise the statement of financial activities, the balance sheet, cash flow statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2022 and of its incoming resources and application of resources, including its income and expenditure, 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.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's

Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and

- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report.

We have nothing to report in respect of the following matters where 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 trustees' and directors' remuneration specified by law are not made or;
- we have not received all the information and explanations we require for our audit.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Statement of Trustees Responsibilities set out on page 76, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company 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 mis-statement, 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 mis-statement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, then designed and performed audit procedures that addressed these risks in order to obtain sufficient and appropriate audit evidence to provide a basis for our opinion. These procedures and the extent to which they are capable of detecting irregularities, including fraud, are detailed below.

- Enquiry of management, those charged with governance and the charitable company's solicitors around actual and potential litigation and claims.
- Enquiry of the charitable company's staff in accounting, tax and compliance functions to identify any instances of non-compliance with laws and regulations having a direct effect on the financial statements including the Companies Act 2006, the Charities Act 2011 and the Charities SORP (FRS 102).
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with the above mentioned laws and regulations,
- Enquiry of the charitable company's staff in accounting, tax and compliance functions to identify any instances of non-compliance with other laws and regulations which do not have a direct effect on the financial statements but compliance with which could be fundamental to the charity's ability to operate or to avoid a material penalty, including CQC regulations.
- Reviewing minutes of meetings of those charged with governance including their own assessment of significant risks as carried out and reported by the Audit and Risk Committee

- Auditing the risk of management override of controls, including through testing journal entries and other adjustments for appropriateness, and evaluating the business rationale of significant transactions outside the normal course of business.

'Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities 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.

This report is made solely to the charitable company's members (who are also the trustees for the purposes of charity law and the company's members and directors for the purposes of company law), as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's trustees, as a body, in accordance with regulations made under section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Tom Lacey (Senior Statutory Auditor)

for and on behalf of Nunn Hayward LLP, Statutory Auditor

Nunn Hayward LLP is eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006

2-4 Packhorse Road, Gerrards Cross, Buckinghamshire SL9 7QE

Statement of financial activities

(including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2022 £	Total 2021 £
INCOME						
<i>Donations and legacies</i>	3	397,992	-	41,632	439,624	1,300,212
<i>Income from charitable activities:</i>						
Clinical services	3	7,106,542	-	-	7,106,542	6,841,333
Research	3	-	-	-	-	99,764
<i>Investment income</i>	3	321,643	-	-	321,643	208,871
<i>Other income - profit on sale of tangible fixed assets</i>		145,000	-	-	145,000	-
TOTAL INCOME	16	7,971,177	-	41,632	8,012,809	8,450,180
EXPENDITURE						
<i>Costs of raising funds</i>	5	171,890	-	-	171,890	155,093
<i>Expenditure on charitable activities</i>	6	9,138,246	-	-	9,138,246	7,711,324
TOTAL EXPENDITURE	16	9,310,136	-	-	9,310,136	7,866,417
NET (EXPENDITURE)/INCOME		(1,338,959)	-	41,632	(1,297,327)	583,763
TRANSFER BETWEEN FUNDS	16	386,543	(312,509)	(74,034)	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(952,416)	(312,509)	(32,402)	(1,297,327)	583,763
RECONCILIATION OF FUNDS						
FUNDS BROUGHT FORWARD	15,16	6,532,497	7,313,243	91,123	13,936,863	13,353,100
FUNDS CARRIED FORWARD	15,16	5,580,081	7,000,734	58,721	12,639,536	13,936,863

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 93 to 109 form part of these financial statements.

Balance sheet

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

		2022		2021	
	Notes	£	£	£	£
FIXED ASSETS					
Tangible assets	8		3,315,734		1,306,306
Investments	9		3,685,000		6,006,937
			<u>7,000,734</u>		<u>7,313,243</u>
CURRENT ASSETS					
Debtors	10	1,897,149		4,336,999	
Cash at bank and in hand	9	<u>6,012,547</u>		<u>6,959,906</u>	
		7,909,696		11,296,905	
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR					
Creditors and accruals	11	<u>2,214,477</u>		<u>4,673,285</u>	
NET CURRENT ASSETS			<u>5,695,219</u>		<u>6,623,620</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>12,695,953</u>		<u>13,936,863</u>
CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR	12		<u>56,417</u>		<u>-</u>
TOTAL NET ASSETS			<u><u>12,639,536</u></u>		<u><u>13,936,863</u></u>
FUNDS:					
Unrestricted funds:					
- General funds	16		5,580,081		6,532,497
- Designated funds	16		7,000,734		7,313,243
Total unrestricted funds			<u>12,580,815</u>		<u>13,845,740</u>
Restricted funds	16		<u>58,721</u>		<u>91,123</u>
			<u><u>12,639,536</u></u>		<u><u>13,936,863</u></u>

Balance sheet (continued)

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

These financial statements were approved at a meeting of the Trustees held on 21 April 2023.

TRUSTEES

Cathy Williams

Daniel Ross

Company number: 02033936

Registered Charity number: 298867

The notes on pages 93 to 109 form part of these financial statements.

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

	Notes	2022 £	2021 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash (used in)/provided by operating activities	1	(1,014,483)	1,788,257
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		3,765	14,770
Purchase of tangible fixed assets		(2,374,391)	(446,164)
Disposals of tangible fixed assets		145,000	110,590
Net cash provided by investing activities		(2,225,626)	(320,804)
CASH FLOWS FROM FINANCING ACTIVITIES			
Interest paid		(4,865)	-
Repayment of obligations under finance leases		(24,322)	-
Net cash used in financing activities		(29,187)	-
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS		(3,269,296)	1,467,453
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		12,966,843	11,499,390
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	9,697,547	12,966,843

Notes to the cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

1. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2022	2021
	£	£
Net expenditure and net movement in funds for the year (as per the Statement of Financial Activities)	(1,297,327)	583,763
Adjustments for:		
Depreciation charges	469,052	528,267
Profit on sale of fixed assets	(145,000)	0
Interest received	(3,765)	(14,770)
Interest paid	4,865	0
Decrease/(increase) in debtors	2,439,850	(951,043)
Decrease/(increase) in creditors	(2,482,158)	1,642,040
Net cash (used in)/provided by operating activities	(1,014,483)	1,788,257

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2022	2021
	£	£
Fixed asset investments - term deposits	3,685,000	6,006,937
Cash at bank and in hand	6,012,547	6,959,906
	9,697,547	12,966,843

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

1. STATUTORY INFORMATION

Paul Strickland Scanner Centre is a company limited by guarantee registered in England and Wales (company number 02033936). The liability of the members (who are also the trustees) is limited to £1 each in the event of winding up. The charity's registered and principal office is Mount Vernon Hospital, Northwood, Middlesex, HA6 2RN.

The accounts are presented in £ Sterling and rounded to the nearest £1.

2. STATEMENT OF ACCOUNTING POLICIES

The accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

2.1 Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

Paul Strickland Scanner Centre meets the definition of a public benefit entity under FRS 102. The financial statements are prepared on a going concern basis and under the historic cost convention unless otherwise stated in the relevant accounting policy note(s).

These financial statements are prepared in accordance with applicable charity and company law.

2.2 Income

Income is credited to the statement of the financial activities in the period to which it relates. With the exception of voluntary income arising from legacies, donations and gifts, all income is credited to the statement of financial activities on a receivable basis.

Income from donations and gifts is recognised on a cash received basis. Income from pecuniary legacies are recognised as receivable once probate has been granted and notification has been received. Residuary legacies are recognised as receivable once probate has been granted, provided that sufficient information has been received to enable valuation of the charity's entitlement.

Income tax recoverable in respect of gift aid donations received to 30 September 2022 has been accrued for in these financial statements.

Fees receivable for scans are brought into the financial statements on the date on which the services are provided by the scanner centre.

Investment income is recognised on a receivable basis.

Grants received, which relate to a specific period of time, are dealt with on an accruals basis.

2.3 Donated services

The charity is not in receipt of any donated goods or services. In accordance with the Charities SORP (FRS 102), the economic contribution of general volunteers is not recognised in the accounts.

2.4 Expenditure

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates.

Costs of raising funds comprises the costs associated with attracting and managing donated income.

Expenditure on charitable activities comprises services identifiable as wholly or mainly in support of the company's charitable and operational work. These costs are regarded as an integral part of carrying out the direct charitable objectives of the charity and include

an appropriate proportion of overhead costs. Research and development expenditure is written off in the statement of financial activities in the year in which it is incurred.

Governance costs comprises expenditure incurred for constitutional and statutory requirements and are included within expenditure on charitable activities.

Support costs are costs indirectly incurred by the charity in supporting its charitable activities. They include the central functions and have been allocated to categories on a basis consistent with the use of resources.

2.5 Tangible fixed assets

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Land and buildings leasehold - over the length of the lease

Property improvements - over the length of the lease

Scanners - between 5 - 7 years straight line

Scanner upgrades - between 4 - 6 years straight line

Equipment - 25% straight line

Where significant building costs are incurred in order to install the new scanners, these costs are capitalised and depreciated in line with the respective scanner. General property improvements are depreciated over the remaining length of the lease.

At the year end fixed assets are reviewed to determine whether there is any indication that those assets have suffered impairment loss. If there is an indication of possible impairment, the recoverable amount of any affected assets is estimated and compared to its carrying amount. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised in the statement of financial activities.

If an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but not in excess of the amount that would have been determined had no impairment loss been recognised for

the assets in prior years. A reversal of an impairment loss is recognised immediately in the statement of financial activities.

2.6 Investments

Investments are deposits held at bank which have been set aside for future capital expenditure and equals the amount of designated funds.

2.7 Debtors

Fees receivable and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid based on the cost value of the expenditure suffered.

2.8 Cash at bank

Cash at bank includes cash held in current, deposit and treasury deposit accounts and excludes amounts recognised under investments.

2.9 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or reliably estimated. Creditors and provisions are normally recognised at their settlement amount.

2.10 Finance and operating leases

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership of the leased asset to the charity. All other leases are classified as operating leases.

Assets held under finance leases are recognised initially at fair value of the leased asset at the inception of the lease. The corresponding liability to the lessor is included in the balance sheet as a finance lease obligation. Lease payments are apportioned between finance charges and a reduction of the lease obligation using the effective interest method so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the statement of financial activities. Assets held under finance leases are included in tangible fixed assets and depreciated and assessed for impairment in the same way as owned assets.

Rentals payable under operating leases are charged on a straight-line basis over the term of the lease. The aggregate benefit of lease incentives are recognised as a reduction to the expense recognised over the lease term on a straight line basis.

2.11 Taxation

The company is a registered charity and, therefore, is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities if applied for charitable purposes.

2.12 Funds

Unrestricted funds (general funds and designated funds) are those funds expendable at the discretion of the trustees in accordance with the charitable objects.

Restricted funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor imposed conditions.

2.13 Financial instruments

The charity only has financial assets and liabilities of a kind that qualify as basic financial instruments, cash at bank, debtors and creditors. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2.14 Judgements and estimation

Preparation of the financial statements requires management to make significant judgements and estimates. The items in the financial statements where judgements and estimates have been made include:

Useful economic life of tangible assets

The annual depreciation charges for tangible assets are sensitive to changes in the estimated useful economic lives and residual values of the assets. The useful economic lives and residual values are amended when necessary to reflect current estimates, based on technological advancement, future investments, economic utilisation and physical condition of the assets.

3. INCOME

Donations and legacies	2022	2021
	£	£
Donations, gifts and funds raised	194,997	260,567
Trusts and Grants	12,752	-
Legacies	199,598	999,183
Gift Aid recoverable on donations	32,277	40,462
	<u>439,624</u>	<u>1,300,212</u>
Income from charitable activities	2022	2021
	£	£
Fees from patients and health authorities	7,106,542	6,841,333
Research - general	-	99,764
	<u>7,106,542</u>	<u>6,941,097</u>
Investment income	2022	2021
	£	£
Royalties receivable	172,872	49,105
Cyclotron rental income	145,006	144,996
Bank interest and bank treasury deposit interest receivable	3,765	14,770
	<u>321,643</u>	<u>208,871</u>

4. NET INCOME

	2022	2021
	£	£
<i>Net income is stated after charging:</i>		
Operating lease rentals	1,506,545	573,976
Finance lease interest	4,865	-
Auditors' remuneration - audit	13,000	10,000
Auditors' remuneration - accountancy services	8,000	8,000
Depreciation	469,052	528,267

5. COSTS OF RAISING FUNDS

	2022	2021
	£	£
Fundraisers' salaries and assistance	133,876	119,341
Event costs	7,508	8,710
Printing and mailing	19,712	17,310
General expenses	10,794	9,732
	171,890	155,093

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs	Support Costs	Governance Costs	Total
	£	£	£	£
2022				
Costs of generating funds:				
Fundraising and related activities	171,890	-	-	171,890
Charitable activities:				
Clinical services	8,075,505	1,039,741	23,000	9,138,246
Research	-	-	-	-
	8,075,505	1,039,741	23,000	9,138,246
	8,247,395	1,039,741	23,000	9,310,136
2021 - Comparative information				
Costs of generating funds:				
Fundraising and related activities	155,093	-	-	155,093
Charitable activities:				
Clinical services	6,670,544	1,018,680	22,100	7,711,324
Research	-	-	-	-
	6,670,544	1,018,680	22,100	7,711,324
	6,825,637	1,018,680	22,100	7,866,417
SUPPORT COSTS		Staffing Costs	Other Costs	Total
2022		£	£	£
Clinical services		370,870	668,871	1,039,741
2021 - Comparative information				
Clinical services		341,078	677,602	1,018,680

Support costs represent the staffing costs which are not directly attributable to the clinical services of the charity and other costs including insurances, building costs and general office expenditure which are again, not directly attributable to clinical services. No allocation of support costs has been made to either the research or fundraising functions of the charity as these are deemed to be negligible.

7. ANALYSIS OF TOTAL STAFFING COSTS

The East and North Hertfordshire NHS Trust employs staff under joint contracts with the charity. The Trust administers the payroll and the charity is recharged for its share of the associated costs. These recharges are detailed below:

	2022	2021
	£	£
Wages and salaries	2,947,414	2,742,577
Social security	274,110	255,062
Pension	346,386	294,532
	<u>3,567,910</u>	<u>3,292,171</u>

During the year, emoluments of recharged staff earning in excess of £60,000 was as follows:-

	2022	2021
	No.	No.
£60,000 to £70,000	13	8
£70,000 to £80,000	1	1
£80,000 to £90,000	2	2
£90,000 to £100,000	2	2
£100,000 to £110,000	2	1
£110,000 to £120,000	0	1
£120,000 to £130,000	1	0
£130,000 to £140,000	0	1
£150,000 to £160,000	1	0

The average number of staff analysed by function was as follows:-

	2022	2021
	No.	No.
Medical and radiographic	61	60
Clerical and administration	11	9
	<u>72</u>	<u>69</u>

Key management comprise the trustees and the leadership team. Remuneration of key management in the year was £1,166,360 (2021: £1,273,009). The cost of trustees' indemnity insurance borne by the charity was £2,014 (2021: £1,947).

The trustees did not receive any remuneration or fees for their services to the charity during the year under review.

8. TANGIBLE FIXED ASSETS

	Leasehold Land & Buildings £	Property Improvements £	Scanners £	Equipment £	Total £
Cost					
At 1 October 2021	2,091,883	1,045,070	6,398,382	2,348,845	11,884,180
Additions	-	530,147	1,721,720	226,613	2,478,480
Disposals	-	(137,704)	(1,120,000)	-	(1,257,704)
At 30 September 2022	2,091,883	1,437,513	7,000,102	2,575,458	13,104,956
Depreciation					
At 1 October 2021	2,091,883	962,984	5,603,667	1,919,340	10,577,874
Charge for the year	-	18,252	294,219	156,581	469,052
Disposals	-	(137,704)	(1,120,000)	-	(1,257,704)
At 30 September 2022	2,091,883	843,532	4,777,886	2,075,921	9,789,222
Net book value					
At 30 September 2022	-	593,981	2,222,216	499,537	3,315,734
At 30 September 2021	-	82,086	794,715	429,505	1,306,306

Included above are assets held under finance leases as follows:

	Equipment £
Net book values	
At 30 September 2022	75,898
At 30 September 2021	-
Depreciation charge for the year	
At 30 September 2022	28,191
At 30 September 2021	-

The expenditure on land buildings as shown above does not include the cost of the main building housing the Scanner Centre. Had these costs been capitalised then they would have been fully depreciated by 30 September 2005.

9. CASH AND CASH EQUIVALENTS

	2022	2021
	£	£
Investments - cash at bank and on deposit	3,685,000	6,006,937
Cash at bank and in hand	6,012,547	6,959,906
Cash and cash equivalents	9,697,547	12,966,843

Amounts included in investments represent cash at bank and other cash investments set aside by the charity as planned capital expenditure over the next three financial years. As such, capital preservation of these funds is deemed to be of paramount importance and in order to minimise risk, the charity has decided that these funds should be held in cash deposits which are geared to mature in line with the planned capital expenditure schedule.

10. DEBTORS

	2022	2021
	£	£
Fees receivable	1,239,308	3,165,422
Prepaid scanner maintenance costs	228,124	258,846
Other debtors	172,874	5,227
Prepayments	133,318	105,888
Legacies receivable	123,525	801,616
	1,897,149	4,336,999

Included in fees receivable is £136,986 (2021: £2,416,595) due from East and North Hertfordshire NHS Trust

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	2020
	£	£
Trade creditors	1,178,150	306,076
Accruals and deferred income	649,348	472,812
Other creditors - East and North Hertfordshire NHS Trust	356,379	3,870,225
Value added Tax	7,250	24,172
Net obligations under finance leases	23,350	-
	<u>2,214,477</u>	<u>4,673,285</u>

12. CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	2022	2021
	£	£
Net obligations under finance leases	56,417	-
Amounts payable:		
Over one year but less than five	56,417	-

Net obligations under finance leases are secured on the assets concerned.

13. FINANCIAL COMMITMENTS

At 30 September 2022 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2022	2021
	£	£
Operating and service contracts which expire:		
Less than one year	160,627	250,477
Over one year but less than five	487,889	294,048
Over five years	293,536	131,250
	<u>942,052</u>	<u>675,775</u>

Financial commitments on scanner maintenance agreements will lapse when the related scanner is replaced.

The financial commitments on such agreements are recognised over the estimated remaining life of the scanners.

14. CAPITAL COMMITMENTS

The Trustees regularly review the need to upgrade or replace scanners in order to maintain operational efficiency and offer up to date medical imaging to patients. To achieve these objectives, as at the year end, the charity had placed an order for a new PET CT scanner for £1.9m. The Trustees expect a further £1.6m to be spent on installation and associated costs for this scanner over the next year.

Further capital expenditure planned for 2022/23 includes continued IT and communications improvements of approximately £185k.

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2022 Total funds	2021 Total funds
	£	£	£	£	£
Fixed assets	-	7,000,734	-	7,000,734	7,313,243
Current assets	7,850,975	-	58,721	7,909,696	11,296,905
Creditors due within one year	(2,214,477)	-	-	(2,214,477)	(4,673,285)
Creditors due after one year	(56,417)	-	-	(56,417)	-
Net assets	5,580,081	7,000,734	58,721	12,639,536	13,936,863

16. MOVEMENT IN FUNDS

	Balance at 1 October 2021	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2022
	£	£	£	£	£
General funds	6,532,497	7,971,177	(9,310,136)	386,543	5,580,081
Total general funds	6,532,497	7,971,177	(9,310,136)	386,543	5,580,081
Restricted funds					
Restricted funds for Research:					
Brachytherapy study	1,400	-	-	-	1,400
Research Funds	33,900	8,205	-	-	42,105
Patient welfare	13,233	1,983	-	-	15,216
MRI Appeal	42,590	31,444	-	(74,034)	-
Total Restricted funds	91,123	41,632	-	(74,034)	58,721
Designated funds					
Scanner Replacement Fund	5,806,937	-	-	(2,306,937)	3,500,000
Designated property & equipment fund	1,306,306	-	-	2,009,428	3,315,734
IT and Communications & other	200,000	-	-	(15,000)	185,000
Total Designated funds	7,313,243	-	-	(312,509)	7,000,734
Total	13,936,863	8,012,809	(9,310,136)	-	12,639,536

16. MOVEMENT IN FUNDS (continued)

Designated funds

A designated fund is a 'ring fencing' by the trustees of existing unrestricted funds for a particular project or use by the charity.

Designated property & equipment fund

The property & equipment fund represents the net book value of the charity's fixed assets, including the lease and improvements to the premises on site at Mount Vernon Hospital, together with the scanners and other equipment used by the charity in the course of its day to day operations. The transfer to General Funds represents the decrease in value in tangible fixed assets.

Scanner replacement fund

The trustees of Paul Strickland Scanner Centre recognise that the operational life of the scanner equipment currently in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment. As of the date of this report, the Trustees have identified the need to replace PET CT in the near future. The level of the scanner replacement designated fund has therefore been increased to the total estimated costs for this replacement project which comprise £3.5m for the PET CT scanner and its associated build-in costs.

The changes required by the scanner replacement projects have superceded the planned work for the Space Project and the trustees are of the opinion that a meaningful allocation of costs between these projects is no longer possible. The balance of funds from the Space Project has therefore been transferred to the scanner replacement fund. The reduction in the IT fund reflects the lower level of investment in IT expected to be required in 2023 following the significant additions made in 2022.

The trustees therefore believe that the amounts set aside as designated funds as shown above are appropriate.

Restricted funds

MRI Appeal

To fund the purchase of a new MRI scanner including associated installation costs.

Brachytherapy

To fund a Brachytherapy pilot study which will enable the PhD study to give an extra scan time point.

General Research

To fund various projects relating to the diagnosis and treatment of cancer and other life limiting conditions.

Patient welfare

To fund equipment to improve patient welfare.

17. RELATED PARTY TRANSACTIONS

The only transactions with related parties, other than those disclosed in note 7, were for payments totalling £1,200 to a company controlled by a trustee, Amy Page. These payments were for the provision of Continuing Professional Development services provided to employees of the charity and not for services provided in the performance of duties as a trustee.

18. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30TH SEPTEMBER 2021

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2021 £
INCOME					
Donations and legacies	3	1,266,259	-	33,953	1,300,212
<i>Income from charitable activities:</i>					
Clinical services	3	6,841,333	-	-	6,841,333
Research	3	99,764	-	-	99,764
Investment income	3	208,871	-	-	208,871
TOTAL INCOME		8,416,227	-	33,953	8,450,180
EXPENDITURE					
<i>Costs of raising funds:</i>					
Costs of generating voluntary income	5	155,093	-	-	155,093
Charitable activities	6	7,703,435	-	7,889	7,711,324
TOTAL EXPENDITURE		7,858,528	-	7,889	7,866,417
NET INCOME		557,699	-	26,064	583,763
TRANSFER BETWEEN FUNDS		(372,975)	372,975		-
NET MOVEMENT IN FUNDS FOR THE YEAR		184,724	372,975	26,064	583,763
RECONCILIATION OF FUNDS					
FUNDS BROUGHT FORWARD		6,347,773	6,940,268	65,059	13,353,100
FUNDS CARRIED FORWARD	15	6,532,497	7,313,243	91,123	13,936,863

19. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2022		2021	
		£	£	£	£
Income					
Donations, gifts and funds raised			194,997		260,567
Legacies received			199,598		999,183
Income tax recoverable			32,277		40,462
Bank interest and bank treasury			3,765		14,770
Trusts and Grants			12,752		-
			<u>443,389</u>		<u>1,314,982</u>
Less: expenditure					
Fundraisers' salaries and assistance		133,876		119,341	
Event costs		7,508		8,710	
Printing and mailing costs		19,712		17,310	
General expenses		10,794		9,732	
			<u>171,890</u>		<u>155,093</u>
Surplus - appeals fund			<u>271,499</u>		<u>1,159,889</u>
Add:					
Deficit – Scanner Centre	20		(1,568,826)		(576,126)
(Deficit)/Surplus in year			<u><u>(1,297,327)</u></u>		<u><u>583,763</u></u>

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the charity.

20. ANALYSIS OF INCOME AND EXPENDITURE

SCANNER CENTRE	Notes	2022		2021	
		£	£	£	£
Income					
Fees from patients and health authorities		7,106,542		6,941,097	
Profit on sale of assets		145,000		-	
Royalties receivable		172,872		49,105	
Cyclotron rental income		145,006		144,996	
		<u>7,569,420</u>		<u>7,135,198</u>	
Less: expenditure					
Staff salaries and radiologists' fees	4,103,166		3,965,571		
Other staffing costs	7,830		20,474		
Maintenance contracts and scanner repairs	657,443		66,142		
Repairs and renewals of equipment and building	387,696		251,618		
Lease charges on equipment	1,336,541		403,972		
Medical and surgical supplies, cryogenics and other consumables	1,340,160		1,108,305		
Coronavirus costs	49,764		36,148		
Rent and rates	174,504		154,848		
Heat, light and facilities	264,000		264,000		
Printing, postage, stationery and telephone	109,085		108,749		
Auditors' remuneration	13,000		10,000		
Medical conferences and travel	4,717		1,660		
Miscellaneous expenses	11,862		10,777		
Bank charges	2,149		2,511		
Legal, professional and consultancy fees	95,229		75,706		
Insurance	107,183		108,576		
Interest on finance leases	4,865		-		
Depreciation	469,052		528,267		
		<u>9,138,246</u>		<u>7,711,324</u>	
Deficit - scanner centre		<u>(1,568,826)</u>		<u>(576,126)</u>	

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the Charity.

PAUL STRICKLAND SCANNER CENTRE

England & Wales - Charity number 298867

Accounts



PAUL
STRICKLAND
SCANNER
CENTRE

CANCER IMAGING EXPERTS

Adding value to **Mount Vernon**

Annual Report and Financial Statements 2020-21





I have been coming here for over two years and always had excellent treatment.

PATIENT COMMENT

Company no. 02033936 | Registered charity no. 298867 (England and Wales)



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A transcript of this document is available
in large print. Please ring 01923 886310.

Chair's report

This year there have been changes to the Board of Trustees; both the Chair and Treasurer retired from the Board. I was elected to the position of Chair and Daniel Ross as Treasurer. In addition, by the end of the reporting period we had appointed four new Trustees who bring a diversity of experience, skills and viewpoints which will be crucial as we navigate the next few years.

In small ways and large, Covid-19 affected everything that the Centre did during the year. Staff absences due to illness, and isolation requirements were inevitable but the dedication and unstinting effort of the workforce ensured that we were not only able to maintain our service, but carried out 7% more scans than last year. Measures to deal with the pandemic, as well as supply-chain issues resulting from it, had the effect of pushing up costs while downward pressures on scan prices continued; despite this, the Centre had a generally positive year.

