



PAUL  
STRICKLAND  
SCANNER  
CENTRE

*CANCER IMAGING EXPERTS*

# STRENGTH IN ADVERSITY

Annual Report and Financial Statements 2019-20

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**Staff were so calm,  
reassuring and  
professional. I felt in safe  
hands. Also, so kind!**

MRI SCAN PATIENT

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



# Contents

**4** Chairman's Report

**8** Trustees' Annual Report: *Including Directors' Report and Strategic Report*

**82** Independent Auditors' Report

**87** Statement of Financial Activities

**88** Balance Sheet

**90** Cash Flow Statement

**91** Notes to Cash Flow Statement

**92** Notes to Financial Statements

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

# 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**

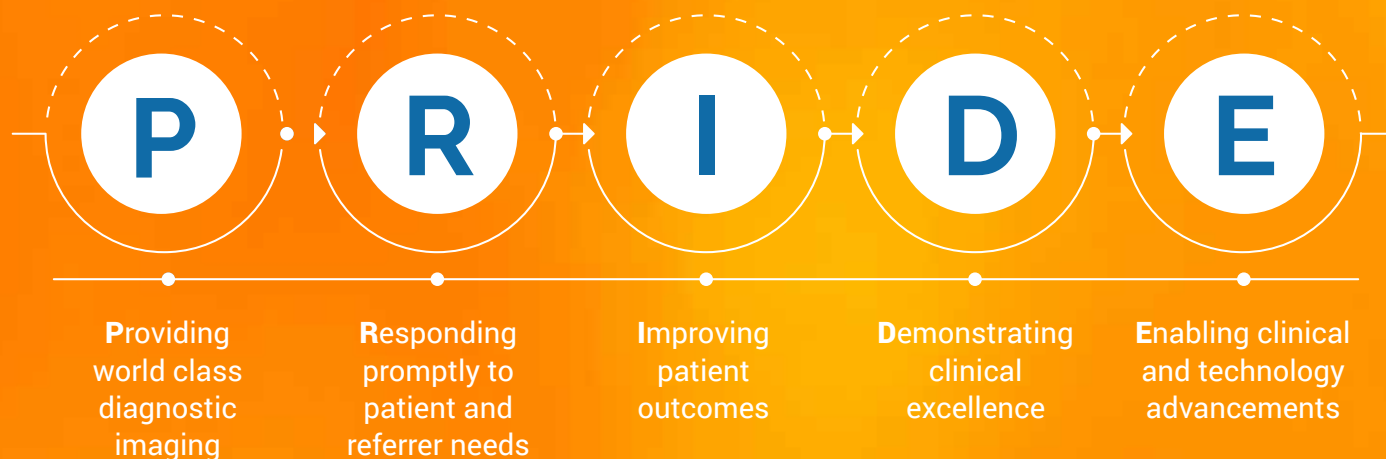
*April 2021*



# 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*



A photograph of a man and a woman in white lab coats, likely healthcare professionals, engaged in a conversation. The man is on the left, shown in profile, and the woman is on the right, looking towards him. They are both wearing white lab coats. The background is slightly blurred, showing what appears to be a clinical or hospital setting.

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**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."

A woman with short, dark, wavy hair is smiling warmly at the camera. She is wearing a light-colored, vertically striped button-down shirt and a dark beaded necklace. In the background, there is a medical setting with white equipment and a blue object. To the left, the back of a person's head with dark hair is visible, looking towards the woman.

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**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

A photograph of a woman lying in a hospital bed, looking up towards the ceiling. A hand is resting on her forehead. The image has a soft, blue-tinted background.

“

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

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**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

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

# What our patients say about us

99

%

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).

99.6%

of our patients rate  
their care as good,  
very good or  
excellent.



# 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

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**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.



