



Our vision

comes

to life

Annual Report and Financial
Statements 2023-2024



PAUL
STRICKLAND
SCANNER
CENTRE

CANCER IMAGING EXPERTS

“

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

PATIENT COMMENT

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

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

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Chair's report

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

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

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

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



We are deeply grateful to our supporters.

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



PAUL
STRICKLAND
SCANNER
CENTRE

Ms Joanne Langfield, Chair

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

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

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

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

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

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

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

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

Ms Joanne Langfield

Chair of the Board of Trustees





Trustees' report

OUR VISION

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

OUR VALUES

IMPROVE

We are committed to consistently delivering excellent services and continuously looking to improve through a creative workforce that feels empowered to act in service of our shared purpose.

INCLUDE

We value the diversity and experience of our community colleagues and partners, creating relationships and climates that provide an opportunity to share, collaborate and grow together.

RESPECT

We create a safe environment where we are curious of the lived experience of others, seek out best practice and are open to listening and hearing new ideas.

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

“

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

PATIENT COMMENT

Beating cancer, one scan at a time

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

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

Public benefit

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



Cancer imaging pioneer

Paul Strickland OBE

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

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

Scanning for opportunities

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


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



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

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

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

A person is lying on a medical imaging table, positioned inside a large, circular gantry. The gantry is illuminated with a bright blue light, creating a strong glow around the opening. The person is lying on their back, and their head is positioned near the bottom of the frame. The background is dark, and the overall scene is dimly lit, with the primary light source being the blue glow from the gantry. The text is overlaid on the right side of the image, in a white, sans-serif font.

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

Our CEO and team

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

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

Fundraising and research

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

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



Claire Strickland, CEO

Objectives

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

Our objectives

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

Objective 1

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





Bookings Team

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

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

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





“

Friendly and
efficient, thank you.

PATIENT COMMENT

UKAS accreditation

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

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

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

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



“

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

PAULA MERRY



*Paula Merry, Quality and
Governance Lead*

Audit team

Striving for the best care and health outcomes for our patients

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

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

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

“

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

MANPREET KAUR PUNIA



*Advanced Radiographer Manpreet
Kaur Punia, our Clinical Audit Lead*



“

Extremely friendly and professional staff, very punctual! Amazing.

PATIENT COMMENT

Objective 2

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





Arriving at Paul Strickland Scanner Centre



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



“

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

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

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

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

Patient satisfaction scores

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



87.63%
Very Satisfied



11.57%
Satisfied



0.8%
Neither
Satisfied nor
Dissatisfied



0%
Dissatisfied



0%
Very
Dissatisfied

Patient Experience Group

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

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

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

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

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

CASE STUDY

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

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

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

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

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

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

“

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

ANNIE, PATIENT EXPERIENCE
GROUP MEMBER





“

Had many scans here -
always good, wonderful staff.

PATIENT COMMENT

Objective 3

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





Having a scan at Paul Strickland Scanner Centre



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

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



“

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

PATIENT COMMENT

Multimillion-pound investment in Paul Strickland Scanner Centre completed

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

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

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

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

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



Faster scans, better images, improved patient comfort

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

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

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

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



Charity-funded power injector improves patient access

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

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

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

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

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



*MRI Superintendent
Marie Fennessy*



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



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

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

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

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





“

Professional and caring
approach throughout.

PATIENT COMMENT

Project Luna: Ensuring our sustainability for the future



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

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

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



“

Great service - thank you.
Will contribute to charity.

PATIENT COMMENT

Objective 4

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





Getting the results

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



22

Peer reviewed accepted journal
publications by our clinical team.

Source: PubMed.gov

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

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

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

Research revolution

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

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

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

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

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

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

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

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

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

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

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


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

A portrait of Dr Amish Lakhani, a man with dark hair and glasses, wearing a dark suit, white shirt, and patterned tie. He is smiling slightly.

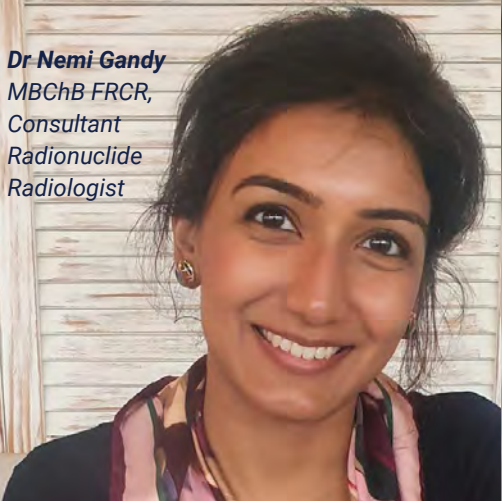
Dr Amish Lakhani
MBBS MA (Cantab)
FRCR, Consultant
Radiologist
Lead Consultant,
Training

A portrait of Andrew Gogbashian, a man with dark hair and a beard, wearing a dark blazer over a light blue shirt. He is smiling.