Our focus on patient care and service quality were maintained: we were once again awarded the prestigious Quality Standard for Imaging (QSI) accreditation for a further year. We also worked to further develop the service that we can offer to patients, with dedicated Service Improvement Groups helping to focus our efforts.

The new PET-CT service at the Lister Hospital in Stevenage (operated with our partners, InHealth Group) is fully operational two days a week, allowing an additional 36 patients each week to receive this specialist scan at their local hospital. Back at our main PET-CT site, meanwhile, we bought and introduced the Posijet, an automatic injector for PET-CT patients. This optimises doses of radioactive tracer for patients while at the same time reducing the radiation dose received by staff working with the tracer.



Our focus on patient care and service quality were maintained: we were once again awarded the prestigious Quality Standard for Imaging (QSI) accreditation for a further year.

MRS CATHY WILLIAMS



The CT department formed a partnership with Herts Valley CCG for the Vague Symptoms Pathway pilot. The aim is to benefit patients who are displaying vague or non-specific symptoms by diagnosing cancers at an early stage. The pilot has been extended beyond the initial year due to the success of the pathway.

Our MRI staff worked with the Mount Vernon Cancer Centre's radiotherapy department, focusing on the exciting area of MRI-based radiotherapy planning. This is pioneering a new technique for radiotherapy planning with more accuracy than with conventional CT planning.

Existing research relationships have been strengthened and new ones built. We are pleased to see a growing number of patients taking part in new studies as older studies continue.

Part of our mission has always been to share our knowledge and expertise, and this year saw our second two-day Oncological Imaging Course, co-hosted with Mount Vernon Cancer Centre. Many of our radiologists and senior radiographers presented at this course, held virtually on this occasion. The positive feedback from course participants was outstanding.

The strategic leadership team, supported by the Trustees, has continued to take the development and well-being of the staff very seriously. It was rewarding to see a wider range of staff submitting papers to conferences than has historically been the case and, even with the necessary restrictions, a higher number of staff attended external courses than at any time in the Centre's history. We also continued our regular Quality Improvement afternoons for all staff, each providing an opportunity for a detailed look into one specific area of the Centre's operations.

As well as promoting training, we've been all too aware of the unusual pressures that everyone is working under and have been looking to actively support staff. Initiatives have included an expansion of homeworking, the development of trained well-being champions among the staff, and ensuring that all staff have had easy access to a variety of mental-health and general well-being resources when needed.

Staff have also been working hard on shaping the Centre's future, having completed the planning stages of major upgrade and improvement projects. Two state-of-the-art MRI scanners will enable faster imaging with fewer safety constraints and a wider patient tunnel – thus increasing comfort during the scan as well as giving diagnostically superior images.

The new PET-CT scanner will also reduce the scanning times, and advances in technology mean that patients will receive a significantly lower dose of radiation. The IT team are going to be installing a new Picture Archiving and Communications System (PACS), which will bring exciting new capabilities to enhance the diagnostic process. It will also make it easier to share our images and clinical reports with external clinicians, giving the most up-to-date information to Multidisciplinary Teams (MDTs), thus enhancing the patient pathway and treatment planning.

As part of the PET-CT scanner replacement, we will be carrying out a significant rebuild of the Centre. This will streamline the flow of patients through the Centre and will help make the Centre an even more welcoming place – for patients and staff alike! As always, much of this would not be possible without the efforts of our in-house fundraising team. I would like to take this opportunity on behalf of the Board to thank our volunteers who have generously given their time to help raise funds for our projects, and the numerous individuals who have been kind enough to give donations or to leave legacies to the Centre.

As mentioned in last year's report, the NHS is reviewing the services provided at Mount Vernon Cancer Centre (MVCC). As part of this review, we have held regular virtual meetings during the reporting period with both NHS England and University College London Hospitals NHS Foundation Trust (UCLH) to explore the implications for Paul Strickland Scanner Centre.

Our future remains closely tied to that of MVCC. The recent Clinical Review emphasised the imperative for a local oncology specialist centre for the patients of this extensive area. Paul Strickland Scanner Centre was recognised as playing a critical role as the key provider of diagnostic imaging for patients by University College London Hospitals NHS Trust (UCLH). We cannot know how the shape of MVCC will change over the coming years but one thing appears certain: a future for the Centre is assured, a future in which we continue to support the provision of high-quality diagnostic scanning services to oncology patients, while developing and promoting better options as they become available. The legacy of Dr. Paul Strickland is assured.



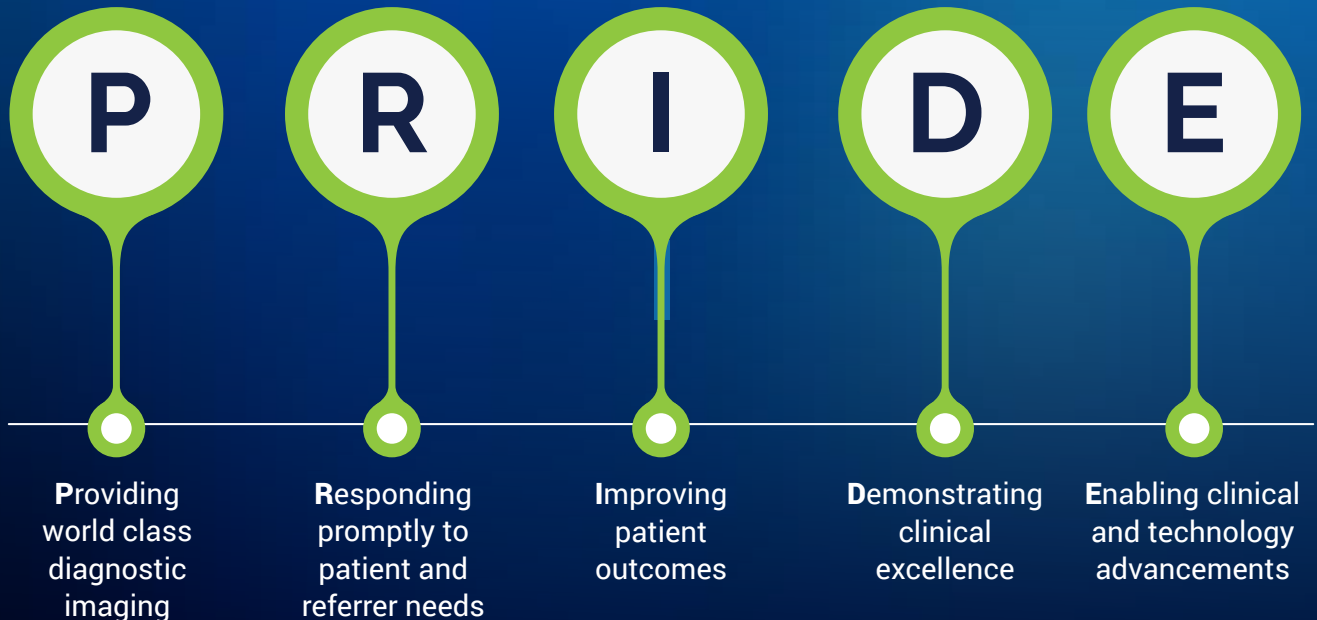
Mrs Cathy Williams

Chair of the Board of Trustees, April 2022

Trustees' report

We will lead the way in imaging for the diagnosis, treatment and monitoring of cancer and other clinical conditions.

For our patients and referrers:



For the year ended 30 September 2021



“

**I come every six months.
Staff are always friendly and
explain what is going to
happen thoroughly.**

PATIENT COMMENT

About us

We're a specialised medical imaging centre and registered charity working to improve the lives of people affected by cancer and other serious conditions. We do this by providing the best possible patient care, using high quality imaging equipment, and by being actively involved in medical research.

We serve both NHS and private patients who need Magnetic Resonance Imaging (MRI), Computed Tomography (CT), and Positron Emission Tomography – Computed Tomography (PET-CT) scans. Most patients are from North West London and Middlesex, Hertfordshire, Buckinghamshire and Bedfordshire. The scans are mainly used to diagnose and monitor cancer, but also other serious conditions (such as dementia). We also support life-changing medical research. As an independent medical charity, we receive no government funding and rely heavily on donations from our supporters – including family, friends and colleagues of patients who have been treated at the centre.

Public benefit

When reviewing the aims and objectives and planning future activities, the Trustees of the Charity have referred to, and believe they have complied with, the duty of section 17 of the Charities Act 2011. This relates to having due regard to the Charity Commission's published general guidance on public benefit.

Cancer imaging pioneer

Paul Strickland OBE

Dr Strickland qualified in 1943 and came to Mount Vernon Hospital in 1946, becoming consultant radiotherapist in 1955.

For many years he was Chairman of the Mount Vernon Medical Committee and, in 1970, became head of the Radiotherapy Department. In 1988, 12 years after his official retirement, he was awarded the OBE.

Scanning for opportunities

In the 1970s, two British Nobel Laureates developed the CT scanner and the MRI scanner. Dr Strickland quickly realised the importance of medical imaging in the accurate diagnosis and subsequent treatment of patients with cancer and other serious conditions.

In 1982, in the midst of a recession, he became Vice Chairman of the appeal to obtain a CT scanner for Mount Vernon. A friend remarked: "He was an absolute dynamo. He really drove everybody." The Appeal was launched in February 1983, aiming to reach £1,250,000 in 3 years. In just two years, by March 1985, £1,700,000 was raised, enough to fund a CT and an MRI scanner and the building to house them, which became Paul Strickland Scanner Centre. The result is a world-class centre which attracts the highest calibre radiologists and radiographers.

Dr Strickland was amongst the very first to be convinced of the importance of medical imaging in the accurate diagnosis and subsequent treatment of patients with cancer and other serious diseases.

Dr Strickland with an early PET-CT scanner at Paul Strickland Scanner Centre in the early years of the century



Dr Strickland with our patron, the Duchess of Kent, during the opening of Paul Strickland Scanner Centre in 1985



The first diagnostic imaging unit for NHS and private patients in the UK

When Dr Paul Strickland launched his fundraising drive to buy the first scanner for Mount Vernon Hospital, nobody expected that a world-leading, independent cancer imaging centre bearing his name would be thriving on the same spot three-and-a-half decades later.

The first diagnostic imaging unit for NHS and private patients in the UK, it opened in 1985 with one CT and one MRI scanner. The first CT and MRI patients were scanned the same year, and both original scanners underwent the first of many upgrades and replacements in the early 1990s, thanks to the generosity of our supporters.

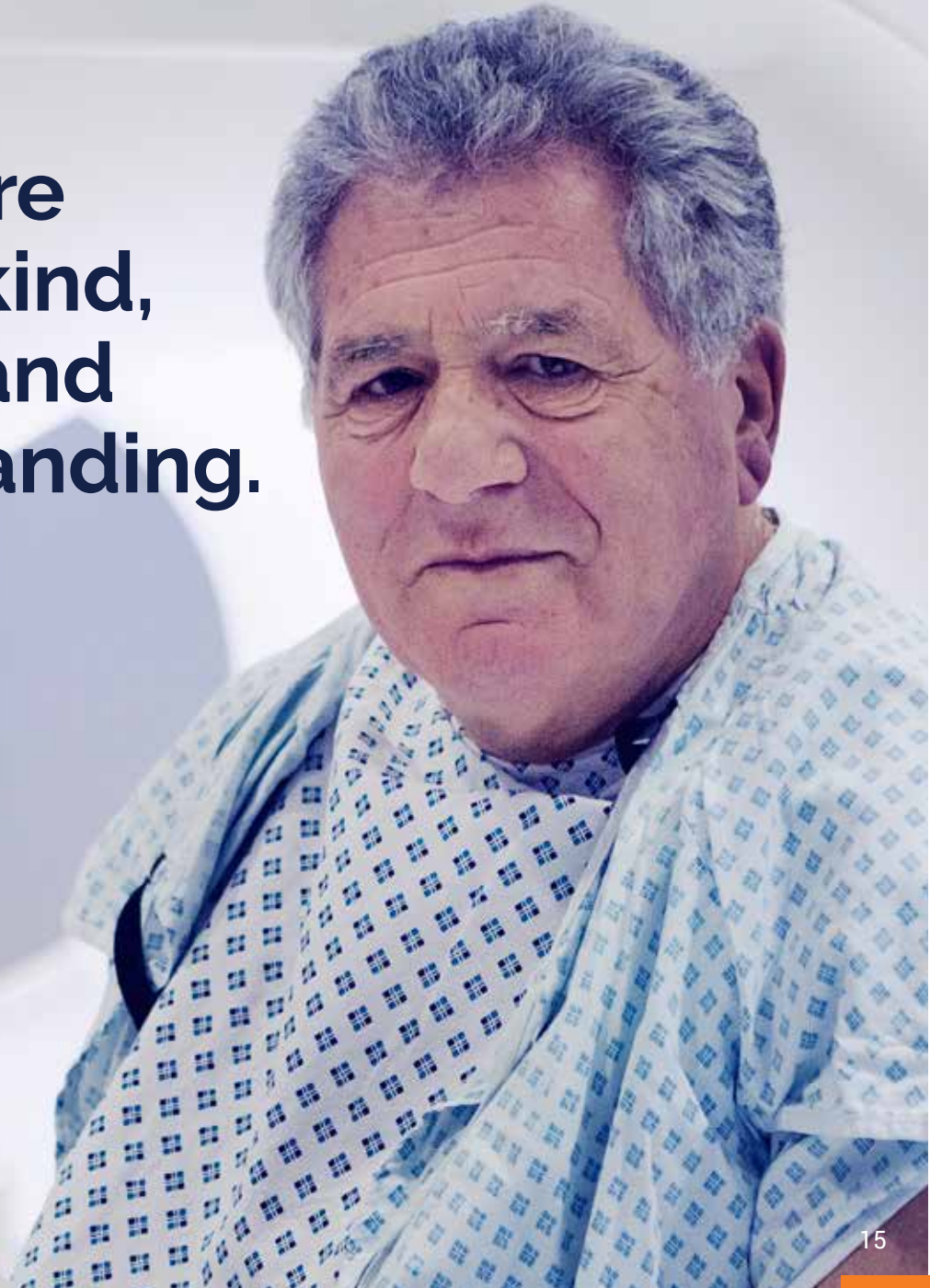
There have been enormous advances in technology over the years. Image quality has improved dramatically, allowing a much more accurate diagnosis, and scans are much quicker, meaning we can scan many more patients. Whole-body MRI scanning, which is the centre's speciality and particularly important for patients with metastatic cancers, would not have been possible back then.

Medical imaging is now an essential part of modern cancer care and changes thousands of lives for the better every year.



**Staff were
all very kind,
patient and
understanding.**

PATIENT COMMENT



Our CEO and team

Our staff team is led by Claire Strickland, our Chief Executive. She reports to our Board of Trustees, which is chaired by Mrs Cathy Williams, who took over as Chair of Trustees in April following the retirement of Dr Terry Wright from the Board.

We are hugely grateful to a number of very dedicated volunteers who support our charity. Claire is the daughter of our founder and believes that the patient must always come first when delivering high-standard care. Most of our staff are either radiographers (clinical staff who produce CT, MRI and PET-CT images using our specialised equipment) or radiologists (doctors who specialise in diagnosing and reporting on illnesses and injuries through the use of medical images). Other staff support patients by booking appointments and making sure the centre is efficiently run.

Fundraising for equipment and research

We have a small fundraising and communications team who work to raise awareness and money to fund new scanners and research. Our clinical staff actively support medical research delivered at the centre.





Claire Strickland, Chief Executive

New Chair of Trustees appointed

Mrs Cathy Williams was appointed as the new Chair of the Paul Strickland Scanner Centre Trustee Board in April 2021, following the retirement of Dr Terry Wright.

Dr Wright served on the Board for almost 12 years, taking the centre through a period of growth and expansion.

Mrs Williams is a long-standing trustee of the centre and is the first woman to be appointed as Chair of the Centre's Trustee Board since the charity was founded in 1985.

A therapeutic radiographer by background, she worked in many roles at Mount Vernon Cancer Centre (MVCC) for much of her career including as General Manager and then Head of Radiation Services, before taking early retirement in 2015. She was at MVCC when Dr Strickland started the fundraising drive, which eventually led to Paul Strickland Scanner Centre.

Mrs Williams's appointment as Chair comes as four new trustees have joined the Centre's Board: Professor Shelley Heard, Mrs Joanne Langfield, Mrs Amy Page and Mrs Nimisha Jadeja were appointed earlier this year and bring with them extensive experience in healthcare management, leadership and medical innovation.

For the full list of trustees and how our Board works, see the Structure, Governance and Management section of this report.

*A world-class centre which attracts
the highest calibre radiologists and
radiographers*



Objectives and activities

To provide state-of-the-art, cross-sectional medical diagnostic imaging systems, and to operate them principally to benefit patients attending the Mount Vernon Cancer Centre, but also for patients referred from anywhere in the UK or abroad. To carry out late translational imaging research.

Our objectives

- To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.
- To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.
- To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.
- To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.
- To improve staff engagement and organisational culture, ensuring patient safety as a top priority.



OBJECTIVE 1

To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.

Quality standard for imaging

We are very proud to continue to have achieved our Quality Standard of Imaging accreditation for the 5th year in a row.

In meeting this standard, accredited by UKAS, we know that our quality management system exceeds the baseline requirements of regulators such as the CQC and the culture of quality is embedded across our organisation.

Ongoing accreditation enables the centre to continually develop quality improvements by building upon our existing experience. In meeting the standard, we are assuring our patients that they receive consistently high-quality services, delivered by skilled staff, within a safe environment.

UKAS manages the assessments and accreditation for QSI on behalf of the Royal College of Radiologists (RCR) and the College of Radiographers (SCOR).

Paula Merry, Quality and Governance Lead at Paul Strickland Scanner Centre, said: "Maintaining our accreditation is a testament to our staff who have sustained their passion for excellent patient care, despite the difficulties of the pandemic, through their continued professionalism."



*Paula Merry (left),
who has been
appointed as the
Centre's Quality and
Governance Lead*

Taking quality improvement and governance to the next level

Paul Strickland Scanner Centre has strengthened its quality improvement and governance assurance with the appointment of Paula Merry to the role of Quality and Governance Lead in 2020.

The move is evidence of the charity's commitment to continuously improve the quality of its services and to provide the best care and optimise health outcomes for each and every individual.

Paula has 21 years' experience in radiography and joined us in 2015, from The Hillingdon Hospitals NHS Trust where she was superintendent for CT.

Paula reports to our Chief Executive and attends Board meetings, forming a link between Centre and Board governance, assuring our Trustees that all the charity's processes and procedures are safe and high-quality.

She said: "I ensure that robust governance processes are in place which assure our patients that they are receiving high quality patient care and that we comply with the Quality Service for Imaging (QSI) domains and the NHS Governance pillars."

Apart from maintaining our QSI accreditation, key achievements this year include updating the Centre's risk register which supports our compliance with the various QSI domains. Paula also introduced a different way of reflecting the level of risk and its risk score. Two new trustees have joined the charity's Audit and Risk Committee to work alongside our Treasurer. See Page 76 for further information about how our Audit and Risk committee operates.

Risk registers within each of the scanning specialities have been developed by the CT, MRI and PET-CT Service Improvement Groups. A seamless process was put in place which means that key risks can be identified and escalated to the Centre-wide risk register.

Paula said: "As a result of this work, we have a very robust risk management process in place at Paul Strickland Scanner Centre, which supports our aim of delivering a high-quality and safe service that is integrated with Mount Vernon Cancer Centre. She is a UKAS technical assessor for the Quality Standard for Imaging, assessing imaging services at other centres around the country to ensure they meet the required standards.



I ensure that robust governance processes are in place which assure our patients that they are receiving high quality patient care and that we comply with the Quality Service for Imaging (QSI) domains and the NHS Governance pillars.

PAULA MERRY

Audit team

Striving for the best care and health outcomes for our patients

Our Audit Team actively promotes audit for all Paul Strickland Scanner Centre staff, overseeing development, coordination and implementation of the Centre's Clinical Audit Programme.

The team reports on compliance against existing guidance or internal standards, receives audit proposals and audits summary sheets for the Centre. In addition, Audit Team members:

- Receive reports and findings from completed audit summaries and approve action plans arising from those audit findings.
- Develop and maintain a robust system to monitor the progress of all Action Plans through to completion.
- Present findings and learning points to PSSC staff.
- Support staff undertaking audit.
- Actively promote and search for new audit/research ideas.

CASE STUDY

Continuously improving care by acting on patient feedback

In response to patient feedback, the audit team set out to determine whether it would be possible to replace Microcat (iodinated contrast and barium sulphate) with water and still achieve acceptable image quality in CT images.

Water is more tolerable, more pleasant to consume and easily accessible which can mean patients spend less time at Paul Strickland Scanner Centre during their appointment. A number of patients had expressed a dislike for the contrast medium during their visits to the Centre, both in writing and verbally.

A total of 35 patients took part in the audit, selected in groups of five for breast, colon, lung, ovarian, renal and testicular cancer as well as melanoma. This totalled 70 scans, 35 with Microcat as positive oral contrast and 35 with water as neutral oral contrast. All scans were performed on the Siemens Somatom Force CT scanner at Paul Strickland Scanner Centre.

A comprehensive analysis by clinicians at Paul Strickland Scanner Centre found there to be no significant loss in diagnostic performance if water is used instead of Microcat in abdominal and pelvic images.

This audit has led to changes in practice at Paul Strickland Scanner Centre, therefore translating into meaningful improvement for patients, improving their care and ensuring the best outcomes.

The findings could pave the way for an improved patient experience for cancer patients in other centres who have CT scans, with no meaningful reduction in image quality. Benefits include outcomes such as patients having to spend less time in the hospital, greater tolerability for patients with bowel sensitivity and also allows the increased capacity for scanning as there are fewer patients waiting in the reception area, which also helps to protect them from potential exposure to COVID-19.

The next steps are to conduct a larger audit to provide a larger data set for each of the seven tumour groups to help confirm the results. There may be scope to include patients with other cancers that have not been included in this sample/group, to fully evaluate the diagnostic quality differences between the two types of oral contrast.

An electronic poster of the audit was displayed at the 2021 UK Imaging and Oncology Congress.





Mr Annamalai Krishnaraj has recently taken over from Ms Suzannah Patel as Audit Team chair.



“

You have a very
special team here.

PATIENT COMMENT

OBJECTIVE 2

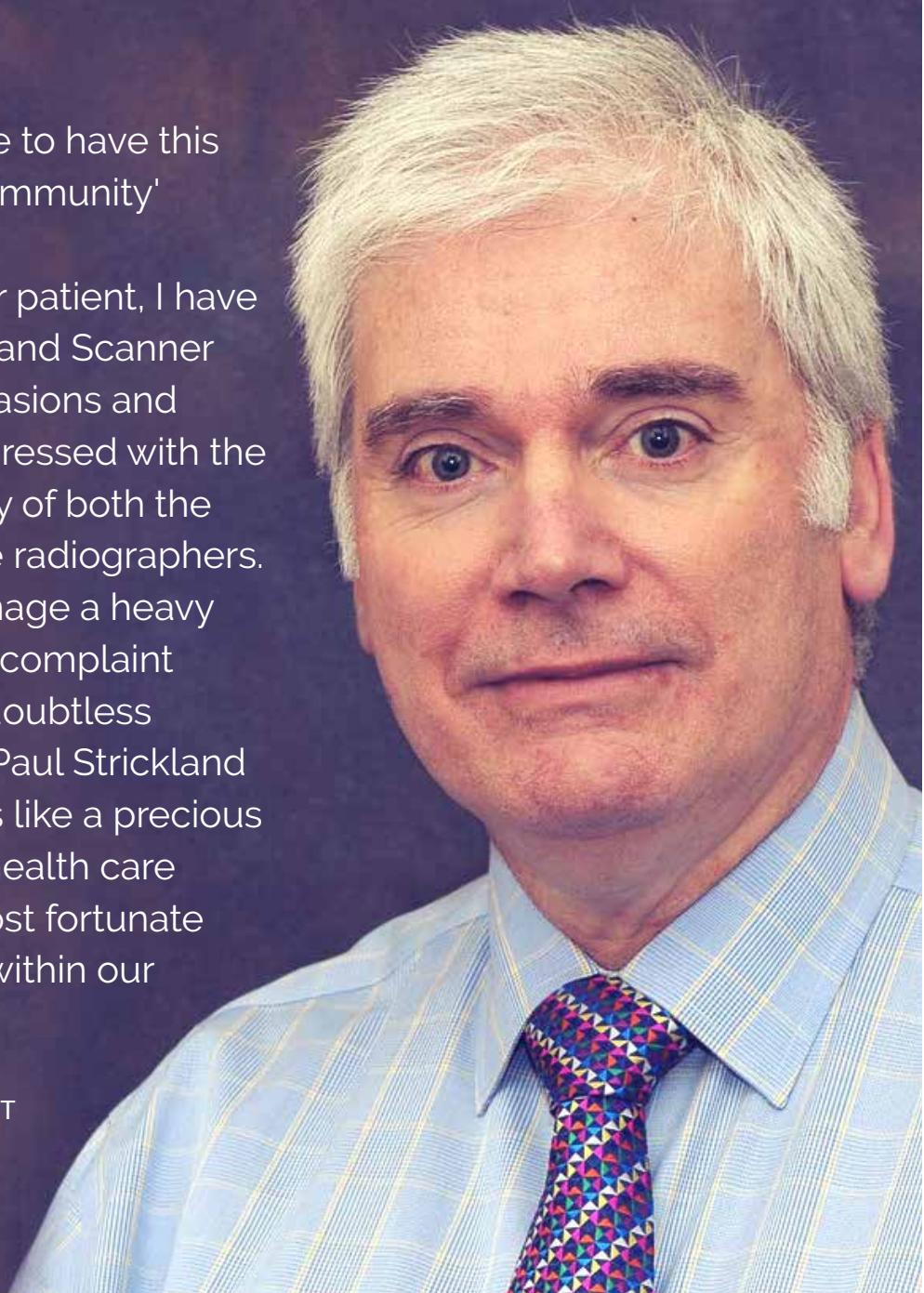
To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.



