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PAUL
STRICKLAND
SCANNER
CENTRE

CANCER IMAGING EXPERTS

BEATING CANCER
ONE SCAN AT A TIME

Annual Report and Financial Statements 2018-19

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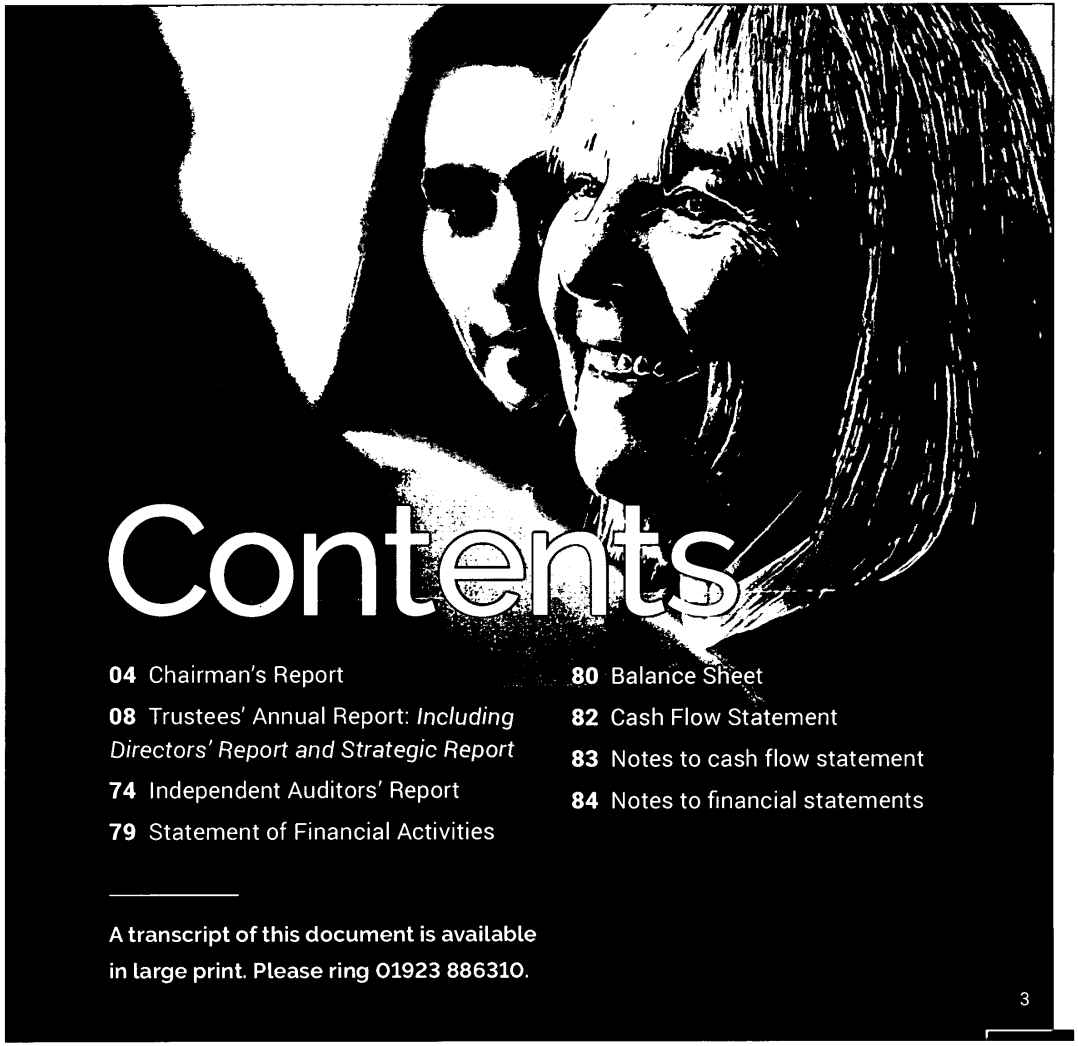
An amazing, life-saving facility with wonderful, caring staff from start to finish.

PATIENT COMMENT

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



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

Chairman's report

As Chairman of the Board of Trustees I am very pleased to be able to report another successful and busy, if occasionally challenging, year at Paul Strickland Scanner Centre (PSSC).

As always, the trustees, staff and volunteers have all worked together to ensure that we remain at the forefront of diagnostic imaging, giving patients with cancer and other serious conditions the best possible options for their care and recovery.