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

A portrait of Professor Anwar Padhani, an older man with glasses and a grey beard, wearing a grey suit, white shirt, and dark tie. He is looking directly at the camera.

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

A portrait of Dr Nemi Gandy, a woman with dark hair, wearing a dark top and a patterned scarf. She is smiling.


Dr Nemi Gandy
MBChB FRCR,
Consultant
Radionuclide
Radiologist

A portrait of Dr Senan Alsanjari, a man with short dark hair and a light beard, wearing a dark blazer over a light blue shirt. He is looking directly at the camera.


Dr Senan Alsanjari
MBBs, BSc, FRCR
Consultant
Radiologist

A portrait of Dr Subhadip Ghosh-Ray, a man with a shaved head, wearing a dark suit, white shirt, and dark tie. He is smiling.

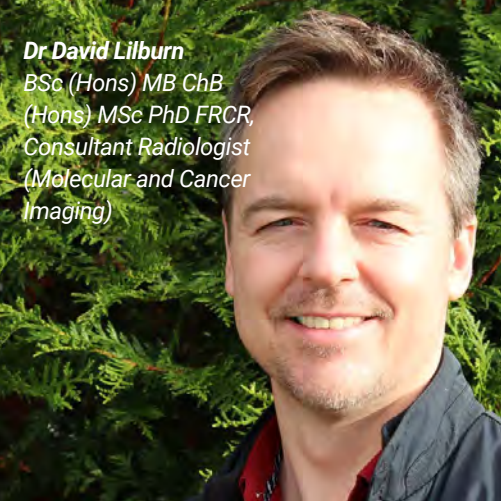
**Dr Subhadip
Ghosh-Ray**
BSc MBBS FRCR,
Consultant Head and
Neck Radiologist
Lead Consultant for
Information
Technology

A portrait of Dr Muhammad Dharas, a man with dark hair and a beard, wearing a dark suit, white shirt, and dark tie. He is smiling.

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

A portrait of Dr Heminder Sokhi, a woman with dark hair, wearing a dark top and a pearl necklace. She is looking slightly to the side.

Dr Heminder Sokhi
MBChB MRCS FRCR,
Consultant
Radiologist

A portrait of Dr David Lilburn, a man with short brown hair, wearing a dark jacket over a red shirt. He is smiling.

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

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



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



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



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



OUR CONSULTANT TEAM



SIEMENS
Healthineers



Revolutionary MRI technology reshapes cancer detection

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

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

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

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


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

A portrait of Anwar Padhani, a middle-aged man with glasses and a grey beard, wearing a dark suit and white shirt. The photo is tilted slightly to the right.

Anwar Padhani

A portrait of Will McGuire, a man with glasses and a beard, wearing a plaid shirt. The photo is tilted slightly to the right.

Will McGuire

A portrait of Marie Fennessy, a woman with blonde hair, wearing a dark top. The photo is tilted slightly to the right.

Marie Fennessy

The promise of whole-body MRI

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

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

Enter deep learning

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

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

Superior image quality and reduced scan times

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

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

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

Implications for Clinical Practice

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

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

Looking ahead

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

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



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

PATIENT COMMENT



“

The atmosphere is calm
and friendly.

PATIENT COMMENT

Objective 5

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



Staff engagement

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

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

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

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



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

Staff Attitude Survey: Positive Highlights

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



Safety

72%

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



Patient focus

97%

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

89%

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

86%

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



Leadership



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



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



Workplace satisfaction



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

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

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

Bringing staff together for shared learning: Our QI afternoons

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

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

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

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

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



*Members of our team during
one of our QI afternoons*



Giving something back

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





Sporting events

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



Spring walk

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





Our golf day

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

How we manage principal risks and uncertainties

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

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

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

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

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

Financial Review

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

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

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

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

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

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

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

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

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



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

PATIENT COMMENT

Structure, Governance and Management

TRUSTEES AND THEIR INTERESTS

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

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of Paul Strickland Scanner Centre for the purposes of company law) are responsible for preparing the Trustees Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the trustees to prepare financial statements for each financial year. Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Observe the methods and principles in the Charities SORP 2019 (FRS 102);
- Select suitable accounting policies and then apply them consistently;
- Make judgements and accounting estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

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

HOW WE WORK

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

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

NEW TRUSTEES

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

INVESTMENT POWERS

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

RESERVES POLICY STATEMENT

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

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

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

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

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

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

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

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

Strategies under active consideration include:

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

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

STAFF PAY AND CONDITIONS

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

CRITERIA OR MEASURES USED TO ASSESS SUCCESS IN THE REPORTING PERIOD

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

FUNDRAISING COMPLIANCE

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

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

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

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

BOARD OF TRUSTEES

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

Mrs Nimisha Jadeja

Ms Joanne Langfield (Chair)

Mrs Jean Liao (Appointed November 2023)

Mr André Nunes

Ms Amy Page

Ms Victoria Poole (Appointed June 2024)

Mr Daniel Ross (Treasurer)

Mr George Wharton



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Amazing Service,
Staff extremely kind.