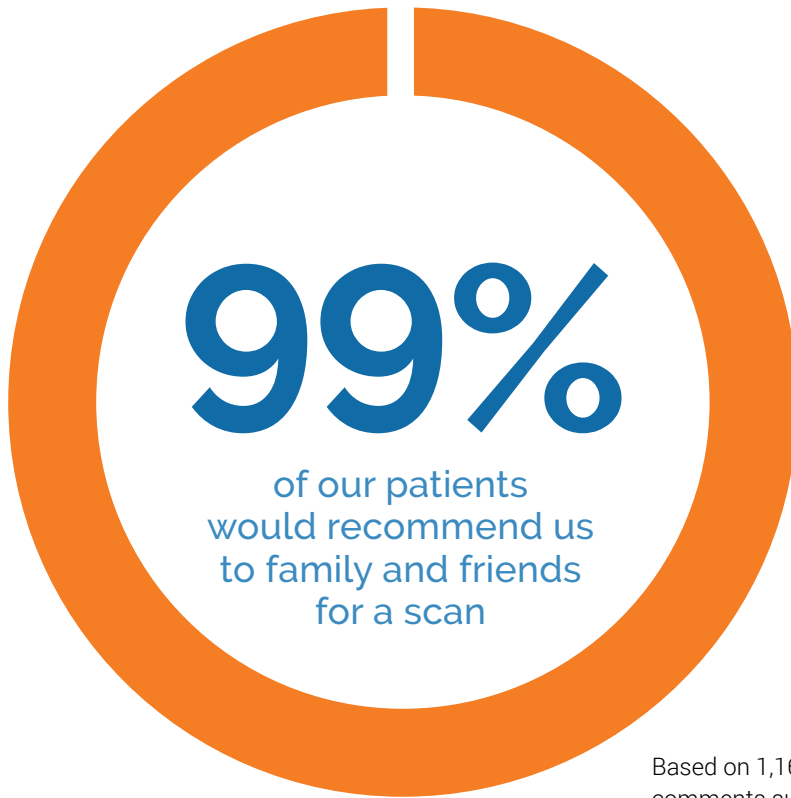
'We are most fortunate to have this resource within our community'

'As a long-term cancer patient, I have visited the Paul Strickland Scanner Centre on several occasions and have always been impressed with the courtesy and efficiency of both the reception staff and the radiographers. They consistently manage a heavy workload with neither complaint nor error. To me, and doubtless countless others, the Paul Strickland Scanner Centre shines like a precious gem among a sea of health care mediocrity. We are most fortunate to have this resource within our community!'

JULIAN ASHBURN, PATIENT



What our patients say about us



Based on 1,161 patient
comments submitted between
1 October 2020 and 30
September 2021.



Based on 1,146
responses by Paul
Strickland Scanner
Centre patients
who completed
comments cards (1
October 2020 to 30
September 2021).

Patient Experience Group

Paul Strickland Scanner Centre has a dedicated Patient Experience Team, which meets regularly throughout the year and drives the patient experience agenda.

The team is comprised of individuals who represent different disciplines within the Centre including radiographers, bookings, administration and communications. In addition to key staff members, a patient volunteer is part of the team, ensuring the patient perspective is heard and represented at all times.

Amongst other projects, the team uses multiple methods to acquire patient feedback including comments cards, QR codes and the annual patient satisfaction survey. This data enables us to create and develop a yearly action plan. All members of staff are involved in the patient experience agenda by means of an interactive Quality Improvement afternoon.

Acting on patient feedback, the team worked with our Major Giving Fundraiser to obtain grant funding for a music license, MP3 players and music of our choice courtesy of the D'Oyly Carte Charitable Trust.

Advanced MRI Radiographer Emma Bycroft (pictured), chair of the group, said: "We always put our patients first and the Patient Experience Group is instrumental in making sure we listen to and act upon the feedback our patients provide. The group also enables us to meet the necessary patient experience criteria for our Quality Standard for Imaging accreditation."





Extremely high standard

Our professional and dedicated bookings team have excelled at maintaining our extremely high standard throughout this challenging pandemic.

In order to protect our staff, we have adapted our service and implemented working from home for members of the team who have been able to continue to provide a personalised and accommodating service for our patients from their own homes. Our reception staff have continued to work hard to reassure our patients and keep them safe during their visit to the Centre, whilst overcoming the challenges that have arisen since the start of the pandemic.



*Paul Strickland Scanner
Centre Reception*

Fundraising and Communications

Thanks to earlier efforts to diversify our fundraising income streams as part of our long-term strategy, our income from donations and legacies remained remarkably stable overall during the pandemic given the circumstances.

We took effective steps to mitigate loss of income by redeploying resource to other areas such as legacy, corporate and in particular trust and grant fundraising. Contactless donations infrastructure was put in place in our patient waiting area to make up for the loss of cash donations.

A number of events, including quiz nights and our annual Impact Event migrated online and we are pleased we were able to hold our annual golf day in line with Government guidance at the time. Our annual Spring Walk was reinvented as a month-long supporter led activity, increasing net fundraising income from the activity compared to before.

The fundraising and communications team switched to a hybrid working pattern with minimal office time early on, keeping patients and colleagues safe by reducing footfall in the Centre and the associated risk of Covid-19 transmission.

Consultant honoured after introducing remote reporting to safeguard service during pandemic

A consultant radiologist at Paul Strickland Scanner Centre received an award in June 2021 for "going above and beyond" during Covid-19 by playing a key role in a project to make remote reporting of scans a reality at the Centre.

The project helped to ensure we were able to maintain our clinical excellence as well as patient and staff safety, ensuring that the disruption to radiology service caused by the pandemic was minimal. This meant we could continue working as before in line with our mission to maintain the highest levels of patient and referrer satisfaction.

The Association of Healthcare Technology Providers for Imaging, Radiotherapy and Care (AXREM) provided Dr Andrew Gogbashian, Lead Consultant for CT at Paul Strickland Scanner Centre, with a Highly Commended award as a result.

The virtual awards ceremony, hosted by veteran broadcaster and prostate cancer patient Bill Turnbull, took place during the 2021 Imaging & Oncology Congress (UKIO), the largest multidisciplinary imaging and oncology conference in the UK.

SOMATOM Force

Dr Andrew Gogbashian



The event celebrated those in the radiotherapy and imaging industry who make personal sacrifices and go beyond what is expected of them on a daily basis in both the private sector and NHS. Dr Gogbashian said: "We urgently investigated the possibility of remote reporting in March 2020 because of Government guidance at the time regarding home working. It was also clear that due to social distancing requirements our radiologists couldn't sit in the reporting room together as before, and this spurred us to get remote reporting set up.

"We moved quickly and put the solution in place very rapidly. It was a very challenging project to deliver so quickly.

"One of the challenges we faced was the difficulty of sourcing IT equipment in March 2020 as a result of the pandemic.

"We worked with the company MITIS Health to set up remote reporting at the Centre, which involved amongst other things upgrading our systems and creating a new virtual server which allowed our radiologists to securely view scan images from home, in line with the advice offered by the Royal College of Radiologists.

"We're very pleased that we had remote reporting up and running by April 2020, with further work carried out during the rest of the year to upgrade the project.

"It enabled us to utilise our full radiology workforce, including those staff members who were shielding due to health conditions.

"Our team of radiologists have followed a hybrid working pattern ever since, with limited time in the office in order to support frontline staff. This gives our radiologists flexibility and increases scalability of our radiology operation."

A decorative graphic in the top right corner consisting of a cluster of circles in various colors including light blue, green, yellow, and orange, arranged in a roughly circular pattern that tapers to the right.

OBJECTIVE 3

To consolidate services and enhance local access to specialist services in order to deliver high-quality, safe, seamless, innovative and integrated services which are sustainable.



SIEMENS



Biograph mCT
Flow

Enhancing access to PET-CT scans

Our service in Stevenage to improve access to PET-CT scans for NHS cancer patients in Hertfordshire and central Bedfordshire has gone from strength to strength, ensuring patients receive the right treatment at the right time. The service forms part of a major contract awarded to Paul Strickland Scanner Centre by NHS England.

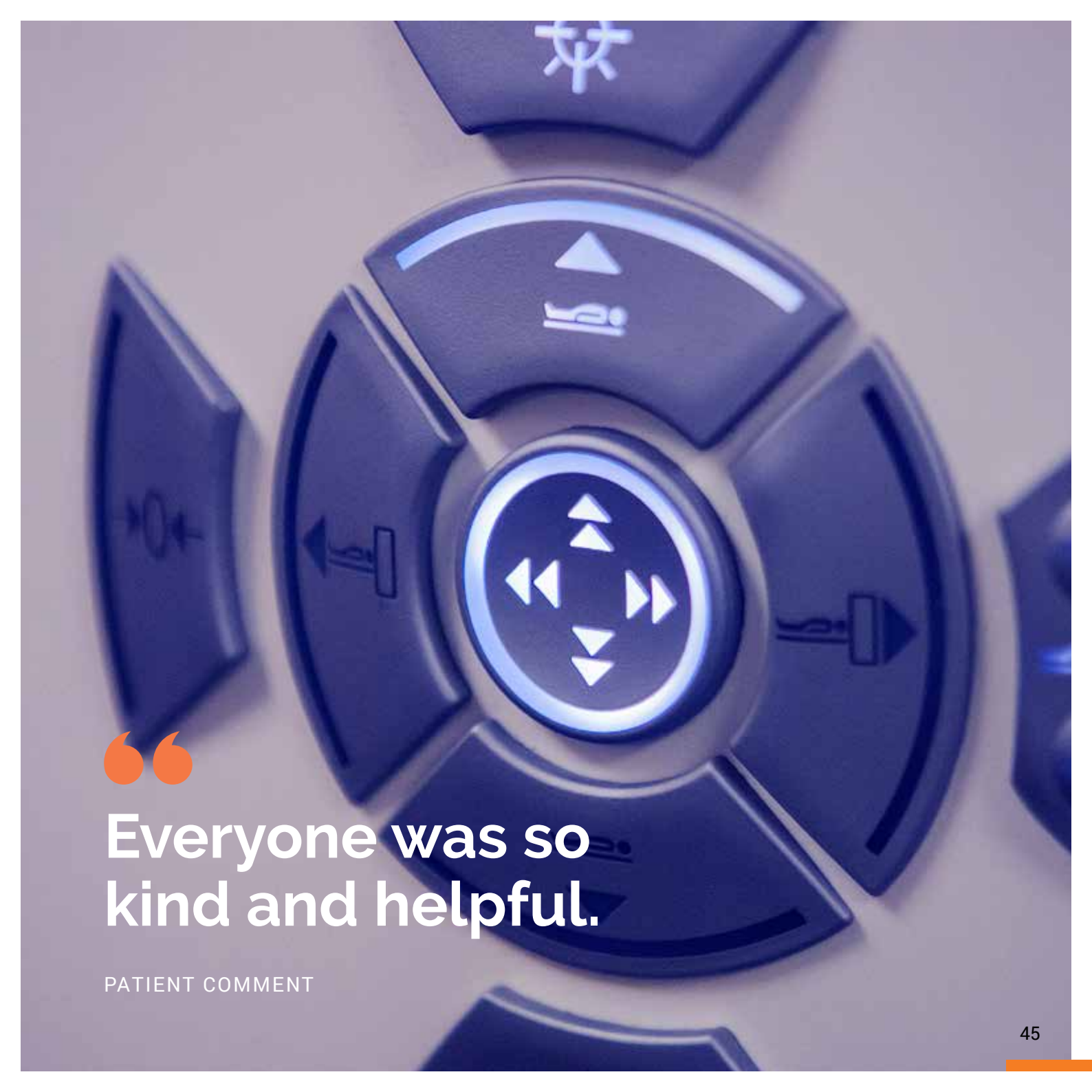
The twice-weekly service, run in partnership with InHealth and operating in addition to our long-established service at Mount Vernon, was launched when a new mobile scanner arrived at Stevenage's Lister Hospital during August 2020 to help patients have their cancer scans closer to home, potentially saving them 70-mile round trip to Paul Strickland Scanner Centre in Northwood. Up to 40 patients are scanned at the Lister Hospital site in Stevenage per week, following Paul Strickland Scanner Centre imaging protocols, with special designated slots available for patients who are on the rapid lung cancer diagnostic and care pathway.

All patients are booked by our dedicated bookings team and vetted by our radiographers. Our consultant team reports scans from both locations and we have expanded our core consultant group in order to meet the demands of the service.

Claire Strickland, Paul Strickland Scanner Centre CEO, said: "It's clear that the new service has significantly improved patient choice and access for those patients who would prefer to have their scans in Stevenage instead of having to travel to Mount Vernon.

“In particular patients from Luton, who have historically had markedly poor cancer outcomes, benefit from being able to have their scans in Stevenage, as car ownership amongst patients in this group can often be low and public transport links between Luton and Mount Vernon are relatively poor. We hope that improving access to cancer patients in Luton will improve health and cancer outcomes for this patient group.”

*The new mobile PET-CT scanner
being used for Stevenage
patients.*



Everyone was so kind and helpful.

PATIENT COMMENT

A decorative graphic in the top right corner consisting of a cluster of overlapping circles in various colors including light blue, green, yellow, and orange, arranged in a roughly triangular shape pointing towards the top right.

OBJECTIVE 4

To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.

A Siemens MRI scanner is shown from a perspective looking down the patient table. The scanner's gantry is open, and several axial brain MRI slices are displayed on the control console. The Siemens logo is visible on the top of the gantry.

SIEMENS

38

Peer reviewed accepted journal
publications by our clinical team between
1 October 2010 and 30 September 2021.

*+27% compared to the same
period the year before*

Source: PubMed.gov

CASE STUDY

Adding value to Mount Vernon

Mr Will McGuire, our Deputy Superintendent for MRI, shares how our newest MRI scanner is helping cancer patients' treatment

Just over three years after its installation in Mount Vernon Cancer Centre, our latest MRI scanner has become a vital part of radiotherapy treatment planning for patients, with work continuing unabated despite the effects of the pandemic.

The scanner was officially announced open for business in 2018 during a special ceremony involving MP Tim Farron, the chairman of the All-Party Parliamentary Group on Radiotherapy. Donations from Paul Strickland Scanner Centre supporters played an important part in making the scanner a reality.

Transforming treatment

Mr Will McGuire, Deputy Superintendent for MRI at Paul Strickland Scanner Centre, reports that the Siemens Magnetom Aera MRI scanner is transforming treatment for patients at Mount Vernon Cancer Centre.

He said: "Since getting the Aera, we've started doing more radiotherapy planning MRI scans than were done previously."

Before the Aera was installed, the cancer centre had an old MRI scanner which was used to scan brachytherapy patients, with very limited use apart from that.



The MP Tim Farron (left), Chair of the All-Parliamentary Group on Radiotherapy, during the opening of the new MRI suite in 2018. He is pictured with Prof Anwar Padhani, our Lead Consultant for MRI.

"Brachytherapy means a patient is given radiotherapy from inside the body. Radioactive sources are inserted into the tumour through needles and cancer is treated from the inside rather than the outside.

"Now we're scanning some of the external beam radiotherapy planning patients, which improves the quality of their radiotherapy treatment.

External beam radiotherapy scanning is where a patient has a tumour which needs radiotherapy and the medical team aims radiation from outside the patient to the site of the tumour. All this planning requires very high detail scans.

"Mount Vernon is one of the major centres nationally for brachytherapy. We scan up to 8 patients per week who require MRI scans as part of their brachytherapy, although the procedure is performed on more patients than that. Our nearest centre offering brachytherapy is The Royal Marsden, who only carry out one scan per week and overall, we carry out more brachytherapy scans than many other major centres."

Contributing MRI scanning expertise

Paul Strickland Scanner Centre adds significant value to the work of radiotherapy staff at MVCC. "We contribute our MRI scanning expertise to their workflows and have even started brachytherapy planning using MRI scanning only, which is a very promising innovation.

"We hope we will soon be able to eliminate the radiation doses from the CT scans that are currently used to plan brachytherapy treatment, replacing them with the MRI scans, which are free from ionising radiation. The goal is to ultimately improve those treatment plans in order to deliver the optimal dose to the tumour, for the best response possible." Reducing radiation is an important goal.

"Other exciting projects using the new scanner include the PROSTAGRAM trial, which showed that prostate cancer can be detected early using an MRI scan, even when there are no symptoms. We were also involved in work with the head and neck oncology team, looking at whether we can improve head and neck radiotherapy planning by adding some of the scans the Aera has enabled us to perform."

Will's role is to ensure the scanner is working as well as it can be and push the boundaries of what is possible with the equipment. He is trying to use some of the scanning sequences in novel ways for which they were not originally designed.

“For example, an MRI scan is traditionally used to show soft tissue detail, but we are now looking at using the MRI scan to create a CT-looking image, which eliminates unnecessary CT scans (MRI scans work using a magnetic field instead of radiation) and therefore avoids unnecessary radiation, plus there is theoretically an opportunity to make the treatment dose more accurate. “One of the new coils used by the scanner was paid for through fundraising and donations we received from our supporters. It has brought about improvements to the way we carry out liver scans in order to treat cancer in the liver more effectively.”

The future

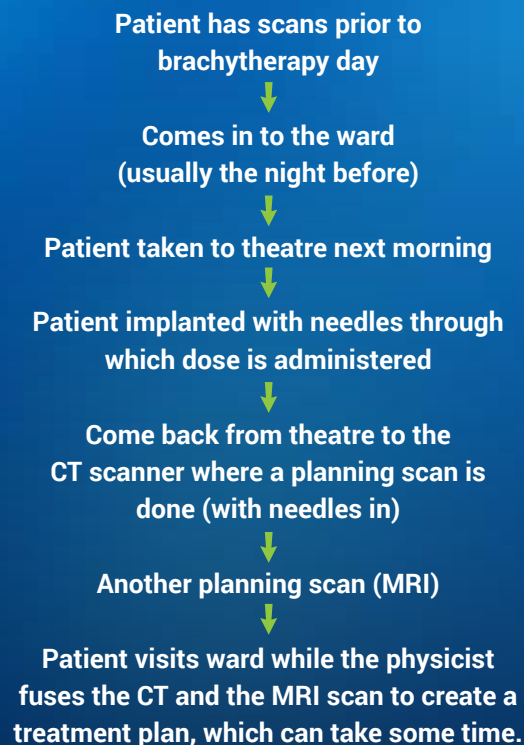
Will believes the scanner will make an even bigger difference in the years ahead: “In the future, the scanner will be used for a lot more radiotherapy planning. Now that oncologists know how good it can be and the sort of things we can do with it, they are keen to give more of their patients access to it as part of the radiotherapy planning process. The world-wide trend is for MRI to be used much more in the planning stage, so we will need to think about additional capacity in the future.”

Helping claustrophobic patients

“An added bonus of the Aera is that due to its wider bore (the scanner opening), the scanner is much better suited for claustrophobic patients.”

“It’s a fantastic piece of equipment – thank you to everyone who helped fundraise for it. Your donations make a huge difference.”

BRACHYTHERAPY PROCESS



In the meantime, the areas where the needles have been put can swell up and cause them to move slightly. This means the patients often have to have a third planning scan to make sure that the needles haven’t moved significantly since the treatment plan was designed. We hope that eventually we may be able to reduce the number of planning scans that are needed in order to avoid unnecessary visits.

Our consultant team

Dr Andrew Gogbashian
MB BS MRCS FRCR,
Consultant Oncological
Radiologist
Lead Consultant, CT



Dr Nemi Gandy
MBChB FRCR,
Consultant
Radionuclide
Radiologist



Dr Wai Lup Wong
BA (Hons) FRCP
FRCR, Consultant
Radiologist
Lead Consultant,
PET-CT




Dr Chun Lap Pang
FHEA PhD, MBBS
FRCR PGClinMed,
Consultant Radiologist




Professor Anwar Padhani
MB BS FRCP FRCR,
Consultant Radiologist
Lead Consultant, MRI





Dr Anthony Chambers

MB BS MRCP FRCR,
Consultant Oncological and
Radionuclide Radiologist



Dr Heminder Sokhi

MBChB MRCS FRCR,
Consultant Radiologist



Dr Subhadip Ghosh-Ray

BSc MBBS FRCR,
Consultant Head and
Neck Radiologist
Lead Consultant for
Information Technology



Dr James Diss

BSc (Hons) MBBS
PhD FRCR,
Consultant
Radiologist



Dr Amish Lakhani

MBBS MA (Cantab) FRCR,
Consultant Radiologist
Lead Consultant, Training



Dr Kathryn Wallitt

MBBS, BSc, FRCR,
Consultant
Radiologist, Nuclear
Medicine

CASE STUDY

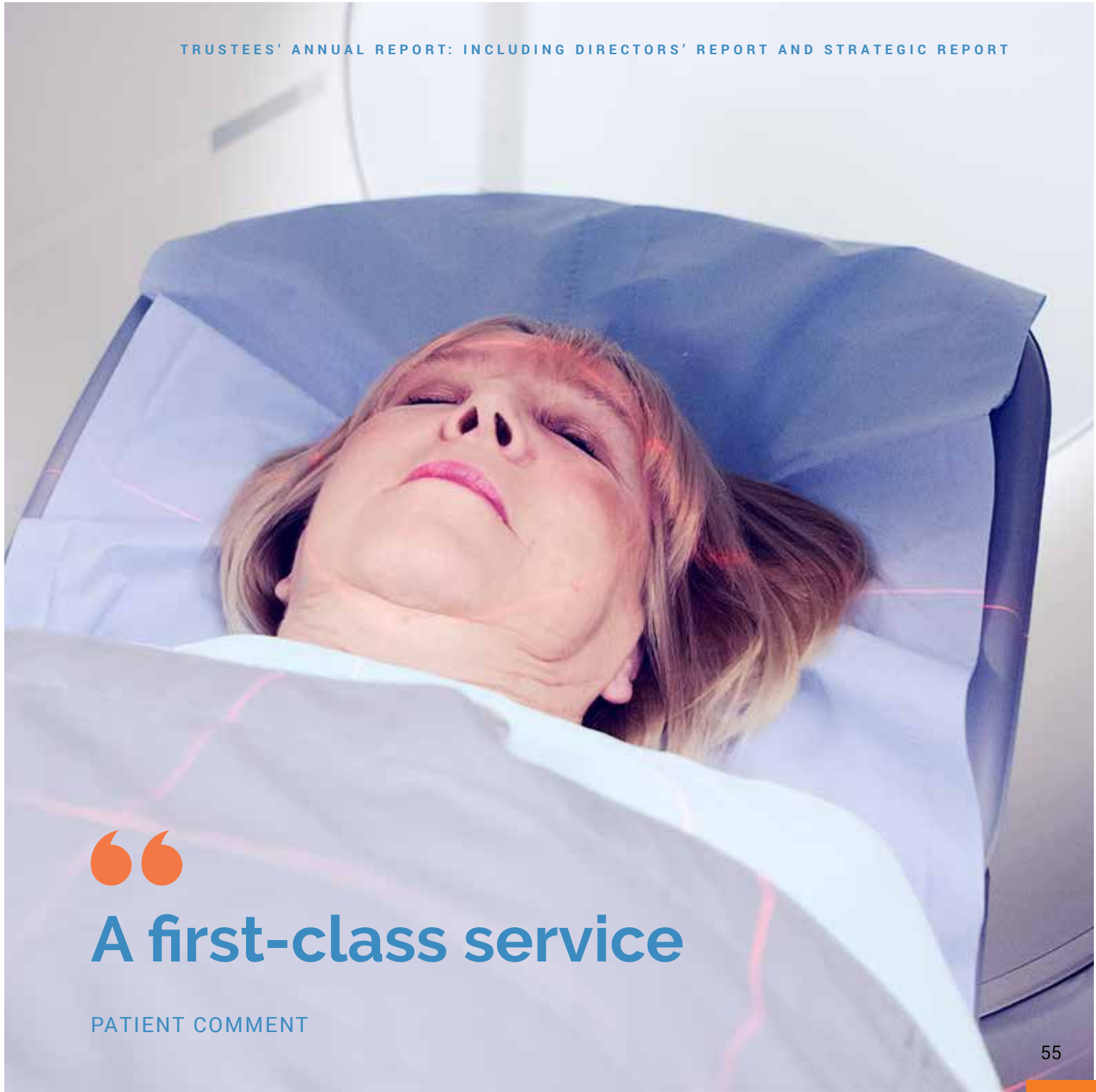
Centre joins project that could speed up cancer diagnosis

We've played a leading role in a pilot study for the Vague Symptoms Pathway (VSP), a programme that could one day lead to a faster diagnosis of cancer for patients.

The programme aims to find the quickest, most efficient way to reach a diagnosis in patients who visit their GP with non-specific symptoms. Although the risk is very low, these "non-specific" symptoms may sometimes be caused by a serious illness, such as cancer. By making a referral under the VSP, a GP can give their patients rapid access to diagnostic tests, including a CT scan, that could help catch cancer earlier.

Cherith Desmeules (pictured), our Superintendent Radiographer for CT, is leading the project at the centre. She said: "Getting clarity on whether or not someone has cancer early on can not only improve survival but can also avoid a lot of unnecessary anxiety for patients and their loved ones."





“

A first-class service

PATIENT COMMENT

CASE STUDY

Our leadership in whole-body MRI for cancer

Over 10,000 cancer patients have so far had whole-body MRI scans at Paul Strickland Scanner Centre, more than at any other centre in the world. Professor Anwar Padhani, our Lead Consultant for MRI and one of the first radiologists in the UK to use whole-body MRI to monitor cancer, explains the benefit of this increasingly valuable scanning technique and what the future might hold.

When Professor Padhani was first introduced to the concept of whole-body MRI scanning for cancer in 2012, it was being touted as a way of looking at lymphoma, a cancer of the body's lymphatic system. However, it was not long before he understood the potential of the technology for other cancers.

He said: "I quickly realised that the greatest application was going to be in bone disease – most importantly in breast cancer, prostate cancer and multiple myeloma. Thousands of patients with breast and prostate cancer in the UK develop bone-only metastases, which is extremely difficult to evaluate using current technologies.

“

First class care and attention received, very efficient but attentive.

PATIENT COMMENT

“These people need to be assessed regularly during their treatment. Traditionally, this has been done using bone and CT scans, however these can be unreliable and confusing when monitoring how patients are responding to treatment over time.

“We know, for example, that 70% of patients with advanced prostate cancer have bone-only disease. We know that 55% of women with breast cancer have bone-only disease and we know that 100% of patients with multiple myeloma will have bone disease.

“When we look at the number of deaths per year in myeloma as well as prostate and breast cancer, we can see the magnitude of the problem of therapy monitoring.”

Right mix of expertise and equipment

To be delivered effectively, whole-body MRI requires the right mix of expertise and equipment – both of which can be found at Paul Strickland Scanner Centre. Prof Padhani said: “Firstly, we have scanners that are able to perform the complex scanning techniques, and given our links with manufacturers of cutting-edge equipment, and our expertise in this area, we are often early adopters of new technology. Secondly, our staff routinely perform between 6 and 9 whole-body MRI scans per day, and after seeing many thousands of whole-body MRI patients, we have the capability within the centre to cope with the workload. Thirdly, we have close links with oncologists who understand the value of whole-body MRI for cancer.”