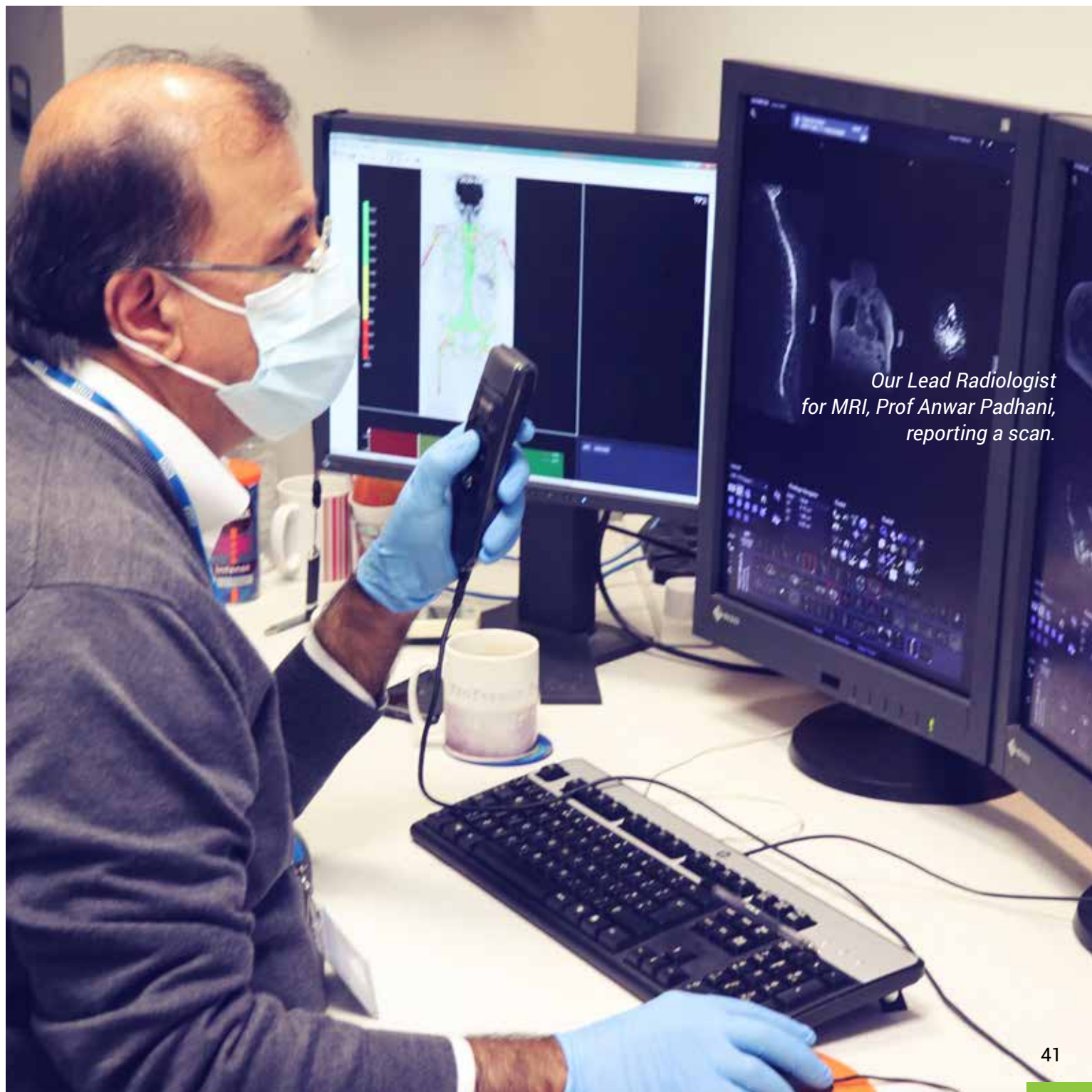
*Our team was immensely grateful for personal protective equipment they were gifted by the community.*

"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 positioned in a clinical room. The scanner is white with a large circular opening. A patient bed is extended from the scanner. To the left, a large mural of a forest and mountains is visible. The ceiling has skylights showing a blue sky with clouds. The floor is dark wood.

*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

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**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

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# 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

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# 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

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**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.



“

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*



The Society & College of  
Radiographers

# '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:

<b>2011</b>	13,203	<b>2016</b>	17,409
<b>2012</b>	13,235	<b>2017</b>	17,358
<b>2013</b>	13,664	<b>2018</b>	17,915
<b>2014</b>	14,397	<b>2019</b>	16,955
<b>2015</b>	16,069	<b>2020</b>	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](http://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 £
<b>INCOME</b>						
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
<b>TOTAL INCOME</b>	15	7,462,803	-	8,066	7,470,869	8,255,028
<b>EXPENDITURE</b>						
<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
<b>TOTAL EXPENDITURE</b>	15	7,229,862	-	-	7,229,862	7,603,193
<b>NET INCOME</b>		232,941	-	8,066	241,007	651,835
<b>TRANSFER BETWEEN FUNDS</b>	15	(1,491,361)	1,498,999	(7,638)	-	-
<b>NET MOVEMENT IN FUNDS</b>		(1,258,420)	1,498,999	428	241,007	651,835
<b>FOR THE YEAR</b>						
<b>RECONCILIATION OF FUNDS</b>						
<b>FUNDS BROUGHT FORWARD</b>	14,15	7,606,193	5,441,269	64,631	13,112,093	12,460,258
<b>FUNDS CARRIED FORWARD</b>	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	£	£
<b>FIXED ASSETS</b>			
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>
<b>CURRENT ASSETS</b>			
Debtors	10	3,385,956	3,160,444
Cash at bank and in hand	9	6,058,121	4,748,593
		<u>9,444,077</u>	<u>7,909,037</u>
<b>CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR</b>			
Creditors and accruals	11	3,031,245	1,998,832
<b>NET CURRENT ASSETS</b>		<u>6,412,832</u>	<u>5,910,205</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>13,353,100</u>	<u>13,112,093</u>
<b>TOTAL NET ASSETS</b>		<u>13,353,100</u>	<u>13,112,093</u>
<b>FUNDS:</b>			
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	65,059	64,631
		<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

		2020	2019
	Notes	£	£
<b>CASHFLOWS FROM OPERATING ACTIVITIES</b>			
Net cash provided by operating activities	1	1,495,694	922,238
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
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)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
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)
<b>INCREASE IN CASH AND CASH EQUIVALENTS</b>		1,309,528	680,462
<b>CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR</b>		10,189,862	9,509,400
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	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**