PATIENT COMMENT

Other administrative details

Company Number: 02033936

Charity registration number: 298867

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

Principal Bankers: Barclays Bank plc.

Solicitors: Veale Wasbrough Vizards LLP

Auditors

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

RELATED PARTIES

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

STATEMENT OF DISCLOSURE TO THE AUDITORS

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

Ms Joanne Langfield,

Chair of the board of Trustees, dated 25 April 2025

On behalf of the Board of Trustees



Independent auditor's report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

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

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2024 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

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

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

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

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

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

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

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us or;
- the financial statements are not in agreement with the accounting records and returns or;
- certain disclosures of trustees' and directors' remuneration specified by law are not made or;
- we have not received all the information and explanations we require for our audit.

RESPONSIBILITIES OF TRUSTEES

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

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

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

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

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

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

This report is made solely to the charitable company's members (who are also the trustees for the purposes of charity law and the company's members and directors for the purposes of company law), as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's trustees, as a body, in accordance with regulations made under section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Tom Lacey (Senior Statutory Auditor)

for and on behalf of Nunn Hayward LLP, Statutory Auditor

Nunn Hayward LLP is eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006
2-4 Packhorse Road, Gerrards Cross, Buckinghamshire SL9 7QE

Date: 25 April 2025

Statement of financial activities

(including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2024

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

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

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

Balance sheet

AS AT 30TH SEPTEMBER 2024

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

Balance sheet (continued)

AS AT 30TH SEPTEMBER 2024

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

Mr Daniel Ross - Trustee

Ms Joanne Langfield – Trustee

Company number: 02033936

Registered Charity number: 298867

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

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2024

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

Notes to the cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2024

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

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

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

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

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2024

1. STATUTORY INFORMATION

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

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

2. STATEMENT OF ACCOUNTING POLICIES

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

2.1 Basis of preparation

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

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

2.2 Income

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

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

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

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

Investment income is recognised on a receivable basis

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

2.3 Donated services

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

2.4 Expenditure

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

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

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

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

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

2.5 Tangible fixed assets

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

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

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

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

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

2.6 Investments

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

2.7 Debtors

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

2.8 Cash at bank

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

2.9 Creditors and provisions

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

2.10 Finance and operating leases

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

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

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

2.11 Taxation

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

2.12 Funds

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

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

2.13 Financial instruments

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

2.14 Judgements and estimation

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

Useful economic life of tangible assets

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

3. INCOME

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

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

Income from charitable activities	2024	2023
	£	£
Fees from patients and health authorities	<u>8,731,638</u>	<u>8,101,628</u>

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

4. NET INCOME

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

5. COSTS OF RAISING FUNDS

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

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

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

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

7. ANALYSIS OF TOTAL STAFFING COSTS

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

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

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

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

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

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

	2024	2023
	No.	No.
Medical and radiographic	64	61
Clerical and administration	10	10
	<u>74</u>	<u>71</u>

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

8. TANGIBLE FIXED ASSETS

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

Included above are assets held under finance leases as follows:

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

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

9. CASH AND CASH EQUIVALENTS

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

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

10. DEBTORS

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

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

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

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

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

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

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

13. FINANCIAL COMMITMENTS

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

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

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

14. CAPITAL COMMITMENTS

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

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

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

16. MOVEMENT IN FUNDS

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

16. MOVEMENT IN FUNDS (continued)

Designated funds

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

Designated property & equipment fund

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

Scanner replacement fund

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

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

IT, Communications & other fund

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

Restricted funds

Brachytherapy

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

Lung cancer study

Grant funding for a lung cancer study

General Research

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

Power injector fund

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

Scanner fund

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

AI software

Funds raised for the purchase of AI software.

Patient welfare

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

Small Restricted

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

Project Vital Scan

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

17. RELATED PARTY TRANSACTIONS

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

18. CONTINGENT LIABILITIES

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

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

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

20. ANALYSIS OF INCOME AND EXPENDITURE

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

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

21. ANALYSIS OF INCOME AND EXPENDITURE

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

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