Prof Padhani predicts that whole-body MRI will be more widely adopted in the UK, although it is currently still experiencing the resistance faced by any new technology for a variety of reasons, not least the way many current treatments are still tied to some of the more traditional scanning techniques like bone and CT scans. In many cases, clinicians will not necessarily know what to do with the new information they get: “For example, an MRI scan might show earlier on that a patient’s disease has progressed than a bone or CT scan would, but the doctor might not have the evidence that intervening at an earlier stage would lead to a better long-term outcome for the patient.”

“Whenever you discover a new technology, you have to go through a number of steps until it is widely adopted in care, ranging from establishing efficacy to society deciding it is prepared to pay for the treatment or technology. In multiple myeloma, whole-body MRI is already accepted in the NICE guidelines, but in prostate cancer for example it is just

only entering consciousness and may never get there because of competing techniques such as PET-CT scans.”

Preventative health screening for rarer cancers

The use of whole-body MRI to carry out preventative screening for people with genetic predispositions to certain types of cancer is now an accepted premise: “The evidence is very good and it’s definitely worth doing.”

Nevertheless, whole-body MRI is currently only available on the NHS for patients who have a higher risk of developing certain types of rare cancers.

“With Li-Fraumeni syndrome, for example, the lifetime risk of developing a cancer is more than 70% for men and more than 90% for women. For those patients, whole-body MRI screening is available on the NHS and is hugely beneficial.

“Health policy makers go for the big killers like breast and prostate cancer, but they don’t go for the smaller killers, as finding them will not have the same impact from a health economics viewpoint. “Additionally, healthcare resources are limited and are therefore targeted at those who are at highest risk of developing disease.

“Preventative health screening is something we will see more of in the future.”

Helping to increase the use of whole-body MRI

According to Prof Padhani, there’s no doubt that the interest in whole-body MRI is rising in the UK, in particular from clinicians working in breast and prostate cancer. In order to increase the use of whole-body MRI in clinical practice, he organises training courses for radiologists as part of his work with the International Cancer Imaging Society. He said: “In January, we remotely trained 40 radiologists in how to read and report whole-body MRI scans.

“We’ve also announced two more training dates for July and half the places are already taken. We’re getting interest from radiologists across the world, including South America.” He compares the current situation to the way PET scans were first invented in the mid-70s but took a long time until they were widely adopted.”

Artificial intelligence

Prof Padhani also predicts that artificial intelligence (AI) will speed up the diagnostic process, which could give more patients access to whole-body MRI.

“At the moment, a whole-body MRI scan takes about 45 minutes, but with the help of AI, you may be able to cut that in half. The next thing that will happen is that AI will start to analyse the scan, highlighting abnormalities and changes that have occurred since last time.”

As it has taken six to seven years for AI prototypes to become available for analysing prostate cancer scans, Prof Padhani predicts it will take much longer to develop similar technology for whole-body MRI scanning: “You’re going from scanning one small organ for one disease to scanning the whole body for multiple diseases. The magnitude of the problem is completely different.”

Whatever the future might hold, we can be confident that Prof Padhani will ensure Paul Strickland Scanner Centre remains a leader in whole-body MRI for cancer.

This article was inspired by the paper *What's New for Clinical Whole-body MRI (WB-MRI) in the 21st Century*, co-authored by Prof Padhani and recently published in the British Journal of Radiology. For more details about the paper, see shorturl.at/fwAW3



I come every three months and not once have I experienced anything negative. Thank You.

PATIENT COMMENT

CASE STUDY

Showcasing our collaboration with Mount Vernon Cancer Centre

During the reporting period, a team drawn from across Paul Strickland Scanner and Mount Vernon Cancer Centre has been preparing for our second Oncological Imaging Course, scheduled for November 2021.

After receiving glowing delegate feedback for the first course in 2019, staff from across Paul Strickland Scanner Centre and Mount Vernon Cancer Centre prepared for a repetition of our popular and highly acclaimed Oncological Imaging Course.

Due to the pandemic, the event - aimed at radiologists and oncologists, trainees, diagnostic and therapy radiographers as well as other allied health professionals – has moved online. It gives

delegates insight into how the different disciplines work together in order to gain maximum benefit from each other's expertise.

The two-day event consists of 25 talks from leading cancer imaging and treatment experts and showcases the collaborative working relationship that has developed between charity and the cancer centre over the years and raises funds to help support the charitable work of Paul Strickland Scanner Centre.



Dr Hemi Sokhi, Consultant Radiologist at Paul Strickland Scanner Centre, speaking during our 2019 event.

Preparing for a major upgrade to Paul Strickland Scanner Centre

Our team have been working hard to prepare for a major upgrade to Paul Strickland Scanner Centre's MRI and PET-CT scanning capabilities.

The work will allow patients to benefit from the artificial intelligence revolution sweeping modern medicine. The upgrade involves the installation of two new MRI scanners and a new PET-CT scanner, as well as a revolution in our IT capabilities, vital to diagnosis and treatment planning in modern cancer care. In addition, a far-reaching refurbishment of the centre, including waiting area, will be undertaken. Donations and legacies from our supporters have played a significant role in making the multi-million pound upgrade, possibly the biggest in the centre's history, a reality.

All three scanners, manufactured by medical imaging industry market leader Siemens Healthineers, come with very advanced software which will make scans faster and provide better images to our radiologists, which in turn could lead to a more accurate diagnosis and better-informed treatment plans used by medical teams in patient care.



Bruno Ferreira (left) and Will McGuire (right) are leading on implementation of the scanner upgrades.



A decorative graphic in the top right corner consisting of a cluster of circles in various colors including light blue, green, yellow, and orange, arranged in a roughly circular pattern that tapers to the right.

OBJECTIVE 5

To improve staff engagement and organisational culture, ensuring patient safety as a top priority.

Strategy Team launched

Our Chief Executive Officer has formed a Strategy Team, made up of senior managers and a staff representative in order to strengthen organisational culture.

The team supports the CEO in the delivery of the Centre's Strategic and Operational Plans and overall management of the Centre. Responsibilities include:

- To be accountable for the provision and contextualisation of performance measures to the Board of Trustees
- To assure the Board that their decisions are translated into action and to take accountability for the delivery of optimal performance
- To oversee, monitor and work with the Centre teams to ensure effective delivery of safe practice, staff and service development, effective and efficient utilization of resources, and compliance with appropriate statutes, regulations and policies, as well as the implementation of decisions made by the Trustees and Strategy Team.
- To consider the implications of changes in legislation, regulations, and policies upon all stakeholders and to develop appropriate responses to them where necessary
- To work to ensure effective capacity planning and resource management and to inform the Board about any risks and budget implications.
- To identify opportunities, generate new ideas, and make effective plans for operational changes, based on evidence, that support the agreed strategic goals of the Centre.
- To work collaboratively with colleagues within and outside the organisation to ensure quality improvement, effective delivery, and coordination of priorities
- To take a whole-of-Centre view on internal proposals, ensuring that the needs of all stakeholders are adequately reflected

Wellbeing and Staff Engagement

The charity's Wellbeing, Intranet and Staff Engagement (WISE) Team carried out a number of activities as part of its ongoing programme to support and engage staff. Staff wellbeing has become even more important than before as a result of the understandable anxiety experienced by many healthcare workers due to the pandemic.

Some of the team's key activities during the reporting period included:

A review and revamp of the staff intranet

Our intranet has become an increasingly important internal communications tool in an age where we now have a mix of on-site and home-based workers who need to collaborate.

A staff lunch for both office and home workers

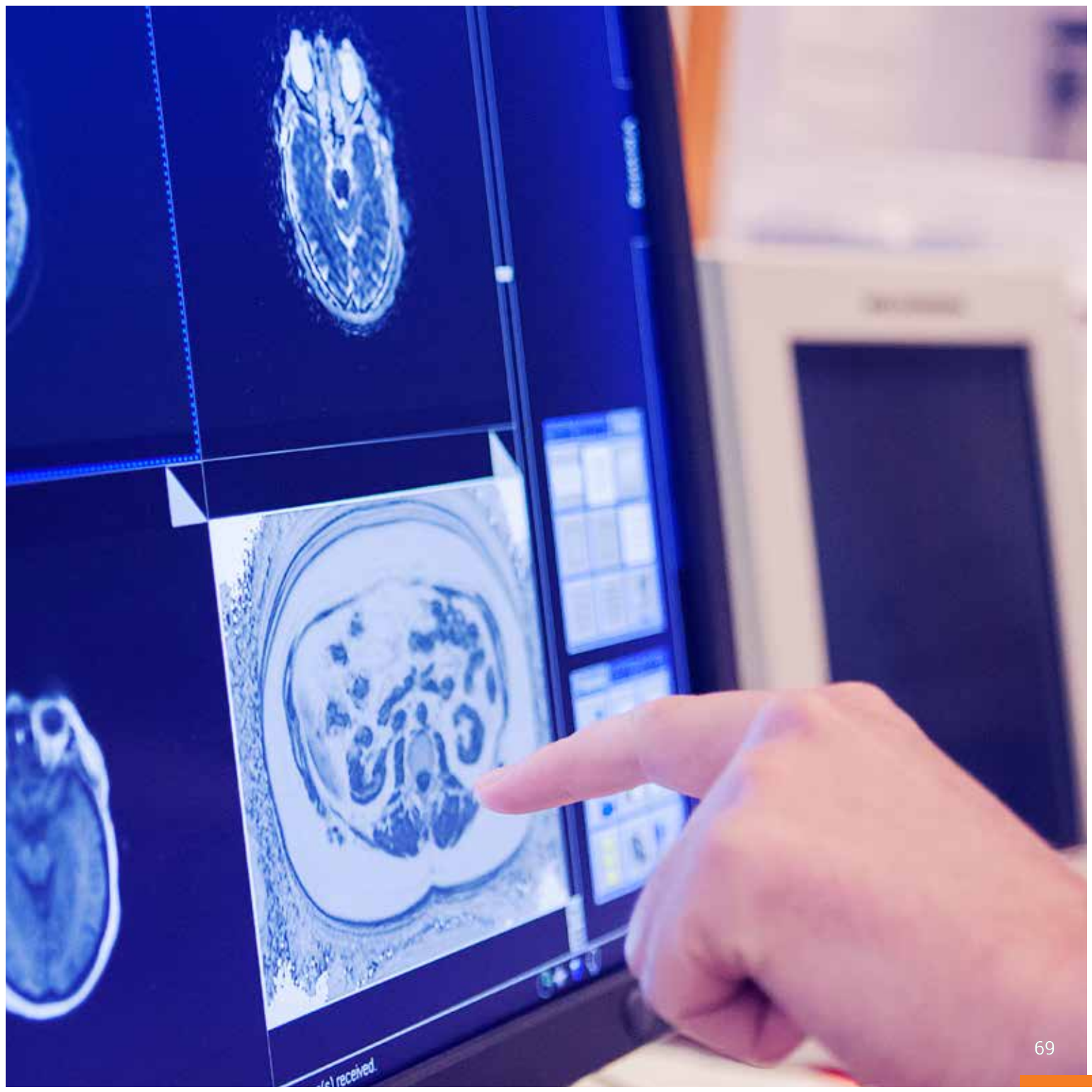
This thank-you event for all staff allowed us to show staff our appreciation, with both centre and home-based staff being treated to a pizza lunch to make them feel valued and keep up morale.

Appointment of staff Wellbeing Champions

Two members of the team volunteered to undergo training as wellbeing champions for the centre, providing support to colleagues as and when needed and referring those who need more specialist help on for further support.

A wellbeing and staff engagement afternoon workshop

As part of our Quality Improvement programme for staff, the WISE team organised and hosted an afternoon session during September which focusses on improving staff wellbeing and team building. Pierre du Bois, chair of the group, said: "Wellbeing has become a big priority and for that reason we have chosen this as the main focus of our work. Supporting the Wellbeing Champions will become an increasingly important part of our role going forward."



Wellbeing champions appointed

We've taken additional steps recently to support our staff, who are experiencing challenges to their wellbeing during the pandemic, in common with healthcare workers across the globe. Amongst these measures was the appointment of two staff members as Wellbeing Champions during 2021.

Bookings Team Lead and psychology graduate Sarah Case is one of our two Wellbeing Champions who operate across the organisation. She said: "The pandemic has been a very difficult time for some staff members and my fellow Wellbeing Champion Hema Clark and I have supported a number of co-workers after completing specialist training to support us in our role as wellbeing champions for Paul Strickland Scanner Centre.

"Amongst other things we have signposted some of our co-workers and also referred them to talking therapy services which has made a huge impact to their working life as well as their private life."

"Having two dedicated staff members that colleagues can come to for support when they need it has made people more open about discussing their mental health and seeking support when it is required, which has really helped improve staff engagement and organisational culture."

Bookings Team Lead and Wellbeing Champion Sarah Case (right)





QI afternoons

The centre hosts regular Quality Improvement (QI) afternoons for all staff. At these important all-staff education and engagement events, our people receive safety and other training relevant to their work at Paul Strickland Scanner Centre. During the pandemic, these meetings were held online.

A number of topics were covered during the reporting period, including staff wellbeing and engagement, clinical audit, patient experience and safety.



All staff very pleasant and patient, explained every procedure which puts you at ease.

PATIENT COMMENT

What it's like to work for us

'The centre is at the forefront of imaging excellence'

"I was given the opportunity to work at the Paul Strickland Scanner Centre, with a focus on imaging for gynaecological malignancies. The staff are very friendly, helpful and approachable, always putting patients first. Despite the constant changes and challenging circumstances of the COVID pandemic, it's clear to see that they have all pulled together to work as an efficient team. The centre is at the forefront of imaging excellence, with high quality scan images and advanced imaging techniques. I received excellent teaching from internationally-renowned consultants (in particular Professor Anwar Padhani) which has been integral in helping me to develop the skills I require in my profession. This has been an invaluable experience, which will put me in good stead for the rest of my career."

Dr Mariam Jacob FRCR, Radiology Registrar at Paul Strickland Scanner Centre



'I was inspired every day by the dedication and care they showed towards their patients and each other'



"Returning to work after maternity leave and navigating my way in the new pandemic world was definitely a challenge, but one that was made infinitely better by the wonderful and incredibly hard-working staff at the Paul Strickland Scanner Centre. They immediately made me feel like part of the family and I was inspired every day by the dedication and care they showed towards their patients and each other. Taking part in the weekly gynaecological cancer MDT with Professor Padhani allowed us to put forward a presentation for the European Congress of Radiology, focusing on the role of MRI in the diagnosis and post treatment complications of patients with advanced stage cancer of the cervix. I have learnt so much from all the patients throughout my time here and I will take this experience forward in my medical career."

*Dr Niharika Tyagi,
FRCR, Radiology Registrar at Paul Strickland Scanner Centre*

How we manage principal risks and uncertainties

At bi-monthly board meetings the Trustees continue to focus on major risks for the charity which would have a severe impact on operational performance as well as reputation, should they occur.

The Audit and Risk Committee, which is a sub-committee of the Board of Trustees, met three times during the reporting period. The work of the sub-committee is reported to the Board of Trustees.

The committee jointly reviews the centre's risk register and during the reporting period reviewed all risks on the register, including compliance, clinical risk, income, contracts (including PET-CT) and business continuity (including the impact of Covid-19 on the charity), costs, investments, succession planning, fundraising, growth, capacity and expansion as well as business approach and governance. Risks posed by the possible failure of MRI equipment, as well as PET-CT tracer shortages, were escalated to the committee from the modality risk registers and duly discussed and recorded. The Audit and Risk Committee updates the risk register after each meeting, which the board then reviews annually. The latest review by the Board took place on 17 September 2021.

We carry out surveys amongst patients and referrers to see how satisfied they are with our service. Our staff analyse the results, develop and implement action plans to make improvements which will improve the experience for both patients and the doctors who referred them. Clinical audit and peer review of reports form an important part of the overall quality review process and serve not only as a safeguard for patients, but also facilitate individual and collective learning. Reviewing and learning from internal audits, past scan reports and correct identifications of disease or otherwise provides a forum for learning and forms a body of evidence of reflective practice to support annual appraisals and revalidation.

Learning Meetings are held regularly to give radiologists an opportunity to discuss specific cases with learning points. The outcomes of the meeting are communicated to all our reporters by the radiology governance lead. Depending on the urgency of the feedback, prior or subsequent communications between staff and referrers take place through which any potential patient harm is minimised and the lesson learnt is appropriately shared. Through appraisals, reporters also

personally reflect on points learned and actions taken. The centre has a reciprocal peer review arrangement with University College London Hospitals (UCLH) for PET-CT scan reports.

FINANCIAL REVIEW

Full details of the Charity's finances during the year are set out in the attached financial statements. The total income of £8.450m (2020: £7.471m) is greater than the previous year's figure by £979k (13%).

Total income from charitable activities was £6.941m (2020: £6.760m), an increase of £181k (3%). The number of scans carried out is the principal activity driver for the Charity; the total number of scans performed during the year was 16,176, compared to 15,116 in the whole of 2019/20, an increase of 1,060 scans (7%). The mix of scans conducted has a bearing on total revenue achieved because of the pricing structure. Total scan numbers in recent years are as follows:

2017	17,358	2020	15,116
2018	17,915	2021	16,176
2019	16,955		

Despite the significant impact COVID-19 has had, the Charity generated a surplus of £584k (2020: £241k). Total expenditure increased by £637k from £7,230k to £7,866k. Despite £66k decrease in Covid cost to £36k, employee cost increased by £367k, rentals payable under operating leases increased by £219k. Depreciation charges increased by £61k to £528k, contributing to a rise in overall expenses. The variable nature of many of the Charity's costs means that changes in activity will contribute to the overall changes in particular cost elements.

The surplus generated increased from £241k to £584k; the result is a good outcome for the Charity, given COVID-19's impact on operations. The Charity needs to generate a surplus, year on year, to enable it to continue to invest in new scanners, associated equipment and other advanced technology as well as provide the services which are in such demand. In the year under review the Charity invested £380k in Health Managed service and system upgrades. Depreciation charged on fixed assets was £528k. The financial position of the Charity has improved further, with total net assets of £13.937m (2020: £13.353m).

COVID-19 has had a significant impact on the Charity's activities during the financial period ending September 2021. The Charity has effectively developed incident management plans specific to the COVID-19 crisis. The disaster response and resource allocation include planned investment in Health Managed Service Systems.

Structure, Governance and Management

TRUSTEES AND THEIR INTERESTS

Paul Strickland Scanner Centre is a charitable company, limited by guarantee. It is a registered charity governed by its Articles of Association and it does not have share capital, therefore, there are no Trustees' interests.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

Our Trustees (who are also directors of Paul Strickland Scanner Centre for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Financial Statements in accordance with applicable laws and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, our Trustees are required to:

- Observe the methods and principles in the Charities SORP 2019 (FRS 102);
- 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 charity will continue its activities;

A close-up photograph of a man with dark hair, wearing a dark sweater over a light blue collared shirt and glasses hanging from his neck. He is looking towards the left of the frame with a focused expression. In the foreground, the back of a person's head and shoulder, wearing a white medical coat, is visible, suggesting a clinical or consultation setting. The background is softly blurred.

“

**Really helpful and great
I was able to have both
scans, saving another
journey.**

PATIENT COMMENT

Our Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

HOW WE WORK

The governing document of Paul Strickland Scanner Centre is its Articles of Association, and policy decisions are made by our Board of Trustees. As set out in the Articles of Association, new Trustees may be appointed by the existing Trustees by resolution but must retire from office at the next general meeting and shall be eligible for election at that meeting.

At each annual general meeting one third of the Trustees must retire from office. The Trustees to retire by rotation shall be those who have been longest in office since their last appointment. A Trustee shall not hold office for more than nine consecutive years and shall not be eligible for appointment or re-election upon the expiry of such period until a period of twelve months has elapsed since they retired as a Trustee. There shall be a minimum of three and a maximum of twelve Trustees. Our Trustees come from a variety of backgrounds and have been carefully chosen because of their qualifications, experience, or connection to our cause and patient community.

Our chief executive officer is Claire Strickland. She isn't on the board and the Trustees have delegated the daily running of the charity to her and she is supported by the staff team. Claire and her leadership team are accountable to the Board of Trustees, who meet six times per year.

NEW TRUSTEES

When we need a new Trustee to join our board, we invite candidates to the centre, show them around and tell them about our work. Candidates are selected by interview involving at least two Trustees. They also meet the other Trustees and get the opportunity to ask them about the charity and the work of the board. We circulate their CV to the existing Trustees and provide the candidate with an information pack about the different types of scans at the centre, our financial situation and the latest financial statements. Once their appointment has been agreed by the board, we provide new Trustees with copies of our governing documents.

This includes the board terms of reference, statement of Trustee liability, frequency and timings of board meetings, a list of current Trustees, organisational structure, our current strategic plan and summary of all insurance policies. Each Trustee takes part in a carefully designed induction programme to help them understand how we help patients and their families as well as what their responsibilities are.

INVESTMENT POWERS

Under the Articles of Association, our Trustees have the power to decide which investments are best for the charity. We follow a cautious investment strategy and have taken careful steps to make sure that our reserves are not put at undue risk.

During the period and at the Balance Sheet date, most of our cash reserves have been put in short term fixed deposit accounts spread across a range of institutions. This is a prudent approach and deposits are held in short term account of usually no longer than 6 months maturity so that we remain flexible. Unfortunately interest rates remain low.

RESERVES POLICY STATEMENT

Paul Strickland Scanner Centre's policy on reserves is consistent with the recommendations published by the Charity Commission SORP. Reserves are established and reviewed to ensure that the charity retains a level of funds to meet its forward obligations and to ensure it can reasonably maintain a level of service in line with its objectives. The total net assets are £13,937k of which £91k represents restricted funds; £7,313k has already been designated to fund critically important capital and equipment projects. General unrestricted funds equal our free reserves at a total of £6,532k. It is our policy to keep free reserves at a level that would cover running costs (including staff salaries and associated costs) for 9 to 12 months. This is to spend in emergencies and to protect the interests of our patients and allows for complex and long-standing specialist clinical care pathways to be redirected, in the unlikely event that the charity should be wound up. The Trustees of the charity recognise that the operational life of the scanning equipment in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment.

STAFF PAY AND CONDITIONS

Pay and conditions of staff are determined nationally, as set out in the NHS Terms and Conditions of Service Handbook and subject to a national job evaluation scheme.

CRITERIA OR MEASURES USED TO ASSESS SUCCESS IN THE REPORTING PERIOD

A set of key performance indicators is in place and these are measured throughout the reporting period, so that Trustees can assess the charity's performance and results against its objectives to ensure the charity is working towards meeting them. It is reviewed and discussed at board meetings. The measures include activity, quality, patient experience and contract compliance and these are discussed in the relevant earlier sections of the report.

FUNDRAISING COMPLIANCE

The fundraising team at Paul Strickland Scanner Centre organises events and other fundraising activities in the local community. During the pandemic, much of this activity took place virtually via the internet, however Government guidance did allow us to restart some of our popular events, such as our annual Charity Golf Day. During the reporting period, Paul Strickland Scanner Centre did not involve commercial partners or external fundraising professionals. Paul Strickland Scanner Centre has signed up to the Fundraising Regulator's Code of Fundraising Practice. The team keeps up to date with the latest developments and best practice by attending conferences and webinars throughout the year. Volunteer fundraisers are given a briefing by the Information Governance lead before they raise funds for Paul Strickland Scanner Centre. All direct marketing is undertaken by the fundraising team to ensure that it is not unreasonably intrusive or persistent. Contact is made through direct marketing four times a year with our supporter magazine, as well as through relevant emails to those who have consented to receiving email. We closely follow UK-GDPR guidelines. All marketing material contains clear instructions on how a person can be removed from mailing lists. No complaints for conduct that contravenes the Fundraising Regulator's Code of Practice were received by the department in this period.

BOARD OF TRUSTEES

The Trustees serving during the year and since year end were as follows:

Dr Roberto Alonzi

Mr John Andrews (appointed 20 November 2020, resigned 18 June 2021)

Prof Shelley Heard (resigned 25 February 2022)

Mrs Nimisha Jadeja (appointed 16 April 2021)

Mr Patrick (Paddy) Kelly (Treasurer until resigned 16 April 2021)

Ms Joanne Langfield (appointed 16 April 2021)

Mr Dilip Manek

Ms Amy Page (appointed 16 April 2021, resigned 22 April 2022)

Mr Daniel Ross (Treasurer)

Mr George Wharton

Mrs Cathy Williams (Chair since 16 April 2021, previously Secretary)

Dr Terence Wright (Chairman until resigned 16 April 2021)

A photograph of a man with grey hair looking up at a healthcare professional in a clinical setting. The man is wearing a dark blue shirt and has a slight smile. The healthcare professional is wearing glasses and a white coat. The background shows medical equipment and a desk lamp.

“

Staff were extremely friendly and helpful.

PATIENT COMMENT

Other administrative details

Company Number: 02033936

Charity registration number: 298867

Registered office: Paul Strickland Scanner Centre, Mount Vernon Hospital,
Rickmansworth Road, Northwood, HA6 2RN

Principal Bankers: Barclays Bank plc.

Solicitors: Veale Wasbrough Vizards

Auditors

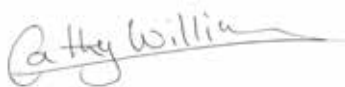
Our auditors, Nunn Hayward LLP, are deemed to be reappointed under section 487(2) of the Companies Act 2006. Their address is: Nunn Hayward LLP, Chartered Accountants and Statutory Auditor, 2-4 Packhorse Road, Gerrards Cross, Buckinghamshire, SL9 7QE.

RELATED PARTIES

Details of transactions with Trustees and other related parties are given in Note 16 to the financial statements.

STATEMENT OF DISCLOSURE TO THE AUDITORS

So far as the Trustees are aware, there is no relevant audit information (as defined by Section 418 of the Companies Act 2006) of which the charity's auditors are unaware, and each Trustee has 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 charity's auditors are aware of that information. In approving the Trustees' Annual Report, we also approve the strategic report included therein, in our capacity as company directors.



Mrs Cathy Williams,

Chair of the board of Trustees, dated 22 April 2022

On behalf of the Board of Trustees



Independent auditors' report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

We have audited the financial statements of Paul Strickland Scanner Centre (the 'charitable company') for the year ended 30 September 2021 which comprise the statement of financial activities, the balance sheet, cash flow statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2021 and of its incoming resources and application of resources, including its income and expenditure, 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

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's

Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and

- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report.

We have nothing to report in respect of the following matters where 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 trustees' and directors' remuneration specified by law are not made or;
- we have not received all the information and explanations we require for our audit

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Statement of Trustees Responsibilities set out on page 78, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, then designed and performed audit procedures that addressed these risks in order to obtain sufficient and appropriate audit evidence to provide a basis for our opinion. These procedures and the extent to which they are capable of detecting irregularities, including fraud, are detailed below.