<b>Donations and legacies</b>	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
Donations, gifts and funds raised	214,944	240,607
Legacies	239,940	322,563
Gift Aid recoverable on donations	23,628	22,275
	478,512	585,445
<b>Income from charitable activities</b>	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
Fees from patients and health authorities	6,565,472	7,237,679
Research - general	194,702	227,068
	6,760,174	7,464,747
<b>Investment income</b>	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
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
	232,183	204,836

**4. NET INCOME**

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
<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**

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
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
	<b>161,743</b>	<b>216,488</b>

## 6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs	Support Costs	Governance Costs	Total
2020	£	£	£	£
<b>Costs of generating funds:</b>				
Fundraising and related activities	161,743	-	-	161,743
<b>Charitable activities:</b>				
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
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#### 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

	Staffing Costs	Other Costs	Total
2020	£	£	£
Clinical services	274,474	783,185	1,057,659
<b>2019 - Comparative information</b>			
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:

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
Wages and salaries	2,603,132	2,490,974
Social security	242,091	223,585
Pension	281,102	270,199
	<u>3,126,325</u>	<u>2,984,758</u>

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

	<b>2020</b>	<b>2019</b>
	<b>No.</b>	<b>No.</b>
£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:-

	<b>2020</b>	<b>2019</b>
	<b>No.</b>	<b>No.</b>
Medical and radiographic	56	51
Clerical and administration	8	10
	<u>64</u>	<u>61</u>

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 £
<b>Cost</b>					
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
<b>Depreciation</b>					
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
<b>Net book value</b>					
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:

### Net book values

	Scanners & Equipment £
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**

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
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
<b>Cash and cash equivalents</b>	<b>11,499,390</b>	<b>10,189,862</b>

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**

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
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
	<b>3,385,956</b>	<b>3,160,444</b>

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**

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
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:

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
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
	£	£	£	£	£
<b>Fixed assets</b>	-	6,940,268	-	6,940,268	7,201,888
<b>Current assets</b>	9,379,018	-	65,059	9,444,077	7,909,037
<b>Creditors due within one year</b>	(3,031,245)	-	-	(3,031,245)	(1,998,832)
<b>Net assets</b>	<b>6,347,773</b>	<b>6,940,268</b>	<b>65,059</b>	<b>13,353,100</b>	<b>13,112,093</b>

## 15. MOVEMENT IN FUNDS

	Balance at 1 October 2019	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2020
	£	£	£	£	£
<b>General funds</b>	7,606,193	7,462,803	(7,229,862)	(1,491,361)	6,347,773
<b>Total general funds</b>	<b>7,606,193</b>	<b>7,462,803</b>	<b>(7,229,862)</b>	<b>(1,491,361)</b>	<b>6,347,773</b>
<b>Restricted funds</b>					
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
<b>Total Restricted funds</b>	<b>64,631</b>	<b>8,066</b>	<b>-</b>	<b>(7,638)</b>	<b>65,059</b>
<b>Designated funds</b>					
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
<b>Total Designated funds</b>	<b>5,441,269</b>	<b>-</b>	<b>-</b>	<b>1,498,999</b>	<b>6,940,268</b>
<b>Total</b>	<b>13,112,093</b>	<b>7,470,869</b>	<b>(7,229,862)</b>	<b>-</b>	<b>13,353,100</b>

## 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 £
<b>INCOME</b>					
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
<b>TOTAL INCOME</b>		8,213,166	-	41,862	8,255,028
<b>EXPENDITURE</b>					
<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
<b>TOTAL EXPENDITURE</b>		7,603,193	-	-	7,603,193
<b>NET INCOME</b>		609,973	-	41,862	651,835
<b>TRANSFER BETWEEN FUNDS</b>		(941,269)	941,269	-	-
<b>NET MOVEMENT IN FUNDS FOR THE YEAR</b>		(331,296)	941,269	41,862	651,835
<b>RECONCILIATION OF FUNDS</b>					
<b>FUNDS BROUGHT FORWARD</b>		7,937,489	4,500,000	22,769	12,460,258
<b>FUNDS CARRIED FORWARD</b>	15	7,606,193	5,441,269	64,631	13,112,093



**18. ANALYSIS OF INCOME AND EXPENDITURE**

<b>APPEALS FUND</b>	<b>Notes</b>	<b>2020</b>		<b>2019</b>	
		<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Income</b>					
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
			<u>500,769</u>		<u>621,285</u>
<b>Less: expenditure</b>					
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	
		<u>161,743</u>		<u>216,488</u>	
<b>Surplus - appeals fund</b>			<u>339,026</u>		<u>404,797</u>
<b>Add:</b>					
Surplus – Scanner Centre	19		(98,019)		247,038
<b>Surplus in year</b>			<u><u>241,007</u></u>		<u><u>651,835</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	2020		2019	
		£	£	£	£
<b>Income</b>					
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>	
<b>Less: expenditure</b>					
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>	
<b>Surplus - Scanner Centre</b>		<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.