Our Chief Executive, Claire Strickland, and her team demonstrate that we do all that we can to ensure that: our patients come first; we protect our interest, so we may continue to provide ongoing care to our patients and we look to develop even stronger relationships with our referrers and partners, both NHS and private.

Key Activities

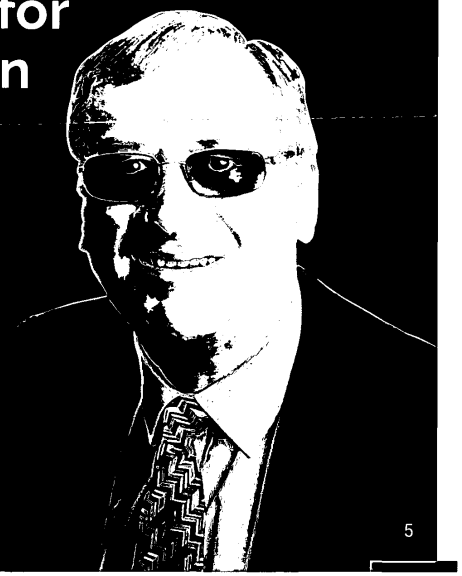
The additional MRI machine, bought last year and shared operationally with East and North Hertfordshire NHS Trust, is now fully operational and is starting to be used for guided biopsy, a technique which will significantly improve the patient experience and give much more accurate results for the selection of treatment.

We are also well into the planning process for upgrading our PET-CT equipment and expect new equipment to be installed in the very near future. One of the challenges this year has been the availability of new PET-CT tracers that improve the diagnostic capabilities of our equipment but we are working with our supplier who hope to have a stable production process shortly.

Our certification with ISAS (Imaging Services Accreditation Scheme), now renamed as QSI (Quality Standard for Imaging), continues to be a fundamental external assessment of our excellence and we intend to maintain this certification on an on-going basis.

We are very grateful to our CEO, her team and all employees of PSSC for all of their hard and effective work and for their flexibility when patient needs require it.

DR TERENCE R WRIGHT



As always, it is very important that we maintain strong positive relationships with those who send their patients to us. Recently PSSC organised and ran an Oncological Imaging Course. Our communications team did an outstanding job of organising the course, and clinicians from MVCC, our radiologists and our radiographers did an excellent job in teaching the benefits of what we provide. We thank all of those taking part for making such a success of the course.

We also thank our many generous donors and volunteers and are very grateful to all of those who make legacy and regular donations to our appeals fund. We like to keep everybody informed so, in addition to our regular *Inside View* magazine, in January this year we ran an Information Event. Recent activities were shared with our interested audience and advances in breast and prostate cancer were reviewed.

Several of our radiologists, radiographers and scientists are of course well known for their expertise in the medical and academic world outside Paul Strickland Scanner Centre. We continue to encourage them to travel to learn, to share our expertise and to become involved with external partners in areas of relevant research.

One of the challenges at present is to ensure that patient data (images, written data, historical information) is made available as effectively as possible to those who need it in order to make the best diagnosis and subsequent treatment whilst also maintaining the security of the information. We are committed to making sure that we are able to network into new systems for data sharing, but not to get out of step with partners by investing in technology which becomes incompatible with future partners.

Our employees continue to give the highest quality attention to our patients and we have continued to improve our patient space as much as the confines of our premises will allow.

We are very grateful to our CEO, her team and all employees of PSSC for all of their hard and effective work and for their flexibility when patient needs require it.

The future

Recently, a national newspaper published comments about the viability of Mount Vernon Cancer Centre on the Mount Vernon Hospital site. Since we have a strong partnership with Mount Vernon Cancer Centre (MVCC) we are very pleased that our CEO takes part in the planning meetings to secure the future of MVCC. University College London Hospital is reviewing the operations at MVCC with a view to taking over the responsibility for the management of the centre from April 2021 and into the future. We expect to be an essential part of that future.

As this report shows, the Board of Trustees has recently shrunk to six. Between eight and twelve trustees is a much more realistic number to facilitate fair sharing of responsibilities and coverage of expertise. We have therefore just appointed a seventh trustee, Mr G Wharton, and have in mind an eighth.

Fundraising continues to be essential to us and is a key part of maintaining our future. Thank you to all of our donors and volunteers who give so much time and generate so much enthusiasm for us into the future.