- Enquiry of management and those charged with governance around actual and potential litigation and claims.
- Enquiry of the charitable company's staff in accounting, tax and compliance functions to identify any instances of non-compliance with laws and regulations having a direct effect on the financial statements including the Companies Act 2006, the Charities Act 2011 and the Charities SORP (FRS 102).
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with the above mentioned laws and regulations,
- Enquiry of the charitable company's staff in accounting, tax and compliance functions to identify any instances of non-compliance with other laws and regulations which do not have a direct effect on the financial statements but compliance with which could be fundamental to the charity's ability to operate or to avoid a material penalty, including CQC regulations.
- Reviewing minutes of meetings of those charged with governance including their own assessment of significant risks as carried out and reported by the Audit and Risk Committee

- Auditing the risk of management override of controls, including through testing journal entries and other adjustments for appropriateness, and evaluating the business rationale of significant transactions outside the normal course of business.

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.

This report is made solely to the charitable company's members (who are also the trustees for the purposes of charity law and the company's members and directors for the purposes of company law), as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's trustees, as a body, in accordance with regulations made under section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

A handwritten signature in black ink that reads "Nunn Hayward". The signature is written in a cursive, slightly slanted style.

Tom Lacey (Senior Statutory Auditor)

for and on behalf of Nunn Hayward LLP, Statutory Auditor

Nunn Hayward LLP is eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006

2-4 Packhorse Road, Gerrards Cross, Buckinghamshire SL9 7QE

Date: 22 April 2022.

Statement of financial activities

(including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2021 £	Total 2020 £
INCOME						
Donations and legacies	3	1,266,259	-	33,953	1,300,212	478,512
<i>Income from charitable activities:</i>						
Clinical services	3	6,841,333	-	-	6,841,333	6,565,472
Research	3	99,764	-	-	99,764	194,702
Investment income	3	208,871	-	-	208,871	232,183
TOTAL INCOME	15	8,416,227	-	33,953	8,450,180	7,470,869
EXPENDITURE						
<i>Costs of raising funds:</i>						
Costs of generating voluntary income	5	155,093	-	-	155,093	161,743
Charitable activities	6	7,703,435	-	7,889	7,711,324	7,068,119
TOTAL EXPENDITURE	15	7,858,528	-	7,889	7,866,417	7,229,862
NET (EXPENDITURE) INCOME		557,699	-	26,064	583,763	241,007
TRANSFER BETWEEN FUNDS	15	(372,975)	(372,975)	-	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		184,724	(372,975)	26,064	583,763	241,007
RECONCILIATION OF FUNDS						
FUNDS BROUGHT FORWARD	14,15	6,347,773	6,940,268	65,059	13,353,100	13,112,093
FUNDS CARRIED FORWARD	14,15	6,532,497	7,313,243	91,123	13,936,863	13,353,100

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 96 to 113 form part of these financial statements.

Balance sheet

FOR THE YEAR ENDED 30TH SEPTEMBER 2021


		2021		2020	
	Notes	£	£	£	£
FIXED ASSETS					
Tangible assets	8		1,306,306		1,498,999
Investments	9		6,006,937		5,441,269
			<u>7,313,243</u>		<u>6,940,268</u>
CURRENT ASSETS					
Debtors	10	4,336,999		3,385,956	
Cash at bank and in hand	9	<u>6,959,906</u>		<u>6,058,121</u>	
		11,296,905		9,444,077	
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR					
Creditors and accruals	11	<u>4,673,285</u>		<u>3,031,245</u>	
NET CURRENT ASSETS			6,623,620		6,412,832
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>13,936,863</u>		<u>13,353,100</u>
TOTAL NET ASSETS			<u>13,936,863</u>		<u>13,353,100</u>
FUNDS:					
Unrestricted funds:					
- General funds	15		6,532,497		6,347,773
- Designated funds	15		7,313,243		6,940,268
Total unrestricted funds			<u>13,845,740</u>		<u>13,288,041</u>
Restricted funds	15		<u>91,123</u>		<u>65,059</u>
			<u>13,936,863</u>		<u>13,353,100</u>

Balance sheet (continued)

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

These financial statements were approved at a meeting of the Trustees held on 22 April 2022.

TRUSTEES



Mrs Cathy Williams, Chair



Mr Daniel Ross, Treasurer

Company number: 02033936

Registered Charity number: 298867

The notes on pages 96 to 113 form part of these financial statements.

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

	Notes	2021 £	2020 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash provided by operating activities	1	1,788,257	1,495,694
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		14,770	22,257
Purchase of tangible fixed assets		(446,164)	(205,442)
Disposals of tangible fixed assets		110,590	
Net cash provided by investing activities		(320,804)	(183,185)
CASH FLOWS FROM FINANCING ACTIVITIES			
Interest paid on finance leases		–	(2,981)
Net cash used in financing activities		–	(2,981)
INCREASE IN CASH AND CASH EQUIVALENTS		1,467,453	1,309,528
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		11,499,390	10,189,862
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	12,966,843	11,499,390

Notes to the cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

1. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2021	2020
	£	£
Net income and net movement in funds for the year (as per the Statement of Financial Activities)	583,763	241,007
Adjustments for:		
Depreciation charges	528,267	467,062
Interest received	(14,770)	(22,257)
Interest paid	0	2,981
(Increase)/decrease in debtors	(951,043)	(225,512)
Increase/(Decrease) in creditors	1,642,040	1,032,413
Net cash provided by operating activities	1,788,257	1,495,694

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2021	2020
	£	£
Fixed asset investments - term deposits	6,006,937	5,441,269
Cash at bank and in hand	6,959,906	6,058,121
	12,966,843	11,499,390

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

1. STATUTORY INFORMATION

Paul Strickland Scanner Centre is a company limited by guarantee registered in England and Wales (company number 02033936). The liability of the members (who are also the trustees) is limited to £1 each in the event of winding up. The charity's registered and principal office is Mount Vernon Hospital, Northwood, Middlesex, HA6 2RN.

The accounts are presented in £ Sterling and rounded to the nearest £1.

2. STATEMENT OF ACCOUNTING POLICIES

The accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

2.1 Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

Paul Strickland Scanner Centre meets the definition of a public benefit entity under FRS 102. The financial statements are prepared on a going concern basis and under the historic cost convention unless otherwise stated in the relevant accounting policy note(s).

These financial statements are prepared in accordance with applicable charity and company law.

2.2 Income

Income is credited to the statement of the financial activities in the period to which it relates. With the exception of voluntary income arising from legacies, donations and gifts, all income is credited to the statement of financial activities on a receivable basis.

Income from donations and gifts is recognised on a cash received basis. Income from pecuniary legacies are recognised as receivable once probate has been granted and notification has been received. Residuary legacies are recognised as receivable once probate has been granted, provided that sufficient information has been received to enable valuation of the charity's entitlement.

Income tax recoverable in respect of gift aid donations received to 30 September 2021 has been accrued for in these financial statements.

Fees receivable for scans are brought into the financial statements on the date on which the services are provided by the scanner centre.

Investment income is recognised on a receivable basis.

Grants received, which relate to a specific period of time, are dealt with on an accruals basis.

2.3 Donated services

The charity is not in receipt of any donated goods or services. In accordance with the Charities SORP (FRS 102), the economic contribution of general volunteers is not recognised in the accounts.

2.4 Expenditure

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates.

Costs of raising funds comprises the costs associated with attracting and managing donated income.

Expenditure on charitable activities comprises services identifiable as wholly or mainly in support of the company's charitable and operational work. These costs are regarded as an integral part of carrying out the direct charitable objectives of the charity and include an appropriate proportion of overhead costs. Research and development expenditure is written off in the statement of financial activities in the year in which it is incurred.

Governance costs comprises expenditure incurred for constitutional and statutory requirements and are included within expenditure on charitable activities.

Support costs are costs indirectly incurred by the charity in supporting its charitable activities. They include the central functions and have been allocated to categories on a basis consistent with the use of resources.

2.5 Tangible fixed assets

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Land and buildings leasehold - over the length of the lease

Property improvements - over the length of the lease

Scanners - between 5 - 7 years straight line

Scanner upgrades - between 4 - 6 years straight line

Equipment - 25% straight line

Where significant building costs are incurred in order to install the new scanners, these costs are capitalised and depreciated in line with the respective scanner. General property improvements are depreciated over the remaining length of the lease.

At the year end fixed assets are reviewed to determine whether there is any indication that those assets have suffered impairment loss. If there is an indication of possible impairment, the recoverable amount of any affected assets is estimated and compared to its carrying amount. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised in the statement of financial activities.

If an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but not in excess of the amount that would have been determined had no impairment loss been recognised for the assets in prior years. A reversal of an impairment loss is recognised immediately in the statement of financial activities.

2.6 Investments

Investments are deposits held at bank which have been set aside for future capital expenditure and equals the amount of designated funds.

2.7 Debtors

Fees receivable and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid based on the cost value of the expenditure suffered.

2.8 Cash at bank

Cash at bank includes cash held in current, deposit and treasury deposit accounts and excludes amounts recognised under investments.

2.9 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or reliably estimated. Creditors and provisions are normally recognised at their settlement amount.

2.10 Finance and operating leases

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership of the leased asset to the charity. All other leases are classified as operating leases.

Assets held under finance leases are recognised initially at fair value of the leased asset at the inception of the lease. The corresponding liability to the lessor is included in the balance sheet as a finance lease obligation. Lease payments are apportioned between finance charges and a reduction of the lease obligation using the effective interest method so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the statement of financial activities. Assets held under finance leases are included in tangible fixed assets and depreciated and assessed for impairment in the same way as owned assets.

Rentals payable under operating leases are charged on a straight-line basis over the term of the lease. The aggregate benefit of lease incentives are recognised as a reduction to the expense recognised over the lease term on a straight line basis.

2.11 Taxation

The company is a registered charity and, therefore, is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities if applied for charitable purposes.

2.12 Funds

Unrestricted funds (general funds and designated funds) are those funds expendable at the discretion of the trustees in accordance with the charitable objects.

Restricted funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor imposed conditions.

2.13 Financial instruments

The charity only has financial assets and liabilities of a kind that qualify as basic financial instruments, cash at bank, debtors and creditors. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2.14 Judgements and estimation

Preparation of the financial statements requires management to make significant judgements and estimates. The items in the financial statements where judgements and estimates have been made include:

Useful economic life of tangible assets

The annual depreciation charges for tangible assets are sensitive to changes in the estimated useful economic lives and residual values of the assets. The useful economic lives and residual values are amended when necessary to reflect current estimates, based on technological advancement, future investments, economic utilisation and physical condition of the assets.

3. INCOME

Donations and legacies	2021	2020
	£	£
Donations, gifts and funds raised	260,567	214,944
Legacies	999,183	239,940
Gift Aid recoverable on donations	40,462	23,628
	<u>1,300,212</u>	<u>478,512</u>
Income from charitable activities	2021	2020
	£	£
Fees from patients and health authorities	6,841,333	6,565,472
Research - general	99,764	194,702
	<u>6,941,097</u>	<u>6,760,174</u>
Investment income	2021	2020
	£	£
Royalties receivable	49,105	64,930
Cyclotron rental income	144,996	144,996
Bank interest and bank treasury deposit interest receivable	14,770	22,257
	<u>208,871</u>	<u>232,183</u>

4. NET INCOME

	2021	2020
	£	£
<i>Net income is stated after charging:</i>		
Operating lease rentals	573,976	354,527
Auditors' remuneration - audit	10,000	10,000
Auditors' remuneration - accountancy services	8,000	8,000
Depreciation	528,267	467,062

5. COSTS OF RAISING FUNDS

	2021	2020
	£	£
Fundraisers' salaries and assistance	119,341	126,922
Event costs	8,710	5,821
Printing and mailing	17,310	17,295
General expenses	9,732	11,705
	155,093	161,743

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs	Support Costs	Governance Costs	Total
	£	£	£	£
2021				
Costs of generating funds:				
Fundraising and related activities	155,093	-	-	155,093
Charitable activities:				
Clinical services	6,670,544	1,018,680	22,100	7,711,324
Research	-	-	-	-
	6,670,544	1,018,680	22,100	7,711,324
	6,825,637	1,018,680	22,100	7,866,417
2020 - Comparative information				
Costs of generating funds:				
Fundraising and related activities	161,743	-	-	161,743
Charitable activities:				
Clinical services	5,988,360	1,057,659	22,100	7,068,119
Research	-	-	-	-
	5,988,360	1,057,659	22,100	7,068,119
	6,150,103	1,057,659	22,100	7,229,862
SUPPORT COSTS		Staffing Costs	Other Costs	Total
2021		£	£	£
Clinical services		341,078	677,602	1,018,680
2020 - Comparative information				
Clinical services		274,474	783,185	1,057,659

Support costs represent the staffing costs which are not directly attributable to the clinical services of the charity and other costs including insurances, building costs and general office expenditure which are again, not directly attributable to clinical services. No allocation of support costs has been made to either the research or fundraising functions of the charity as these are deemed to be negligible.

7. ANALYSIS OF TOTAL STAFFING COSTS

The East and North Hertfordshire NHS Trust employs staff under joint contracts with the charity. The Trust administers the payroll and the charity is recharged for its share of the associated costs. These recharges are detailed below::

	2021	2020
	£	£
Wages and salaries	2,742,577	2,603,132
Social security	255,062	242,091
Pension	294,532	281,102
	<u>3,292,171</u>	<u>3,126,325</u>

During the year, emoluments of recharged staff earning in excess of £60,000 was as follows:-

	2021	2020
	No.	No.
£60,000 to £70,000	8	5
£70,000 to £80,000	1	2
£80,000 to £90,000	2	1
£90,000 to £100,000	2	2
£100,000 to £110,000	1	1
£110,000 to £120,000	1	0
£130,000 to £140,000	1	0
£150,000 to £160,000	0	1

The average number of staff analysed by function was as follows:-

	2021	2020
	No.	No.
Medical and radiographic	60	56
Clerical and administration	9	8
	<u>69</u>	<u>64</u>

Key management comprise the trustees and the leadership team. Total remuneration of key management in the year (including gross pay, social security and pension contributions) was £1,273,009 (2020: £1,344,478). The cost of trustees' indemnity insurance borne by the charity was £1,947 (2020: £1,706). The trustees did not receive any remuneration or fees for their services to the charity during the year under review.

8. TANGIBLE FIXED ASSETS

	Leasehold Land & Buildings £	Property Improvements £	Scanners £	Equipment £	Total £
Cost					
At 1 October 2020	2,091,883	1,045,070	6,397,962	2,013,691	11,548,606
Additions	-	-	420	445,744	446,164
Disposals	-	-	-	(110,590)	(110,590)
At 30 September 2021	2,091,883	1,045,070	6,398,382	2,348,845	11,884,180
Depreciation					
At 1 October 2020	2,091,883	942,303	5,212,245	1,803,176	10,049,607
Charge for the year	-	20,681	391,422	116,164	528,267
Disposals	-	-	-	-	-
At 30 September 2021	2,091,883	962,984	5,603,667	1,919,340	10,577,874
Net book value					
At 30 September 2021	-	82,086	794,715	429,505	1,306,306
At 30 September 2020	-	102,767	1,185,717	210,515	1,498,999

The expenditure on land buildings as shown above does not include the cost of the main building housing the Scanner Centre. Had these costs been capitalised then they would have been fully depreciated by 30 September 2005.

9. CASH AND CASH EQUIVALENTS

	2021	2020
	£	£
Investments - cash at bank and on deposit	6,006,937	5,441,269
Cash at bank and in hand	6,959,906	6,058,121
Cash and cash equivalents	12,966,843	11,499,390

Amounts included in investments represent cash at bank and other cash investments set aside by the charity as planned capital expenditure over the next three financial years. As such, capital preservation of these funds is deemed to be of paramount importance and in order to minimise risk, the charity has decided that these funds should be held in cash deposits which are geared to mature in line with the planned capital expenditure schedule.

10. DEBTORS

	2021	2020
	£	£
Interest receivable	-	9
Fees receivable	3,165,422	2,804,106
Prepaid scanner maintenance costs	258,846	284,361
Other debtors	5,227	36,491
Prepayments	105,888	113,426
Legacies receivable	801,616	147,563
	4,336,999	3,385,956

Included in fees receivable is £2,416,595 (2020: £2,226,399) due from East and North Hertfordshire NHS Trust.

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021	2020
	£	£
Trade creditors	306,076	297,754
Accruals and deferred income	472,812	361,033
Other creditors - East and North Hertfordshire NHS Trust	3,870,225	2,354,031
Value added Tax	24,172	18,427
	<u>4,673,285</u>	<u>3,031,245</u>

12. FINANCIAL COMMITMENTS

At 30 September 2021 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2021	2020
	£	£
Operating and service contracts which expire:		
Less than one year	250,477	408,315
Over one year but less than five	294,048	405,680
Over five years	131,250	156,250
	<u>675,775</u>	<u>970,245</u>

Financial commitments on scanner maintenance agreements will lapse when the related scanner is replaced. The financial commitments on such agreements are recognised over the estimated remaining life of the scanners.

13. CAPITAL COMMITMENTS

The Trustees regularly review the need to upgrade or replace scanners in order to maintain operational efficiency and offer up to date medical imaging to patients. To achieve these objectives, as at the year end, the charity had placed an order for a new PET CT scanner for £1.9m. The Trustees expect a further £1.5m to be spent on installation and associated costs for this scanner over the next two years.

Since the year end the charity has commenced a project to replace one MRI scanner and identified the urgent need to replace a further MRI scanner. Total costs for these replacement projects are expected to total £2.4m in 2021/22.

Further capital expenditure planned for 2021/22 includes continued IT and communications improvements of approximately £200k.

14. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2021 Total funds	2020 Total funds
	£	£	£	£	£
Fixed assets	-	7,313,243	-	7,313,243	6,940,268
Current assets	11,205,782	-	91,123	11,296,905	9,444,077
Creditors due within one year	(4,673,285)	-	-	(4,673,285)	(3,031,245)
Net assets	6,532,497	7,313,243	91,123	13,936,863	13,353,100

15. MOVEMENT IN FUNDS

	Balance at 1 October 2020	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2021
	£	£	£	£	£
General funds	6,347,773	8,416,227	(7,858,528)	(372,975)	6,532,497
Total general funds	6,347,773	8,416,227	(7,858,528)	(372,975)	6,532,497
Restricted funds					
Restricted funds for Research:					
Brachytherapy study	1,400	-	-	-	1,400
Research Funds	21,369	12,531	-	-	33,900
Patient welfare	-	21,122	(7,889)	-	13,233
MRI Appeal	42,290	300	-	-	42,290
Total Restricted funds	65,059	33,953	(7,889)	-	91,123
Designated funds					
Scanner Replacement Fund	4,231,269	-	-	1,575,668	5,806,937
Designated property & equipment fund	1,498,999	-	-	(192,693)	1,306,306
The 'Space Project'	800,000	-	-	(800,000)	-
IT and Communications & other	410,000	-	-	(210,000)	200,000
Total Designated funds	6,940,268	-	-	372,975	7,313,243
Total	13,353,100	8,450,180	(7,866,417)	-	13,936,863

15. MOVEMENT IN FUNDS (continued)

Designated funds

A designated fund is a 'ring fencing' by the Trustees of existing unrestricted funds for a particular project or use by the charity.

Designated property & equipment fund

The property & equipment fund represents the net book value of the charity's fixed assets, including the lease and improvements to the premises on site at Mount Vernon Hospital, together with the scanners and other equipment used by the charity in the course of its day to day operations. The transfer to General Funds represents the decrease in value in tangible fixed assets.

Scanner replacement & asset upgrade funds

The trustees of Paul Strickland Scanner Centre recognise that the operational life of the scanner equipment currently in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment. As of the date of this report, the Trustees have identified the need to replace one PET CT and two MRI scanners in the near future. The level of the scanner replacement designated fund has therefore been increased to the total estimated costs for these replacement projects which comprise £2.4m for both MRI scanners and their associated build-in costs and a further £3.4m for the PET CT scanner and its associated build-in costs.

The changes required by the scanner replacement projects have superceded the planned work for the Space Project and the trustees are of the opinion that a meaningful allocation of costs between these projects is no longer possible. The balance of funds from the Space Project has therefore been transferred to the scanner replacement fund. The reduction in the IT fund reflects the lower level of investment in IT expected to be required in 2022 following the significant additions made in 2021.

The trustees therefore believe that the amounts set aside as designated funds as shown above are appropriate.

Restricted funds

MRI Appeal

To fund the purchase of a new MRI scanner including associated installation costs.

Brachytherapy

To fund a Brachytherapy pilot study which will enable the Ph.D. study to give an extra scan time point.

General Research

To fund various projects relating to the diagnosis and treatment of cancer and other life limiting conditions.

Patient welfare

To fund equipment to improve patient welfare. In 2020/21 Paul Strickland Scanner Centre received funds of £21,122, of which £7,899 was spent in the year improving the patient experience and environment.

16. RELATED PARTY TRANSACTIONS

There have been no transactions with related parties other than those disclosed in note 7.

17. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2020

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2020 £
INCOME					
Donations and legacies	3	470,446	-	8,066	478,512
<i>Income from charitable activities:</i>					
Clinical services	3	6,565,472	-	-	6,565,472
Research	3	194,702	-	-	194,702
Investment income	3	232,183	-	-	232,183
TOTAL INCOME		7,462,803	-	8,066	7,470,869
EXPENDITURE					
<i>Costs of raising funds:</i>					
Costs of generating voluntary income	5	161,743	-	-	161,743
Charitable activities	6	7,068,119	-	-	7,068,119
TOTAL EXPENDITURE		7,229,862	-	-	7,229,862
NET INCOME		232,941	-	8,066	241,007
TRANSFER BETWEEN FUNDS		(1,491,361)	1,498,999	(7,638)	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(1,258,420)	1,498,999	428	241,007
RECONCILIATION OF FUNDS					
FUNDS BROUGHT FORWARD		7,606,193	5,441,269	64,631	13,112,093
FUNDS CARRIED FORWARD	15	6,347,773	6,940,268	65,059	13,353,100

18. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2021		2020	
		£	£	£	£
Income					
Donations, gifts and funds raised			260,567		214,944
Legacies received			999,183		239,940
Income tax recoverable			40,462		23,628
Bank interest and bank treasury			14,770		22,257
Deposit interest receivable					
			<u>1,314,982</u>		<u>500,769</u>
Less: expenditure					
Fundraisers' salaries and assistance		119,341		126,922	
Event costs		8,710		5,821	
Printing and mailing costs		17,310		17,295	
General expenses		9,732		11,705	
			<u>155,093</u>		<u>161,743</u>
Surplus - appeals fund			<u>1,159,889</u>		<u>339,026</u>
Add:					
Deficit – Scanner Centre	20		(576,126)		(98,019)
(Deficit)/Surplus in year			<u><u>583,763</u></u>		<u><u>241,007</u></u>

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the charity.

19. ANALYSIS OF INCOME AND EXPENDITURE

SCANNER CENTRE	Notes	2021		2020	
		£	£	£	£
Income					
Fees from patients and health authorities			6,941,097		6,760,174
Royalties receivable			49,105		64,930
Cyclotron rental income			144,996		144,996
			<u>7,135,198</u>		<u>6,970,100</u>
Less: expenditure					
Radiologists and radiographers fees and salaries	2,914,090			2,721,622	
Other clinical services, management and administration salaries	1,051,481			874,839	
Other staffing costs	20,474			22,601	
Maintenance contracts and scanner repairs	660,142			684,251	
Repairs and renewals of equipment and building	251,618			212,308	
Lease charges on equipment	403,972			185,119	
Medical and surgical supplies, cryogenics and other consumables	1,108,305			1,023,398	
Coronavirus costs	36,148			102,890	
Rent and rates	154,848			197,233	
Heat, light and facilities	264,000			264,000	
Printing, postage, stationery and telephone	108,749			110,601	
Auditors' remuneration	10,000			10,000	
Medical conferences and travel	1,660			10,257	
Miscellaneous expenses	10,777			10,055	
Bank charges	2,511			3,133	
Legal, professional and consultancy fees	75,706			67,391	
Insurance	108,576			98,378	
Interest on finance leases	-			2,981	
Depreciation	528,267			467,062	
			<u>7,711,324</u>		<u>7,068,119</u>
Deficit - scanner centre			<u>(576,126)</u>		<u>(98,019)</u>

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the Charity.

PAUL STRICKLAND SCANNER CENTRE

England & Wales - Charity number 298867

Accounts



PAUL
STRICKLAND
SCANNER
CENTRE

CANCER IMAGING EXPERTS

STRENGTH IN ADVERSITY

Annual Report and Financial Statements 2019-20

“

**Staff were so calm,
reassuring and
professional. I felt in safe
hands. Also, so kind!**

MRI SCAN PATIENT

Company no. 02033936 | Registered charity no. 298867 (England and Wales)



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Chairman's report

As Chairman of the Board of Trustees I am very pleased to be able to report that, despite the arrival of the Covid-19 pandemic in February 2020 and its adverse effects on our services, the last financial year saw Paul Strickland Scanner Centre (PSSC) generate a small surplus.

As always, the staff, with assistance of Trustees and volunteers, have worked together diligently, conscientiously, and very carefully to ensure that we remain at the forefront of diagnostic imaging; giving patients the best possible options for their care and recovery, despite the recent limitations. Quarantining, staff family needs at home and patient anxiety have all influenced our throughput since February, and yet services have been delivered consistently with demand. Wherever possible, staff have worked from home, but of course this is not feasible for those who interact directly with patients. A shortage of personal protective equipment (PPE) led to an enormous amount of work to find suitable suppliers at the beginning of the pandemic but, after initial help from local schools and community groups using their own equipment to produce safety visors for staff, our team was successful in procuring sufficient supplies of PPE to keep staff and patients safe.

Our Chief Executive, Claire Strickland, and her team have demonstrated that we do all we can to ensure our patients come first. Staff have been encouraged to take their annual leave, albeit not to travel due to the restrictions, recognising that it is essential for staff well-being to take regular breaks whilst maintaining our high-quality service. Business has continued and we have been awarded a contract by NHS England to provide PET-CT services for them in Hertfordshire, Bedfordshire, and North West London. This has involved working with our partner organisation, InHealth Group, operating a PET-CT

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I would like to thank the whole team at PSSC, employees and volunteers, for their hard work and dedication during this year and for their flexibility as we push ahead with developing our future.

DR TERENCE R WRIGHT
CHAIRMAN



scanner at the Lister Hospital in Stevenage to improve access to PET-CT services in that area of the county, in addition to our services at the Mount Vernon Hospital site.

As an essential step during the pandemic, we have enabled our consultant radiologists to report scans remotely and a range of staff to work from home, efficiently and securely. We were also able to use our Cimar system (our cloud-based viewing platform) to allow hard pressed oncology consultants at Mount Vernon Cancer Centre (MVCC) to review their patients' scans on-line from any location; this helped them to plan their patient treatment effectively when their own systems were under strain.

We are delighted to report that our services at Paul Strickland Scanner Centre have maintained Quality Standard for Imaging (QSI) accreditation by the UK Accreditation Service (UKAS). Also, regular quarterly meetings with our Care Quality Commission (CQC) Inspector are continuing; feedback is positive, and no concerns have been raised.

As well as providing diagnostic services to clinical referrers, we have continued to pursue research programmes using our equipment and expertise. Our radiologists, radiographers and clinical scientists take part in this research, frequently in partnership with other organisations and researchers outside PSSC. A public summary of our research papers shows 30 peer-reviewed accepted journal publications by our clinical team during the reporting period.

To maintain and improve our high-quality services and research wherever possible, it is important not only to maintain our QSI and CQC standards but also to develop our employees through in-house and external training programmes. The board is very pleased that our CEO and her team are pursuing a culture of continuous development for PSSC staff, despite the many recent constraints.

Fundraising is of course very important to us and is a key part of developing our future. Not surprisingly, generous donations to our appeal have reduced this year but we are very grateful to all of those who make legacy and regular donations to our appeals fund. Thank you also to our volunteers who give so much time and generate so much enthusiasm for us. Many activities have stopped temporarily but, where possible, events continue to be held remotely, for example, the

virtual quiz nights. Money raised from all donors and events has helped us to install and replace 20 state-of-the-art scanners over the past 35 years.

On behalf of the Board of Trustees I would like to thank the whole team at PSSC, employees and volunteers, for their hard work and dedication during this year and for their flexibility as we push ahead with developing our future.

Concerning the future, the Board has continued to be fully involved in all stages of developing strategic plans, and monitors progress regularly. I thank all of my fellow Trustees for their voluntary donation of time and their dedication to help deliver on plans to improve patient care, pursuing the objectives of our charity. We have started to work with University College London Hospital (UCLH) through regular meetings as they assess the future ownership of our closest partner, Mount Vernon Cancer Centre (MVCC). We are committed to continuing our operational and strategic relationship with MVCC into the future.

A sizeable portion of this year has been challenging, as it has been for the whole of the NHS. Despite the effects of the pandemic, our CEO, her leadership team, and staff, with the stabilising contributions from the Appeals team, have ensured that the financial year 2019-2020 has been under control and a small surplus generated as detailed elsewhere in this report. We look forward to an end to the pandemic and a strategically successful future as we work with UCLH, continuing the work of our founder, Dr Paul Strickland.

Finally, in 2012 we updated the Memorandum and Articles of the charity, in line with Charity Commission guidelines. This change established the Term of Office of a Trustee as nine years. The current Treasurer and I must therefore retire at the next Annual General Meeting. It has been an absolute pleasure to chair the Board of Trustees of PSSC for eleven years and to work with the CEOs (Margaret Sullivan, followed in 2014 by Claire Strickland) and their teams. I wish everyone every success in maintaining and extending such a successful charity.



Dr Terence R. Wright

Chairman of the Board of Trustees

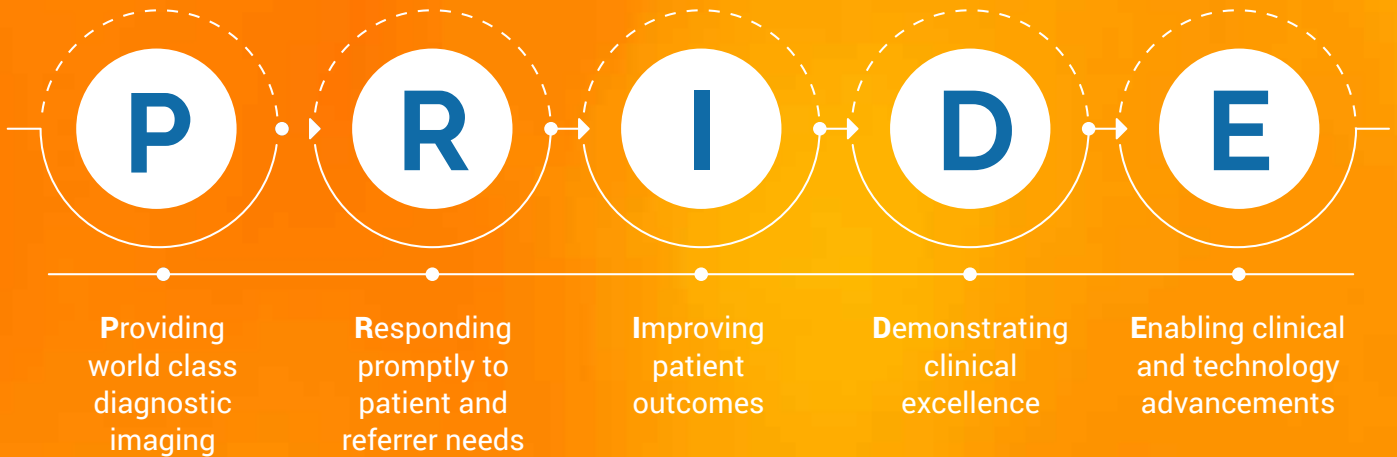
April 2021



Trustees' report

We will lead the way in imaging for the diagnosis, treatment and monitoring of cancer and other clinical conditions.

For our patients and referrers:



For the year ended 30 September 2020



“

Many thanks to all staff, who were very considerate. Excellent work during a pandemic.

PET-CT SCAN PATIENT

About us

We're a specialised medical imaging centre and registered charity working to improve the lives of people affected by cancer and other serious conditions. We do this by providing the best possible patient care, using high quality imaging equipment, and by being actively involved in medical research.

We serve both NHS and private patients who need Magnetic Resonance Imaging (MRI), Computed Tomography (CT), and Positron Emission Tomography – Computed Tomography (PET-CT) scans. Most patients are from North West London and Middlesex, Hertfordshire, Buckinghamshire and Bedfordshire. The scans are mainly used to diagnose and monitor cancer, but also other serious conditions (such as dementia). We also support life-changing medical research. As an independent medical charity, we receive no government funding and rely heavily on donations from our supporters – including family, friends and colleagues of patients who have been treated at the centre.

Public benefit

Our Board of Trustees is focussed on making sure the charity's work meets the Charity Commission's guidance on public benefit.

Cancer imaging pioneer

Paul Strickland OBE

Dr Strickland qualified in 1943 and came to Mount Vernon Hospital in 1946, becoming consultant radiotherapist in 1955.

For many years he was Chairman of the Mount Vernon Medical Committee and, in 1970, became head of the Radiotherapy Department. In 1988, 12 years after his official retirement, he was awarded the OBE.

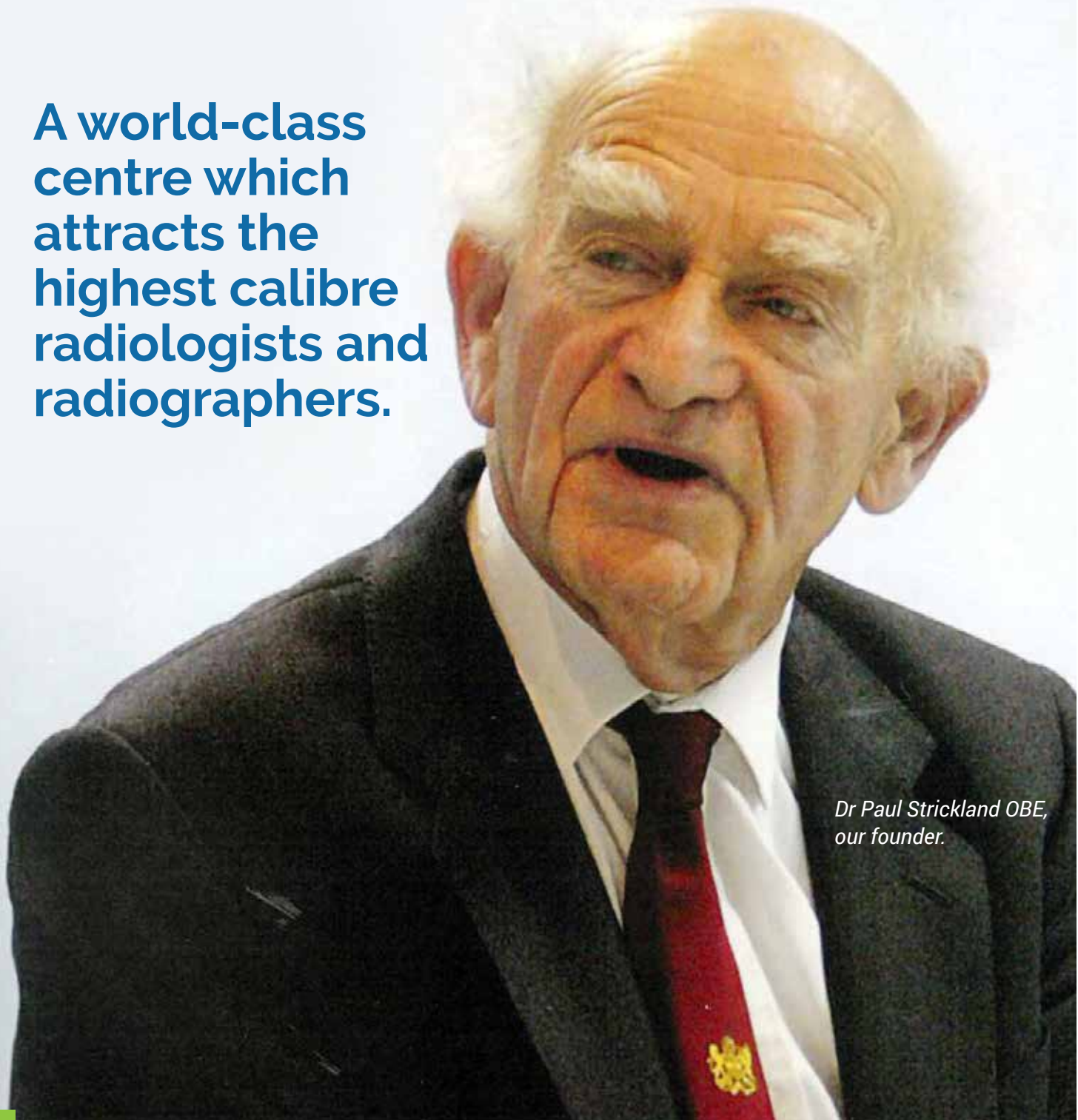
Scanning for opportunities

In the 1970s, two British Nobel Laureates developed the CT and the MRI scanner. Dr Strickland quickly realised the importance of medical imaging in the accurate diagnosis and subsequent treatment of patients with cancer and other serious diseases.

In 1982, in the midst of a recession, he became Vice Chairman of the appeal to obtain a CT scanner for Mount Vernon. A friend remarked: "He was an absolute dynamo. He really drove everybody." The Appeal was launched in February 1983, aiming to reach £1,250,000 in 3 years. In just two years, by March 1985, £1,700,000 was raised, enough to fund a CT and an MRI scanner and the building to house them, which became Paul Strickland Scanner Centre. The result is a world-class centre which attracts the highest calibre radiologists and radiographers.

Dr Strickland was amongst the very first to be convinced of the importance of medical imaging in the accurate diagnosis and subsequent treatment of patients with cancer and other serious diseases.

**A world-class
centre which
attracts the
highest calibre
radiologists and
radiographers.**



*Dr Paul Strickland OBE,
our founder.*

Dr Strickland (second from right) at the launch of a new scanner in 2001.



Dr Strickland with our patron, the Duchess of Kent, during the opening of Paul Strickland Scanner Centre in 1985.



Marking 35 years of cancer imaging excellence

When Dr Paul Strickland launched his fundraising drive to buy the first scanner for Mount Vernon Hospital, nobody expected that a world-leading, independent cancer imaging centre bearing his name would be thriving on the same spot three-and-a-half decades later.

The first diagnostic imaging unit for NHS and private patients in the UK, it opened in 1985 with one CT and one MRI scanner. The first CT and MRI patients were scanned the same year, and both original scanners underwent the first of many upgrades and replacements in the early 1990s, thanks to the generosity of our supporters.

Our Superintendent for MRI Linda Culver, who joined our team in 1987 and remembers scanning patients on our first MRI scanner, said: "I have seen enormous advances in MRI technology over the years. Image quality has improved dramatically, allowing a much more accurate diagnosis, and scans are much quicker, meaning we can scan many more patients. Whole-body MRI scanning, which is the centre's speciality and particularly important for patients with metastatic cancers, would not have been possible back then. Medical imaging is an essential part of modern cancer care and changes thousands of lives for the better every year."



Medical imaging is an essential part of modern cancer care and changes thousands of lives for the better every year.

We work as a team

Our staff team is led by Claire Strickland, our Chief Executive. She reports to our Board of Trustees, which is chaired by Dr Terry Wright.

We are hugely grateful to a number of very dedicated volunteers who support our charity. Claire is the daughter of our founder and believes that the patient must always come first when delivering high-standard care. Most of our staff are either radiographers (clinical staff who produce CT, MRI and PET-CT images using our specialised equipment) or radiologists (doctors who specialise in diagnosing and reporting on illnesses and injuries through the use of medical images). Other staff support patients by booking appointments and making sure the centre is run efficiently.

We have a small appeals team who work to raise awareness and money to fund new scanners and research. Our clinical staff actively support medical research delivered at the centre.



“

The service was excellent and staff kind and caring. I can't think of anything they could have done better.

MRI PATIENT



“

The leaflet about the scan was so easy to read and understand.

PET-CT SCAN PATIENT

Objectives and activities

To provide state-of-the-art, cross-sectional medical diagnostic imaging systems, and to operate them principally to benefit patients attending the Mount Vernon Cancer Centre, but also for patients referred from anywhere in the UK or abroad. To carry out late translational imaging research.

Our objectives

- To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.
- To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.
- To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.
- To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.
- To improve staff engagement and organisational culture, ensuring patient safety as a top priority.

OBJECTIVE 1

To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.



Quality standard for imaging

We are very proud to maintain our Quality Standard of Imaging accreditation for the third year in a row.

In meeting this standard, accredited by a professional body, we know that our quality management system exceeds the baseline requirements of regulators such as the CQC and the culture of quality is embedded across our organisation.

Ongoing accreditation enables the centre to continually develop quality improvements by building upon our existing evidence.

In meeting the standard, we are ensuring our patients consistently receive high-quality services, delivered by skilled staff, within a safe environment.

UKAS manages the assessments and accreditation for QSI on behalf of the Royal College of Radiologists and the College of Radiographers. It was formerly known as the Imaging Services Accreditation Scheme (ISAS).





High quality of scan images avoids unnecessary return visits for MRI patients

MRI Recall Patient Audit

The high quality of MRI scan images at Paul Strickland Scanner Centre was recently demonstrated during a comprehensive clinical audit at the centre

Mr Will McGuire, our Deputy Superintendent for MRI, said: "This very low rate of recall illustrates how good our image quality is at Paul Strickland Scanner Centre."

Only 5 out of 4,255 patients who had an MRI scan at Paul Strickland Scanner Centre between 1 January and 30 October 2020 had to be recalled for additional imaging, according to a comprehensive internal audit carried out during 2020. The number of patients, which equates to about 0.1%, is significantly below our target of 1%.

The low number of recalls means that unnecessary return visits for patients are avoided, and so clinical resources are used effectively.

Amongst the 5 patients that were recalled, there was no known delay to any patient treatment.



**Very efficient.
On time and felt comfortable.**

MRI SCAN PATIENT

We have improved our cannulation area in order to reduce staff numbers in our PET-CT department during the pandemic and make social distancing easier.

Reducing radiation

Collaborative project between Paul Strickland Scanner Centre and Mount Vernon Hospital shows how patients can be spared excess radiation

CT Mandible Audit

A clinical audit at Paul Strickland Scanner Centre shows it is feasible to reduce the typical radiation dose from a mandible CT scan significantly, while still maintaining good image quality. Keeping the radiation dose as low as possible is important, in order to protect patients from possible side effects.

The centre receives maxillofacial CT requests for cancer and non-cancer conditions from dentists and surgeons who require information about the precise location of the inferior dental canal. Typically, dentists require information about the precise location of impacted wisdom teeth, while surgeons want to understand the true extent of bone destruction by cancer.

The team that carried out the audit consisted of Advanced Radiographer Mrs Suzannah Patel, Dr Subhadip Ghosh-Ray (Consultant Radiologist at Paul Strickland Scanner Centre) and Dr Andrew Shah (Head of Radiation Protection at Mount Vernon Hospital).

Ms Patel said: "These scans are extremely useful to allow visualisation of important anatomy prior to surgery. The proximity between the impacted molar and the inferior

dental canal should be assessed to minimise the risk of injury to the inferior alveolar nerve. We were able to reduce the dose by gradually lowering some of the settings on the scanner. An image audit was carried out at every step, to ensure we didn't miss any vital information and the images were of a high diagnostic quality. Dr Ghosh-Ray used a graded system to score the images."

The process was stopped once the image quality reached a turning point of being diagnostic at the lowest dose possible without compromising on accuracy

Ms Patel said: "This valuable piece of work resulted in reducing the dose by 23% whilst still providing very good images. This is great news for our patients".



OBJECTIVE 2

To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.



What our patients say about us



of our patients
would recommend us
to family and friends
for a scan

Based on 845 patient comments
submitted between 1 October 2019
and 30 September 2020.

Based on 641 responses by
Paul Strickland Scanner Centre
patients who completed
comments cards (1 October
2019 to 30 September 2020).



Patient Experience Group

Our Patient Experience Group (PEG) have helped to foster a patient-focussed culture by hosting a focus group with patients during November 2019. The meeting served to help staff understand how we could further develop the centre in order to improve patients' experience.

During 2020, we also recruited a patient to the group, making sure the voice of our service users is represented at every meeting.



**Paul Strickland Scanner
Centre staff deserve a big
pat on their backs for being
great at patient care.**


FOCUS GROUP PARTICIPANT

Supporting anxious patients

“In particular some of our older patients are often very anxious about Covid-19 and ask about the precautions we’ve taken to protect them. It’s especially difficult for patients who have been shielding, and their visit to the centre might be their first outing in many months. I always tell them about everything we’ve done to protect them and signpost them to the excellent information and photos on our website and they seem very reassured.”

**NIKKI WALKER-NASH, PAUL STRICKLAND SCANNER
CENTRE CT BOOKINGS TEAM**

Please see Page 37 for information on the steps we have taken to keep our patients safe from Covid-19.



“Without the research and dedication from Paul Strickland Scanner Centre I do not believe I would be as well as I am today.

“Their work in whole-body MRI means that my regular scans monitor whether my secondary breast cancer treatment is working and informs on changes immediately. This allows my consultant to change my treatment plan accordingly – amazing people and I would like to thank them so much.”

SARAH, PAUL STRICKLAND
SCANNER CENTRE PATIENT
AND FOCUS GROUP
PARTICIPANT

Following feedback we have received from our patients, we have created a dedicated room at the centre where our patients are able to have private discussions with our staff, should this be necessary.



Patient experience

'As a result of my MRI scan, I was able to have radiotherapy treatment'

Paul Strickland Scanner Centre patient Julia shares her experience of a visit to Paul Strickland Scanner Centre, which made her treatment possible

"I was diagnosed with secondary breast cancer in 2016 and have had regular scans at Paul Strickland Scanner Centre since my treatment first started at Mount Vernon.

"In early 2020, I experienced a lot of pain and badly needed another MRI scan.

"I was incredibly grateful that the team at Paul Strickland Scanner Centre was there for me when I needed them.

"As a result of my MRI scan, I was able to have radiotherapy treatment the same week, which drastically improved my situation and made things much more bearable.

"I cannot thank the team enough and feel incredibly lucky that they continue to be there for me when I need them."



OBJECTIVE 3

To consolidate services and enhance local access to specialist services in order to deliver high-quality, safe, seamless, innovative and integrated services which are sustainable.



Coping with Covid-19

The focus at Paul Strickland Scanner Centre throughout the pandemic has been on keeping our doors open for those who need us, while ensuring our staff and patients remain safe.

Paul Strickland Scanner Centre CEO Claire Strickland said: "The pandemic has had a huge impact on the whole healthcare system and we've worked really hard to make sure we can remain operational," said Paul Strickland Scanner Centre CEO Claire Strickland.



Our team of radiographers during the early days of the pandemic.



I'm really pleased how staff have pulled together, and I'm very proud of the team, who have kept things going under very challenging circumstances.

CLAIRE STRICKLAND, CEO

Following Government guidance to the NHS in March 2020 to suspend everything but Covid-related services, the centre saw a fall in demand for scans.

The deferment of cancer surgery did, however, result in more patients presenting for radiotherapy-planning scans where medical teams determined this was a suitable alternative. As the first wave came to an end, national guidance changed to emphasise that cancer treatment should be prioritised wherever possible and, over the next few months, demand for centre scans returned to normal levels. Like many other healthcare organisations, we suddenly had to buy a large amount of personal protective equipment (PPE).

Ms Strickland said: "We quickly evaluated our requirements and contacted our suppliers early on to make sure we had enough of everything. It was a huge additional expense. Fortunately, some of our staff members were able to leverage their networks and we received PPE from schools and community groups which they specially made for us using their own 3D printers.



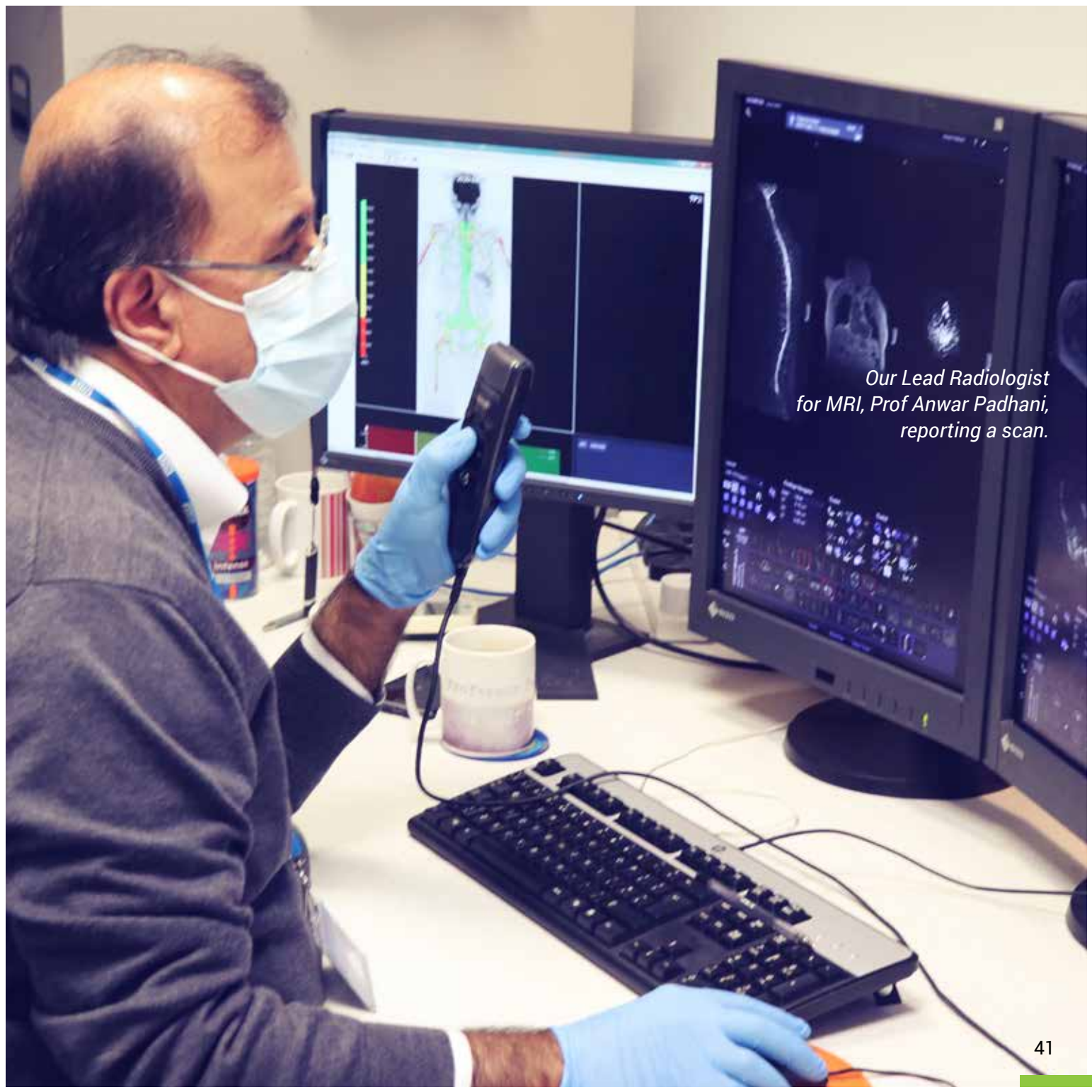
Our team was immensely grateful for personal protective equipment they were gifted by the community.

“Sadly, however, our other fundraising was adversely impacted because we had to cancel so many of our fundraising events. Although our future remains secure, Covid-19 has had a big financial impact on the centre overall.

“Our focus has been on keeping staff and patients safe, which meant we took measures like setting the chairs further apart in our waiting room and discouraging visitors other than patients from coming to the centre. We also encouraged staff to work from home where this is feasible, including our radiologists who now spend some of their time reporting scans from home.

“We were approached by a number of local hospitals to see if we would be able to help them with their capacity problems after the initial lockdown. We were able to help Northwick Park, The Lister, Hillingdon, and Watford General Hospitals with their CT and MRI waiting lists, thus enabling more local patients to access scanning prior to re-starting their treatment. Thanks to the flexibility of our staff, we were also able to extend the availability of our service to support the new Acute Oncology Service at Mount Vernon Cancer Centre which aimed to provide a Covid-safe pathway for treatment to immunocompromised cancer patients. I’m really pleased how staff have pulled together, and I’m very proud of the team, who have kept things going under very challenging circumstances.

As well as supporting referring clinicians, decisive changes were also made to keep our patients as healthy and safe as possible. Following risk assessments and third-party checks, we supported distancing on our site, enhanced our cleaning protocols, changed our workflows, erected Perspex screens and created spaces for isolation. At all times we ensured that, as a minimum, we worked in line with recommended best practice as determined by Public Health and NHS England.



*Our Lead Radiologist
for MRI, Prof Anwar Padhani,
reporting a scan.*



Protecting
cancer patients
during the
pandemic



Enhancing local access to PET-CT scans

Positive news for PET-CT patients

The centre has placed an order for its first Posijet®, a medical device that safely administers PET-CT tracers to patients. This will make the centre only the second facility in England to have such a device. The device allows more patients to have a PET-CT scan at Paul Strickland Scanner Centre. Ms Vicki Major, Clinical Project Lead and PET-CT expert at Paul Strickland Scanner Centre, said: "The Posijet® forms part of a major upgrade to our PET-CT capability, which will allow for greater patient throughput.

"The Posijet® will also allow us to scan patients using less tracer, which will help mitigate against possible tracer supply difficulties. At the same time, it will reduce the radiation dose our patients and radiographers receive. This will allow our clinical team to spend more time with their patients."

"The Posijet® is a cutting-edge piece of equipment and we are very excited that it is coming to the centre."



Posijet

LEMER PAX
PROTECTING LIFE


The Posijet® will allow us to scan patients using less tracer, which could help mitigate against possible tracer supply difficulties.

New Stevenage PET-CT service improves access for cancer patients

We've started a new service to improve access to PET-CT scans for NHS cancer patients. PET-CT scans produce vital information which is used to ensure patients receive the right treatment. A new mobile scanner arrived at Stevenage's Lister Hospital during August 2020 to help patients have their cancer scans closer to home. The state-of-the-art PET-CT scanner is in use every Tuesday – saving patients in Hertfordshire and Central Bedfordshire from a 70-mile round trip to Paul Strickland Scanner Centre in Northwood, where scans continue to take place daily. The weekly service is being run in partnership with InHealth, and has created the capacity for 17 patients per week to have their scan in Stevenage.

Patients can still be scanned at Paul Strickland Scanner Centre, Mount Vernon; our dedicated consultant team reports scans in both locations.

Nick Carver, chief executive of East and North Hertfordshire NHS Trust, said: "This is a fantastic moment both for our patients and our staff. Cancer affects so many of us, so reducing the travel time for patients who require a PET-CT scan to make things a little bit easier for them is an important step. The new mobile unit will also enable patients to be diagnosed and begin treatment more quickly. Having this state-of-the-art scanner at Lister as well as the Mount Vernon site will help us to continue to provide prompt, high quality care for our patients."

A Siemens PET-CT scanner is the central focus, positioned in a bright, modern clinical room. The scanner is white with a large circular opening. A patient bed is extended from the scanner. The room features a ceiling with recessed lights and skylights showing a blue sky with clouds. To the left, a large mural depicts a mountainous landscape with a river and trees. The floor is dark wood-look laminate. The Siemens logo is visible on the top of the scanner's gantry.

*The new mobile
PET-CT scanner being
used for Stevenage
patients.*

"I also wish to thank both Paul Strickland Scanner Centre and InHealth for working with us to make this new service possible – seeing the scanner in use for the first time here is a proud moment for the trust."

Paul Strickland Scanner Centre's CEO, Claire Strickland, said: "We are very proud of this new service. It is a flagship collaboration between us as a specialist cancer imaging charity, our industry partner InHealth and the NHS."

Geoff Searle, chief executive at InHealth, added: "InHealth is extremely delighted to form this partnership with East and North Hertfordshire NHS Trust and Paul Strickland Scanner Centre."

"This new service, delivered with modern technology in our fantastic facilities, will help reduce waiting times, improve access for patients and provide a more convenient location in this region."

"We are very proud of this new service. It is a flagship collaboration between us as a specialist cancer imaging charity, our industry partner InHealth and the NHS."

The outside of the new mobile PET-CT scanner being used for Stevenage patients.



OBJECTIVE 4

To support the continued development of Paul Strickland Scanner Centre in conjunction with Mount Vernon Cancer Centre, and provision of leading local and tertiary cancer services including the development of innovative clinical research.



30

Peer-reviewed accepted journal
publications by our clinical team
between 1 October 2019 and
30 September 2020.

Source: PubMed.gov

Our consultant team

Dr Andrew Gogbashian

*MB BS MRCS FRCR,
Consultant Oncological
Radiologist
Lead Consultant, CT*



Dr Wai Lup Wong

*BA (Hons) FRCP
FRCR, Consultant
Radiologist
Lead Consultant,
PET-CT*



Professor Anwar Padhani

*MB BS FRCP FRCR,
Consultant Radiologist
Lead Consultant, MRI*





Dr Anthony Chambers

MB BS MRCP FRCR

*Consultant Oncological and
Radionuclide Radiologist*



Dr Heminder Sokhi

MBChB MRCS FRCR

Consultant Radiologist



Dr Subhadip Ghosh-Ray

BSc MBBS FRCR, Consultant

Head and Neck Radiologist

*Lead Consultant for Information
Technology*



Dr Robin Kantor

MB ChB FRCR

*Consultant
Radiologist*



Dr Amish Lakhani

MBBS MA (Cantab) FRCR,

Consultant Radiologist

Lead Consultant, Training



Dr Kathryn Wallitt

MBBS, BSc, FRCR

*Consultant Radiologist,
Nuclear Medicine*

RESEARCH CASE STUDY

Short MRI scan beats PSA test in the PROSTAGRAM trial

A short MRI scan is better at detecting aggressive prostate cancer than the commonly used prostate specific antigen (PSA) test, according to a ground-breaking medical research trial held at Imperial College London and Paul Strickland Scanner Centre.

The PROSTAGRAM trial, led by Professor Hashim Ahmed from Imperial College London, evaluated the performance of a short MRI scan that does not need injections as a screening test for prostate cancer in normal men, comparing it to the standard prostate specific antigen (PSA) blood test. The 15-minute scans were performed at Imperial College London and Paul Strickland Scanner Centre

Men were recruited into the trial ahead of schedule, with around 400 well men aged 50-69 years volunteering to have both MRI and PSA tests. The results showed that MRI detected more important cancers than the PSA test, at similar biopsy rates. The detection of unimportant lesions were similar in both groups. Dr Heminder Sokhi, Consultant Radiologist at PSSC and co-investigator for the trial said: "The results are exciting.

"MRI is a non-invasive test and its superior performance in detecting more significant prostate cancers compared to the standard PSA test in the PROSTAGRAM trial's screening population is encouraging. A further study is now needed to evaluate the use of MRI at a larger scale involving a larger number of men."

Professor Anwar Padhani, Lead MRI Radiologist at Paul Strickland Scanner Centre, said: "This is an encouraging first step justifying the inclusion of MRI in prostate cancer screening. However, it will be a long time before we know whether scanning like this will save lives."

Results of the trial were presented by Dr David Eldred-Evans at the American Society of Clinical Oncology (ASCO) meeting in 2020. To find out more, visit <https://meetinglibrary.asco.org/record/187454/abstract>

The results were published in in *Jama Oncology* on 11 February 2021.
See <https://jamanetwork.com/journals/jamaoncology/fullarticle/2776224>



*Dr Heminder Sokhi,
Consultant Radiologist.*

RESEARCH CASE STUDY

Metastatic breast cancer hope

Research made possible by a gift left in her Will by a supporter of Paul Strickland Scanner Centre finds that whole-body MRI could drastically improve metastatic breast cancer care.

People being treated for metastatic breast cancer could be granted precious extra healthy time with their loved ones, thanks to the results of a landmark research study supported by Paul Strickland Scanner Centre. The results of the RESPECT research were published in *Radiology*, the highly respected journal of the Radiological Society of North America (RSNA).

The study found that whole-body MRI scans can identify cancer progression earlier in patients who are receiving anti-cancer therapy and where disease has spread to the bones.

The MRI scans were better than body CT or bone scans. This means that whole-body MRI enables patients to receive the right treatment at the right time and for the right duration. The ability to accurately and quickly identify when treatments are no longer working is important because it may allow for an earlier switch away from an ineffective treatment, thus allowing for a personalised approach to their treatment.

Paul Strickland Scanner Centre has carried out more whole-body MRI scans for cancer than any other centre in the world, making us the global leader in this area.

The research study, carried out in partnership with Mount Vernon Cancer Centre, was funded jointly by Paul Strickland Scanner Centre and the charity Fighting Breast Cancer. Our element of the funding was the direct result of a gift left by a supporter in their Will,



which co-funded the recent fellowship of research fellow Dr Michael Kosmin. Amongst others, Dr Kosmin features alongside Prof Anwar Padhani (our lead consultant for MRI) and Dr Andrew Gogbashian (our lead consultant for CT) as an author of the published results.

At the time that the research was being carried out, Dr Kosmin said: "If a patient has been diagnosed with breast cancer that's spread to the bone, we'd want to start treatment and see after a few months whether the treatment is working or not."

When it has been identified that a treatment has stopped working and disease is progressing, doctors can then change it as soon as they know.

The RESPECT study has shown that whole-body MRI scans show disease progression in the bone before CT in 67% of cases, and before bone scans in 50% of cases.

The article Comparison of Whole-Body MRI, CT, and Bone Scintigraphy for Response Evaluation of Cancer Therapeutics in Metastatic Breast Cancer to Bone can be downloaded from <https://pubs.rsna.org/doi/pdf/10.1148/radiol.2020192683>

"If a patient has been diagnosed with breast cancer that's spread to the bone, we'd want to start treatment and see after a few months whether the treatment is working or not."



Very professional and friendly.

MRI SCAN PATIENT

Top marks for our new cancer imaging course

Collaboration with Mount Vernon Cancer Centre

Our two-day oncological imaging course, organised in association with Mount Vernon Cancer Centre, received glowing feedback from delegates.

The event was attended by 59 delegates and took place at the Royal College of Radiologists in Holborn (Central London) and at Mount Vernon Hospital in Northwood, on Friday 25 October 2019 and on Saturday 26 October 2019 respectively. Attendees included radiologists and oncologists, trainees, diagnostic and therapy radiographers and allied professionals.



The event was attended by 59 delegates.

The first day was radiologist-led and focused on imaging for different tumour types, with interactive case-based lectures and discussions. It was delivered jointly by experts from clinical radiology (Paul Strickland Scanner Centre) and oncology (Mount Vernon Cancer Centre), highlighting key learning points from both disciplines.

Day 2 was radiographer-led and focused on understanding and consolidating the roles of diagnostic radiology and radiotherapy in oncology patients' treatment planning through to delivery. This was presented jointly by specialist diagnostic and therapy radiographers.

Anonymous delegate feedback included:

“Great to be taught by the people doing the job, who are very knowledgeable and enthusiastic.

“All talks very good - some really excellent. Really enjoyed the day.

“I thought [it was] excellent to have joint presentations with oncologists and radiologists. I learned a lot.

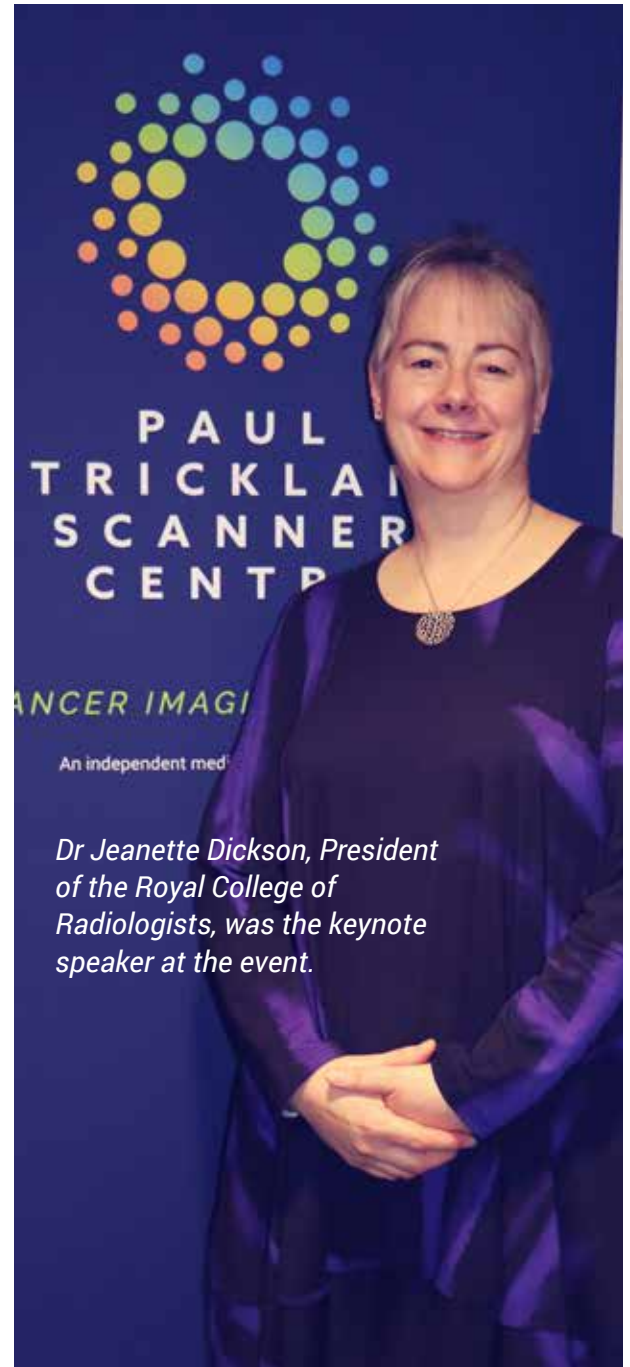
“Good breadth and depth for MDT style meeting.

“Fascinating and valuable insight into different applications of imaging for oncology.

“Good speakers”.

On average, the delegates gave both days a rating between 8 and 9 out of 10.

Organisers from the Paul Strickland Scanner Centre clinical team included Dr Amish Lakhani, Ms Paula Merry, Dr Heminder Sokhi, Ms Kirti Thakor and Mr Will McGuire.



Dr Jeanette Dickson, President of the Royal College of Radiologists, was the keynote speaker at the event.

Supporting Mount Vernon

Adding value to head and neck cancer patient radiotherapy outcomes at Mount Vernon through peer review between Oncology and Radiology

A unique collaboration between Paul Strickland Scanner Centre (PSSC) and Mount Vernon Cancer Centre (MVCC) allows for much deeper radiological input into the cancer treatment planning process than is typical elsewhere in the health service.

The initiative is an example of the close working relationship between the two organisations and the value PSSC adds to MVCC.

Cancer patients who are deemed appropriate for radiotherapy at the Multidisciplinary Team Meeting (MDT) undergo extensive planning to ensure the appropriate dose of radiotherapy is applied to the right areas of cancer. This takes into account the localised spread as well as relevant other diseased tissues.

The peer review system allows the planned radiotherapy treatment to be vetted by colleagues who are then able to comment on and discuss each case on its own merit. The overall objective is to administer the correct dose of radiotherapy to the correct region, minimise side effects and improve outcomes.

Dr Subhadip Ghosh-Ray, our Consultant Head and Neck Radiologist, has weekly meetings with Dr Catherine Lemon and Dr Kevin Chiu, radiation oncologists at MVCC.

- Any additional radiological observations are brought up
- Any specific questions from the radiation oncologists are answered by the radiologist
- Together, the radiotherapy plan is then approved and set for administration
- Any changes are also discussed and agreed between all three specialists
- A consensus is reached for all patient plans.

“

**Everybody has been
most welcoming,
informative and kind.**

PET-CT SCAN PATIENT

OBJECTIVE 5

To improve staff engagement and organisational culture, ensuring patient safety as a top priority.

QI afternoons

The centre's Patient Experience Group (PEG) organises regular Quality Improvement (QI) afternoons for all staff. At these important all-staff education and engagement events, our people receive safety and other training relevant to their work at Paul Strickland Scanner Centre. During the pandemic, these meetings were held online. Amongst other topics, the afternoons covered:

Covid-19 safety

This session took place early in early 2020 and familiarised staff with Covid-19 and what they need to do in order to protect patients, as well as themselves and their colleagues from the virus.

Behaviours at work (provided by ACAS)

This training session was aimed at improving staff satisfaction at the centre. Presented by ACAS, it explained how to identify bullying and harassment, the impact it has, the link between harassment and discrimination, as well as how unacceptable behaviour could be tackled.

How to ensure the safety and wellbeing of deteriorating patients

There is sometimes a risk that a patient might become unwell during the visit as a result of an underlying health condition. The training helped ensure that our staff are well equipped to cope with such an event and ensure patient safety and wellbeing.

Our role as a charity, including fundraising and the contribution of our volunteers.

This session explained to staff how Paul Strickland Scanner Centre operates as a charity, the role played by fundraising, and the opportunity for funding from trusts, grants and major givers.

MRI safety

It is highly important that the team understands how to keep themselves and patients safe when they are in the vicinity of our MRI scanners, due to the strong magnetic field which is generated. A multi-media presentation by our MR physicist and safety expert, Dr Jane Moore-Taylor, illustrated to staff what the dangers are and how injury can be avoided.

A photograph of a man with grey hair looking up at a healthcare professional in a clinical setting. The man is wearing a dark blue shirt and has a slight smile. The healthcare professional is wearing a white coat and glasses. The background shows medical equipment and a desk lamp.

“

Staff are very kind,
helpful and make me
feel at ease; a pleasure
visiting.

CT SCAN PATIENT

Helping to develop the consultants of tomorrow

'The fact all staff are so supportive and friendly adds to the joy of working at such a prestigious venue'

"I was delighted to have been given the opportunity by Dr Amish Lakhani (Consultant Radiologist and Head of Registrar Training) to join Paul Strickland Centre for a 3-month training period of dedicated oncological imaging in February 2020. I was incredibly keen to



experience the extraordinary caseload at this oncology centre of excellence, and witness first-hand the ground-breaking advanced imaging techniques (including specialist PET-CT imaging and Whole-Body MRI) under the expert tutelage of internationally-renowned Professor Anwar Padhani. 'The fact that all staff are so supportive and friendly adds to the joy of working at such a prestigious venue'

*Dr James Diss FRCR PhD,
radiology registrar at Paul Strickland
Scanner Centre*

'A great inspiration for my professional choices'



"Working and training in Paul Strickland Scanner Centre, I have met skilled, caring and dedicated staff; and seen the benefits of using the latest scanning technology and comprehensive and tailored scanning protocols; while interacting with highly-experienced clinicians and learning from world-renowned radiologists. This was my introduction to precision oncology, personalised medicine, and high-level conversations on patient care; all a great inspiration for my professional choices."

-Dr Alina Dragan FRCR, radiology registrar at Paul Strickland Scanner Centre



Staff advocacy and representation

“My role as a Society of Radiographers (SoR) representative is to support members, ensuring that problems at work are resolved quickly and informally where possible.

“As an industrial relations representative I particularly have responsibility for assisting members with grievance or disciplinary matters, representing SoR members on local staff side committees and negotiating on issues such as management of change proposals, new rotas and extended working.”

Geraldine Oxenham, Society of Radiographers representative



'I am proud to be part of a team that cares for cancer patients'



Meet Linda Culver, our longest-serving member of staff.

"I first started at Paul Strickland Scanner Centre in May 1987, and apart from a 2-year stint at Hillingdon hospital starting up their CT scanning service, I have worked here ever since. I have been in my present role since 1993 and every time I feel like it's time for a change, something new comes along. A new scanner, new techniques, new bosses and new trusts to work for, all these changes help keep my interest.

"When I first started, I was 1 of 5 radiographers with 2 scanners - now there are 6 scanners and 25 radiographers.

"Needless to say, we are only part of the team, with radiologists, radiographer assistants and admin staff making up the rest of more than 60 staff in the whole centre. I still cannot imagine working anywhere else, even after all this time, and I am proud to be part of a team that cares for cancer patients."

Linda Culver, MRI Superintendent at Paul Strickland Scanner Centre

How we manage principal risks and uncertainties

At bi-monthly board meetings the Trustees continue to focus on major risks for the charity which would have a severe impact on operational performance as well as reputation should they occur.

During the year the Audit and Risk Committee, a sub-committee of the Board of Trustees, has met virtually on three occasions. The work of the sub-committee is reported to the Board of Trustees. The key areas the sub-committee has reviewed include compliance, clinical risk, income, contracts (including PET-CT) and business continuity (including the impact of Covid-19 on the charity), costs, investments, succession planning, fundraising, growth, capacity and expansion as well as business approach and governance. The Audit and Risk Committee updates the risk register after each meeting, which the board then reviews annually. The latest review by the Board took place on 18 September 2020.

We carry out patient and referrer satisfaction surveys amongst patients and referrers to see how satisfied they are with our service. Our staff analyse the results, develop and implement action plans to make improvements which will improve the experience for both patients and the doctors who referred them. Clinical audit and peer review of reports form an important part of the overall quality review process and serve not only as a safeguard for patients, but also facilitate individual and collective learning.

Reviewing and learning from internal audits, past scan reports and correct identifications of disease or otherwise provides a forum for learning and forms a body of evidence of reflective practice to support annual appraisals and revalidation.

Learning Meetings are held regularly to give radiologists an opportunity to discuss specific cases with learning points. The outcomes of the meeting are communicated to all our reporters by the radiology governance lead.

Depending on the urgency of the feedback, prior or subsequent communications between staff and referrers take place through which any potential patient harm is minimised and the lesson learnt is appropriately shared.

Through appraisals, reporters also personally reflect on points learned and actions taken. The centre has a reciprocal peer review arrangement with University College London Hospitals (UCLH) for PET-CT scan reports.

FINANCIAL REVIEW

Full details of the Charity's finances during the year are set out in the attached financial statements.

The total income of £7.471m (2019: £8.255m) is lower than the previous year's figure by £784k (-9.5%).

Total income from charitable activities was £6.760m (2019: £7.465m), a fall of £705k. The number of scans carried out is the principal activity driver for the Charity; the total number of scans performed during the year was 15,116, compared to 16,955 in the whole of 2018/19, a decrease of 1,839 scans (-11%). The mix of scans conducted has a bearing on total revenue achieved because of the pricing structure.

Total scan numbers in recent years are as follows:

2011	13,203	2016	17,409
2012	13,235	2017	17,358
2013	13,664	2018	17,915
2014	14,397	2019	16,955
2015	16,069	2020	15,116

Despite the significant impact Covid-19 has had, the Charity generated a surplus of £241k. Total expenditure fell by £373k from £7,603k to £7,230k. Despite additional costs due to Covid-19 of £103k, a decrease in depreciation charges of £566k has resulted in an overall expense reduction. The variable nature of many of the Charity's costs means that changes in activity will contribute to the overall changes in particular cost elements.

Although the surplus generated fell from £652k to £241k, the result is a good outcome for the Charity given Covid-19's impact on operations. The Charity needs to generate a surplus, year on year, to enable it to continue to invest in new scanners, associated equipment and other advanced technology as well as provide the services which are in such demand. In the year under review the Charity invested £205k in property improvements and equipment. Depreciation charged on fixed assets was £467k. The financial position of the Charity has improved further, with total net assets of £13.353m (2019: £13.112m).

Covid-19 has had a significant impact on the Charity's activities during the financial period ending September 2020. The Charity has effectively developed incident management plans specific to the Covid-19 crisis. The disaster response and resource allocation include planned investment in Health Managed Service Systems.

Voluntary income has been adversely affected by the pandemic, in large part due to our schedule of fundraising events being significantly disrupted. The fundraising team mitigated the loss in income in these areas by developing a programme of "virtual" fundraising events, online donation opportunities, a focus on direct mail, as well as grant and legacy fundraising.

“

**Very good care and
communication.**

CT SCAN PATIENT

Structure, Governance and Management

Trustees and their interests

Paul Strickland Scanner Centre is a charitable company, limited by guarantee, is a registered charity governed by its Articles of Association and it does not have share capital, therefore, there are no Trustees' interests.

Statement of Trustees' responsibilities

Our Trustees (who are also directors of Paul Strickland Scanner Centre for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Financial Statements in accordance with applicable laws and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, our Trustees are required to:

- ✓ Observe the methods and principles in the Charities SORP 2015 (FRS 102);
- ✓ 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 charity will continue its activities.

Our Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

How we work

The governing document of Paul Strickland Scanner Centre is its Articles of Association, and policy decisions are made by our Board of Trustees. As set out in the Articles of Association, new Trustees may be appointed by the existing Trustees by resolution but must retire from office at the next general meeting but shall be eligible for election at that meeting.

At each annual general meeting one third of the Trustees must retire from office. The Trustees to retire by rotation shall be those who have been longest in office since their last appointment. A Trustee shall not hold office for more than nine consecutive years and shall not be eligible for appointment or re-election upon the expiry of such period until a period of twelve months has elapsed since they retired as a Trustee. There shall be a minimum of three and a maximum of twelve Trustees. Our Trustees come from a variety of backgrounds and have been carefully chosen because of their qualifications, experience, or connection to our cause and patient community.

Our chief executive officer is Claire Strickland. She isn't on the board and the Trustees have delegated the daily running of the charity to her, and she is supported by the staff team. Claire and her leadership team are accountable to the Board of Trustees, who meet six times per year.

New Trustees

When we need a new Trustee to join our board, we invite candidates to the centre, show them around and tell them about our work. Candidates are selected by interview involving at least two Trustees. They also meet the other Trustees and get the opportunity to ask them about the charity and the work of the board. We circulate their CV to the existing Trustees and provide the candidate with an information pack about the different types of scans at the centre, our financial situation and the latest financial statements. Once their appointment has been agreed by the board, we

provide new Trustees with copies of our governing documents. This includes the board terms of reference, statement of Trustee liability, frequency and timings of board meetings, a list of current Trustees, organisational structure, our current strategic plan and summary of all insurance policies.

Each Trustee takes part in a carefully designed induction programme to help them understand how we help patients and their families as well as what their responsibilities are.

Investment powers

Under the Articles of Association, our Trustees have the power to decide which investments are best for the charity. We follow a cautious investment strategy and have taken careful steps to make sure that our reserves are not put at undue risk. During the period and at the Balance Sheet date, most of our cash reserves have been put in short term fixed deposit accounts spread across a range of institutions. This is a prudent approach and deposits are held in short term account of usually no longer than 6 months maturity so that we remain flexible. Unfortunately interest rates remain low.

Reserves policy statement

Paul Strickland Scanner Centre's policy on reserves is consistent with the recommendations published by the Charity Commission SORP. Reserves are established and reviewed to ensure that the charity retains a level of funds to meet its forward obligations and to ensure it can reasonably maintain a level of service in line with its objectives.

The total net assets are £13,353,100 of which £65,059 represents restricted funds; £6,940,268 has already been designated to fund critically important capital and equipment projects. General unrestricted funds equal our free reserves at a total of £6,347,773.

It is our policy to keep free reserves at a level that would cover running costs (including staff salaries and associated costs) for 9 to 12 months. This is to spend in emergencies and to protect the interests of our patients and allows for complex and long-standing specialist clinical care pathways to be redirected, in the unlikely event that the charity should be wound up. The Trustees of the charity recognise that the operational life of the scanning equipment in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment.

Staff pay and conditions

Pay and conditions of staff are determined nationally, as set out in the NHS terms and conditions of Service and subject to a national job evaluation scheme.

Criteria or measures used to assess success in the reporting period

A set of key performance indicators is in place, which is measured throughout the reporting period, so that Trustees can assess the charity's performance and results against its objectives to ensure the charity is working towards meeting them. It is reviewed and discussed at board meetings. The measures include activity, quality, patient experience and contract compliance and these are discussed in the relevant earlier sections of the report.

Fundraising compliance

The fundraising team at Paul Strickland Scanner Centre organises events and other fundraising activities in and around Mount Vernon Hospital. During the pandemic, much of this activity took place virtually via the internet. Paul Strickland Scanner Centre does not involve commercial partners or external fundraising professionals. Paul Strickland Scanner Centre has signed up to the Fundraising Regulator's Code of Fundraising Practice. The team keeps up to date with the latest developments and best practice by attending conferences and webinars throughout the year. Volunteer fundraisers are given a briefing by the Information Governance lead before they raise funds for Paul Strickland Scanner Centre. All direct marketing is undertaken by the fundraising team to ensure that it is not unreasonably intrusive or persistent. Contact is made through direct marketing four times a year with our supporter magazine, as well as through relevant emails to those who have consented to receiving email. We closely follow GDPR guidelines. All marketing material contains clear instructions on how a person can be removed from mailing lists. No complaints for conduct that contravenes the Fundraising Regulator's Code of Practice were received by the department in this period.

BOARD OF TRUSTEES

The Trustees serving during the year and since year end were as follows:

Dr Roberto Alonzi

Mr John Andrews (appointed 20 November 2020)

Mr Patrick (Paddy) Kelly (Treasurer)

Mr Dilip Manek

Mr Daniel Ross

Mr George Wharton (appointed 28 February 2020)

Mrs Cathy Williams (Secretary)

Dr Terence Wright (Chairman)

Other administrative details

Company Number: 02033936

Charity registration number: 298867

Registered office: Paul Strickland Scanner Centre, Mount Vernon Hospital,
Rickmansworth Road, Northwood, HA6 2RN

Principal Bankers: Barclays Bank plc.

Solicitors: Veale Wasbrough Vizards

Auditors

Our auditors, Nunn Hayward LLP, are deemed to be reappointed under section 487(2) of the Companies Act 2006. Their address is: Nunn Hayward LLP, Chartered Accountants and Statutory Auditor, 2-4 Packhorse Road, Gerrards Cross, Buckinghamshire, SL9 7QE.

RELATED PARTIES

Details of transactions with Trustees and other related parties are given in Note 7 to the financial statements.

STATEMENT OF DISCLOSURE TO THE AUDITORS

So far as the Trustees are aware, there is no relevant audit information (as defined by Section 418 of the Companies Act 2006) of which the charity's auditors are unaware, and each Trustee has 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 charity's auditors are aware of that information. In approving the Trustees' Annual Report, we also approve the strategic report included therein, in our capacity as company directors.



Dr Terence R. Wright,

Chairman of the board of Trustees, dated 16 April 2021

On behalf of the Board of Trustees



Independent auditors' report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

We have audited the financial statements of Paul Strickland Scanner Centre (the 'charitable company') for the year ended 30 September 2020 which comprise the statement of financial activities, the balance sheet, cash flow statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2020 and of its incoming resources and application of resources, including its income and expenditure, 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.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

OTHER INFORMATION

The Trustees are responsible for the other information. The other information comprises the information included in the Trustees' annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material

inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the Trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report.

We have nothing to report in respect of the following matters where 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 Trustees' and directors' remuneration specified by law are not made or;
- we have not received all the information and explanations we require for our audit.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Statement of Trustees Responsibilities set out on page 76, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the charitable company 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.

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.

This report is made solely to the charitable company's members (who are also the Trustees for the purposes of charity law and the company's members and directors for the purposes of company law), as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's Trustees, as a body, in accordance with

regulations made under section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

A handwritten signature in black ink that reads "Nunn Hayward". The signature is written in a cursive, flowing style.

Tom Lacey (Senior Statutory Auditor)

for and on behalf of Nunn Hayward LLP, Statutory Auditor

Nunn Hayward LLP is eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006

2-4 Packhorse Road, Gerrards Cross, Buckinghamshire SL9 7QE

Date: 16 April 2021.

Statement of financial activities

(including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2020

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2020 £	Total 2019 £
INCOME						
Donations and legacies	3	470,446	-	8,066	478,512	585,445
<i>Income from charitable activities:</i>						
Clinical services	3	6,565,472	-	-	6,565,472	7,237,679
Research	3	194,702	-	-	194,702	227,068
Investment income	3	232,183	-	-	232,183	204,836
TOTAL INCOME	15	7,462,803	-	8,066	7,470,869	8,255,028
EXPENDITURE						
<i>Costs of raising funds:</i>						
Costs of generating voluntary income	5	161,743	-	-	161,743	216,488
Charitable activities	6	7,068,119	-	-	7,068,119	7,386,705
TOTAL EXPENDITURE	15	7,229,862	-	-	7,229,862	7,603,193
NET INCOME		232,941	-	8,066	241,007	651,835
TRANSFER BETWEEN FUNDS	15	(1,491,361)	1,498,999	(7,638)	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(1,258,420)	1,498,999	428	241,007	651,835
RECONCILIATION OF FUNDS FUNDS BROUGHT FORWARD	14,15	7,606,193	5,441,269	64,631	13,112,093	12,460,258
FUNDS CARRIED FORWARD	14,15	6,347,773	6,940,268	65,059	13,353,100	13,112,093

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 92 - 109 form part of these financial statements.

Balance sheet

FOR THE YEAR ENDED 30TH SEPTEMBER 2020

		2020		2019	
	Notes	£	£	£	£
FIXED ASSETS					
Tangible assets	8		1,498,999		1,760,619
Investments	9		5,441,269		5,441,269
			<u>6,940,268</u>		<u>7,201,888</u>
CURRENT ASSETS					
Debtors	10	3,385,956		3,160,444	
Cash at bank and in hand	9	<u>6,058,121</u>		<u>4,748,593</u>	
		9,444,077		7,909,037	
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR					
Creditors and accruals	11	<u>3,031,245</u>		<u>1,998,832</u>	
NET CURRENT ASSETS			6,412,832		5,910,205
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>13,353,100</u>		<u>13,112,093</u>
TOTAL NET ASSETS			<u>13,353,100</u>		<u>13,112,093</u>
FUNDS:					
Unrestricted funds:					
- General funds	15		6,347,773		7,606,193
- Designated funds	15		6,940,268		5,441,269
Total unrestricted funds			<u>13,288,041</u>		<u>13,047,462</u>
Restricted funds	15		<u>65,059</u>		<u>64,631</u>
			<u>13,353,100</u>		<u>13,112,093</u>

Balance sheet (continued)

FOR THE YEAR ENDED 30TH SEPTEMBER 2020

These financial statements were approved at a meeting of the Trustees held on 16 April 2021.

TRUSTEES



Dr. T. R. Wright, Chairman



Mr P. Kelly, Treasurer

Company number: 02033936

Registered Charity number: 298867

The notes on pages 92 - 109 form part of these financial statements.

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2020

	Notes	2020 £	2019 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash provided by operating activities	1	1,495,694	922,238
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		22,257	35,840
Purchase of tangible fixed assets		(205,442)	(145,980)
Net cash provided by investing activities		(183,185)	(110,140)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of finance lease		–	(121,916)
Interest paid on finance lease		(2,981)	(9,720)
Net cash used in financing activities		(2,981)	(131,636)
INCREASE IN CASH AND CASH EQUIVALENTS		1,309,528	680,462
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		10,189,862	9,509,400
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	11,499,390	10,189,862

Notes to the cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2020

1. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2020	2019
	£	£
Net movement in funds for the year (as per the Statement of financial activities)	241,007	651,835
Adjustments for:		
Depreciation charges	467,062	1,033,078
Interest received	(22,257)	(35,840)
Interest paid	2,981	9,720
(Increase)/decrease in debtors	(225,512)	(574,664)
Increase/(Decrease) in creditors	1,032,413	(161,891)
Net cash provided by operating activities	1,495,694	922,238

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2020	2019
	£	£
Fixed asset investments - term deposits	5,441,269	5,441,269
Cash at bank and in hand	6,058,121	4,748,593
	11,499,390	10,189,862

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2020

1. STATUTORY INFORMATION

Paul Strickland Scanner Centre is a company limited by guarantee registered in England and Wales (company number 02033936). The liability of the members (who are also the Trustees) is limited to £1 each in the event of winding up. The charity's registered and principal office is Mount Vernon Hospital, Northwood, Middlesex, HA6 2RN.

The accounts are presented in £ Sterling and rounded to the nearest £1.

2. STATEMENT OF ACCOUNTING POLICIES

The accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

2.1 Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

Paul Strickland Scanner Centre meets the definition of a public benefit entity under FRS 102. The financial statements are prepared on a going concern basis and under the historic cost convention unless otherwise stated in the relevant accounting policy note(s).

These financial statements are prepared in accordance with applicable charity and company law.

2.2 Income

Income is credited to the statement of financial activities in the period to which it relates. With the exception of voluntary income arising from legacies, donations and gifts, all income is credited to the statement of financial activities on a receivable basis.

Income from donations and gifts is recognised on a cash received basis. Income from pecuniary legacies are recognised as receivable once probate has been granted and notification has been received. Residuary legacies are recognised as receivable once probate has been granted, provided that sufficient information has been received to enable valuation of the charity's entitlement.

Income tax recoverable in respect of gift aid donations received to 30 September 2020 has been accrued for in these financial statements.

Fees receivable for scans are brought into the financial statements on the date on which the services are provided by the scanner centre.

Investment income is recognised on a receivable basis.

Grants received, which relate to a specific period of time, are dealt with on an accruals basis.

2.3 Donated services

The charity is not in receipt of any donated goods or services. In accordance with the Charities SORP (FRS 102), the economic contribution of general volunteers is not recognised in the accounts .

2.4 Expenditure

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates.

Costs of raising funds comprises the costs associated with attracting and managing donated income.

Expenditure on charitable activities comprises services identifiable as wholly or mainly in support of the company's charitable and operational work. These costs are regarded as an integral part of carrying out the direct charitable objectives of the charity and include

an appropriate proportion of overhead costs. Research and development expenditure is written off in the statement of financial activities in the year in which it is incurred.

Governance costs comprises expenditure incurred for constitutional and statutory requirements and are included within expenditure on charitable activities.

Support costs are costs indirectly incurred by the charity in supporting its charitable activities. They include the central functions and have been allocated to categories on a basis consistent with the use of resources.

2.5 Tangible fixed assets

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Land and buildings leasehold – over the length of the lease

Property improvements – over the length of the lease

Scanners – between 5 - 7 years straight line

Scanner upgrades – between 4 - 6 years straight line

Equipment – 25% straight line

Where significant building costs are incurred in order to install the new scanners, these costs are capitalised and depreciated in line with the respective scanner. General property improvements are depreciated over the remaining length of the lease.

At the year end fixed assets are reviewed to determine whether there is any indication that those assets have suffered impairment loss. If there is an indication of possible impairment, the recoverable amount of any affected assets is estimated and compared to its carrying amount. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised in the statement of financial activities.

If an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but not in excess of the amount that would have been determined had no impairment loss been recognised for the assets in prior years. A reversal of an impairment loss is recognised immediately in the statement of financial activities.

2.6 Investments

Investments are deposits held at bank which have been set aside for future capital expenditure and equals the amount of designated funds.

2.7 Debtors

Fees receivable and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid based on the cost value of the expenditure suffered.

2.8 Cash at bank

Cash at bank includes cash held in current, deposit and treasury deposit accounts and excludes amounts recognised under investments.

2.9 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or reliably estimated. Creditors and provisions are normally recognised at their settlement amount.

2.10 Finance and operating leases

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership of the leased asset to the charity. All other leases are classified as operating leases.

Assets held under finance leases are recognised initially at fair value of the leased asset at the inception of the lease. The corresponding liability to the lessor is included in the balance sheet as a finance lease obligation. Lease payments are apportioned between finance charges and a reduction of the lease obligation using the effective interest method so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the statement of financial activities. Assets held under finance leases are included in tangible fixed assets and depreciated and assessed for impairment in the same way as owned assets.

Rentals payable under operating leases are charged on a straight-line basis over the term of the lease. The aggregate benefit of lease incentives are recognised as a reduction to the expense recognised over the lease term on a straight line basis.

2.11 Taxation

The company is a registered charity and, therefore, is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities if applied for charitable purposes.

2.12 Funds

Unrestricted funds (general funds and designated funds) are those funds expendable at the discretion of the Trustees in accordance with the charitable objects.

Restricted funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor imposed conditions.

2.13 Financial instruments

The charity only has financial assets and liabilities of a kind that qualify as basic financial instruments, cash at bank, debtors and creditors. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2.14 Judgements and estimation

Preparation of the financial statements requires management to make significant judgements and estimates. The items in the financial statements where judgements and estimates have been made include:

Useful economic life of tangible assets

The annual depreciation charges for tangible assets are sensitive to changes in the estimated useful economic lives and residual values of the assets. The useful economic lives and residual values are amended when necessary to reflect current estimates, based on technological advancement, future investments, economic utilisation and physical condition of the assets.

3. INCOME

Donations and legacies	2020	2019
	£	£
Donations, gifts and funds raised	214,944	240,607
Legacies	239,940	322,563
Gift Aid recoverable on donations	23,628	22,275
	<u>478,512</u>	<u>585,445</u>
Income from charitable activities	2020	2019
	£	£
Fees from patients and health authorities	6,565,472	7,237,679
Research - general	194,702	227,068
	<u>6,760,174</u>	<u>7,464,747</u>
Investment income	2020	2019
	£	£
Royalties receivable	64,930	24,000
Cyclotron rental income	144,996	144,996
Bank interest and bank treasury deposit interest receivable	22,257	35,840
	<u>232,183</u>	<u>204,836</u>

4. NET INCOME

	2020	2019
	£	£
<i>Net income is stated after charging:</i>		
Operating lease rentals	354,527	268,869
Auditors' remuneration - audit	10,000	10,000
Auditors' remuneration - accountancy services	8,000	6,800
Depreciation	467,062	1,033,078

5. COSTS OF RAISING FUNDS

	2020	2019
	£	£
Fundraisers' salaries and assistance	126,922	167,375
Event costs	5,821	17,268
Printing and mailing	17,295	22,007
General expenses	11,705	9,838
	161,743	216,488

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs	Support Costs	Governance Costs	Total
	£	£	£	£
2020				
Costs of generating funds:				
Fundraising and related activities	161,743	-	-	161,743
Charitable activities:				
Clinical services	5,988,360	1,057,659	22,100	7,068,119
Research	-	-	-	-
	5,988,360	1,057,659	22,100	7,068,119
	6,150,103	1,057,659	22,100	7,229,862
2019 - Comparative information				
Costs of generating funds:				
Fundraising and related activities	216,488	-	-	216,488
Charitable activities:				
Clinical services	6,466,398	899,407	20,900	7,386,705
Research	-	-	-	-
	6,466,398	899,407	20,900	7,386,705
	6,682,886	899,407	20,900	7,603,193
SUPPORT COSTS				
2020		Staffing Costs	Other Costs	Total
		£	£	£
Clinical services		274,474	783,185	1,057,659
2019 - Comparative information				
Clinical services		262,168	637,239	899,407

Support costs represent the staffing costs which are not directly attributable to the clinical services of the charity and other costs including insurances, building costs and general office expenditure which are again, not directly attributable to clinical services. No allocation of support costs has been made to either the research or fundraising functions of the charity as these are deemed to be negligible.

7. ANALYSIS OF TOTAL STAFFING COSTS

The East and North Hertfordshire NHS Trust employs staff under joint contracts with the charity. The Trust administers the payroll and the charity is recharged for its share of the associated costs. These recharges are detailed below:

	2020	2019
	£	£
Wages and salaries	2,603,132	2,490,974
Social security	242,091	223,585
Pension	281,102	270,199
	3,126,325	2,984,758

During the year, emoluments of recharged staff earning in excess of £60,000 was as follows:-

	2020	2019
	No.	No.
£60,000 to £70,000	5	3
£70,000 to £80,000	2	3
£80,000 to £90,000	1	1
£90,000 to £100,000	2	2
£100,000 to £110,000	1	0
£110,000 to £120,000	0	0
£120,000 to £130,000	0	1
£140,000 to £150,000	0	1
£150,000 to £160,000	1	0

The average number of staff analysed by function was as follows:-

	2020	2019
	No.	No.
Medical and radiographic	56	51
Clerical and administration	8	10
	64	61

Key management comprise the Trustees and the leadership team. Remuneration of key management in the year was £1,212,967 (2019: £1,294,171). The cost of Trustees' indemnity insurance borne by the charity was £1,706 (2019: £1,706).

The Trustees did not receive any remuneration or fees for their services to the charity during the year under review.

8. TANGIBLE FIXED ASSETS

	Leasehold Land & Buildings £	Property Improvements £	Scanners £	Equipment £	Total £
Cost					
At 1 October 2019	2,091,883	978,252	6,397,962	1,875,067	11,343,164
Additions	-	66,818	-	138,624	205,442
Disposals	-	-	-	-	-
At 30 September 2020	2,091,883	1,045,070	6,397,962	2,013,691	11,548,606
Depreciation					
At 1 October 2019	2,091,883	913,267	4,806,576	1,770,819	9,582,545
Charge for the year	-	29,036	405,669	32,357	467,062
Disposals	-	-	-	-	-
At 30 September 2020	2,091,883	942,303	5,212,245	1,803,176	10,049,607
Net book value					
At 30 September 2020	-	102,767	1,185,717	210,515	1,498,999
At 30 September 2019	-	64,985	1,591,386	104,248	1,760,619

Included above are assets held under finance leases as follows:

	Scanners & Equipment £
Net book values	
At 30 September 2020	-
At 30 September 2019	-
Depreciation charge for the year	
At 30 September 2020	-
At 30 September 2019	115,310

The expenditure on land and buildings as shown above does not include the cost of the main building housing the Scanner Centre. Had these costs been capitalised then they would have been fully depreciated by 30 September 2005.

9. CASH AND CASH EQUIVALENTS

	2020	2019
	£	£
Investments - cash at bank and on deposit	5,441,269	5,441,269
Cash at bank and in hand	6,058,121	4,748,593
Cash and cash equivalents	11,499,390	10,189,862

Amounts included in investments represent cash at bank and other cash investments set aside by the charity as planned capital expenditure over the next three financial years. As such, capital preservation of these funds is deemed to be of paramount importance and in order to minimise risk, the charity has decided that these funds should be held in cash deposits which are geared to mature in line with the planned capital expenditure schedule.

10. DEBTORS

	2020	2019
	£	£
Interest receivable	9	18,684
Fees receivable	2,804,106	2,197,080
Prepaid scanner maintenance costs	284,361	312,359
Other debtors	36,491	342,086
Prepayments	113,426	85,770
Legacies receivable	147,563	204,465
	3,385,956	3,160,444

Included in fees receivable is £2,226,399 (2019: £1,509,348) due from East and North Hertfordshire NHS Trust.

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2020	2019
	£	£
Trade creditors	297,754	421,401
Accruals	361,033	58,921
Other creditors - East and North Hertfordshire NHS Trust	2,354,031	1,518,510
Value added Tax	18,427	-
	<u>3,031,245</u>	<u>1,998,832</u>

12. FINANCIAL COMMITMENTS

At 30 September 2020 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2020	2019
	£	£
Operating and service contracts which expire:	408,315	323,811
Less than one year	405,680	574,832
Over one year but less than five	156,250	181,250
Over five years	<u>970,245</u>	<u>1,079,893</u>

Financial commitments on scanner maintenance agreements will lapse when the related scanner is replaced. The financial commitments on such agreements are recognised over the estimated remaining life of the scanners.

13. CAPITAL COMMITMENTS

The Trustees regularly review the need to upgrade or replace scanners in order to maintain operational efficiency and offer up to date medical imaging to patients. To achieve these objectives, as at the date of this report, the charity has placed an order for a new PET CT scanner for £1.6m. The Trustees expect a further £1m to be spent on installation and associated costs for this scanner in 2020/21.

Further capital expenditure planned for 2020/21 includes the 'space project', for which costs are expected to be in the order of £800k, and IT and communications improvements and other capital projects of approximately £680k.

14. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2020 Total funds	2019 Total funds
	£	£	£	£	£
Fixed assets	-	6,940,268	-	6,940,268	7,201,888
Current assets	9,379,018	-	65,059	9,444,077	7,909,037
Creditors due within one year	(3,031,245)	-	-	(3,031,245)	(1,998,832)
Net assets	6,347,773	6,940,268	65,059	13,353,100	13,112,093

15. MOVEMENT IN FUNDS

	Balance at 1 October 2019	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2020
	£	£	£	£	£
General funds	7,606,193	7,462,803	(7,229,862)	(1,491,361)	6,347,773
Total general funds	7,606,193	7,462,803	(7,229,862)	(1,491,361)	6,347,773
Restricted funds					
Restricted funds for Research:					
Brachytherapy study	1,400	-	-	-	1,400
General Research	21,369	-	-	-	21,369
Patient welfare - oncology chairs	7,638	-	-	(7,638)	-
MRI Appeal	34,224	8,066	-	-	42,290
Total Restricted funds	64,631	8,066	-	(7,638)	65,059
Designated funds					
Scanner Replacement Fund	4,231,269	-	-	-	4,231,269
Designated property & equipment fund	-	-	-	1,498,999	1,498,999
The 'Space Project'	800,000	-	-	-	800,000
IT and Communications	410,000	-	-	-	410,000
Total Designated funds	5,441,269	-	-	1,498,999	6,940,268
Total	13,112,093	7,470,869	(7,229,862)	-	13,353,100

15. MOVEMENT IN FUNDS (continued)

Designated funds

A designated fund is a 'ring fencing' by the Trustees of existing unrestricted funds for a particular project or use by the charity.

Designated property & equipment fund

The property & equipment fund represents the net book value of the charity's fixed assets, including the lease and improvements to the premises on site at Mount Vernon Hospital, together with the scanners and other equipment used by the charity in the course of its day to day operations.

Scanner replacement & asset upgrade funds

The Trustees of Paul Strickland Scanner Centre recognise that the operational life of the scanner equipment currently in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment. The Trustees have assessed the cost of purchasing new MRI and PET-CT scanners plus installation costs and premises modifications to be in excess of £4m in the near future.

In addition to this amount, £800,000 has been set aside for the 'Space Project', which will upgrade the waiting and reception areas, and £680,000 has been set aside for IT and Communications improvements and other capital projects.

The Trustees therefore believe that the amounts set aside as designated funds as shown above are appropriate.

Restricted funds

MRI Appeal

To fund the purchase of a new MRI scanner including associated installation costs.

Brachytherapy

To fund a Brachytherapy pilot study which will enable the PhD study to give an extra scan time point.

General Research

To fund various projects relating to the diagnosis and treatment of cancer and other life limiting.

Patient welfare

To fund equipment to improve patient welfare. In 2018/19 Paul Strickland Scanner Centre received £7,638 for the purchase of two Hanover oncology chairs and this was expended in full during the year on the purchase of these chairs.

16. RELATED PARTY TRANSACTIONS

There have been no transactions with related parties other than those disclosed in note 7.

17. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30 SEPTEMBER 2019

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2019 £
INCOME					
Donations and legacies	3	543,583	-	41,862	585,445
<i>Income from charitable activities:</i>					
Clinical services	3	7,237,679	-	-	7,237,679
Research	3	227,068	-	-	227,068
Investment income	3	204,836	-	-	204,836
TOTAL INCOME		8,213,166	-	41,862	8,255,028
EXPENDITURE					
<i>Costs of raising funds:</i>					
Costs of generating voluntary income	5	216,488	-	-	216,488
Charitable activities	6	7,386,705	-	-	7,386,705
TOTAL EXPENDITURE		7,603,193	-	-	7,603,193
NET INCOME		609,973	-	41,862	651,835
TRANSFER BETWEEN FUNDS		(941,269)	941,269	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(331,296)	941,269	41,862	651,835
RECONCILIATION OF FUNDS					
FUNDS BROUGHT FORWARD		7,937,489	4,500,000	22,769	12,460,258
FUNDS CARRIED FORWARD	15	7,606,193	5,441,269	64,631	13,112,093

18. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2020		2019	
		£	£	£	£
Income					
Donations, gifts and funds raised			214,944		240,607
Legacies received			239,940		322,563
Income tax recoverable			23,628		22,275
Bank interest receivable			22,257		17,752
Bank treasury deposit interest receivable			18,088		18,088
			500,769		621,285
Less: expenditure					
Fundraisers' salaries and assistance		126,922		167,375	
Event costs		5,821		17,268	
Printing and mailing costs		17,295		22,007	
General expenses		11,705		9,838	
			161,743		216,488
Surplus - appeals fund			339,026		404,797
Add:					
Surplus – Scanner Centre	19		(98,019)		247,038
Surplus in year			241,007		651,835

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the charity.

19. ANALYSIS OF INCOME AND EXPENDITURE

SCANNER CENTRE	Notes	2020		2019	
		£	£	£	£
Income					
Fees from patients and health authorities			6,760,174		7,464,747
Royalties receivable			64,930		24,000
Cyclotron rental income			144,996		144,996
			<u>6,970,100</u>		<u>7,633,743</u>
Less: expenditure					
Radiologists and radiographers fees and salaries	2,721,622			2,920,861	
Other clinical services, management and administration salaries		874,839		678,837	
Other staffing costs		22,601		45,756	
Maintenance contracts and scanner repairs		684,251		570,582	
Repairs and renewals of equipment and building		212,308		133,110	
Lease charges on equipment		185,119		50,267	
Medical and surgical supplies, cryogenics and other consumables	1,023,398			1,117,703	
Coronavirus costs		102,890		-	
Rent and rates		197,233		224,988	
Heat, light and facilities		264,000		264,132	
Printing, postage, stationery and telephone		110,601		118,191	
Auditors' remuneration		10,000		10,000	
Medical conferences and travel		10,257		17,073	
Miscellaneous expenses		10,055		24,957	
Bank charges		3,133		2,647	
Legal, professional and consultancy fees		67,391		72,209	
Insurance		98,378		92,594	
Interest on finance leases		2,981		9,720	
Depreciation		467,062		1,033,078	
			<u>7,068,119</u>		<u>7,386,705</u>
Surplus - Scanner Centre			<u>(98,019)</u>		<u>247,038</u>

The above analysis is included to provide additional information to assist in the understanding of the financial activities of the Charity.