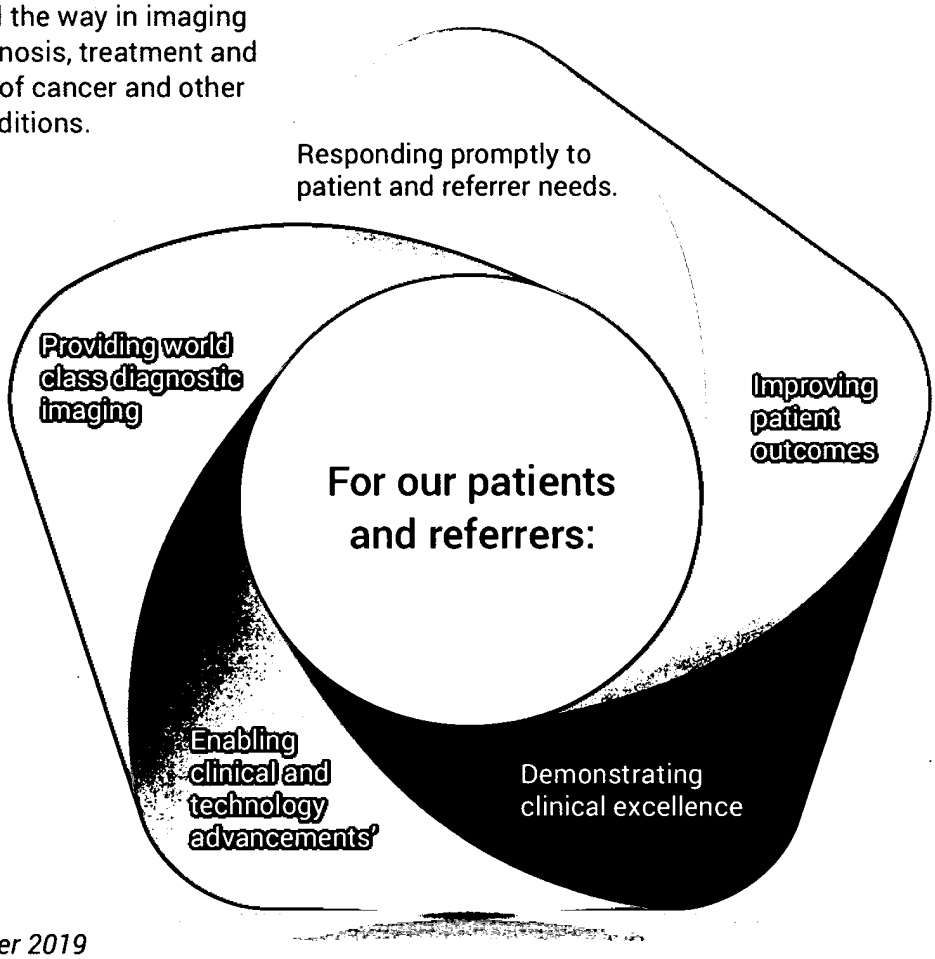
We are looking forward to an exciting year as we move forward with partners consolidating our current activities and with potential for growth.

Terry R Wright

Dr Terence R. Wright
Chairman of the Board of Trustees
April 2020

Trustees' report

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



For the year ended 30 September 2019

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All staff were very helpful and patient

PATIENT COMMENT

About us

We're a specialised medical imaging centre and registered charity working to improve the lives of people affected by cancer and other serious conditions. We do this by providing the best possible patient care, using high quality imaging equipment, and by being actively involved in medical research.

We serve both NHS and private patients who need Magnetic Resonance Imaging (MRI), Computed Tomography (CT), and Positron Emission Tomography – Computed Tomography (PET-CT) scans. Most patients are from North West London and Middlesex, Hertfordshire, Buckinghamshire and Bedfordshire. The scans are mainly used to diagnose and monitor cancer, but also other serious conditions (such as dementia). We also support life-changing medical research. As an independent medical charity, we receive no government funding and rely heavily on donations from our supporters – including family, friends and colleagues of patients who have been treated at the centre.

Public benefit

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

We work as a team

Our staff team is led by Claire Strickland, our Chief Executive. She reports to our Board of Trustees, which is chaired by Dr Terry Wright. We are hugely grateful to a number of very dedicated volunteers who support our charity. Claire is the daughter of our founder and believes that the patient must always come first when delivering high standard care.

Most of our staff are either radiographers (clinical staff who produce CT, MRI and PET-CT images using our specialised equipment) or radiologists (doctors who specialise in diagnosing and reporting on illnesses and injuries through the use of medical images). Other staff support patients by booking appointments and making sure the centre is efficiently run.

Research

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

Cancer imaging pioneer

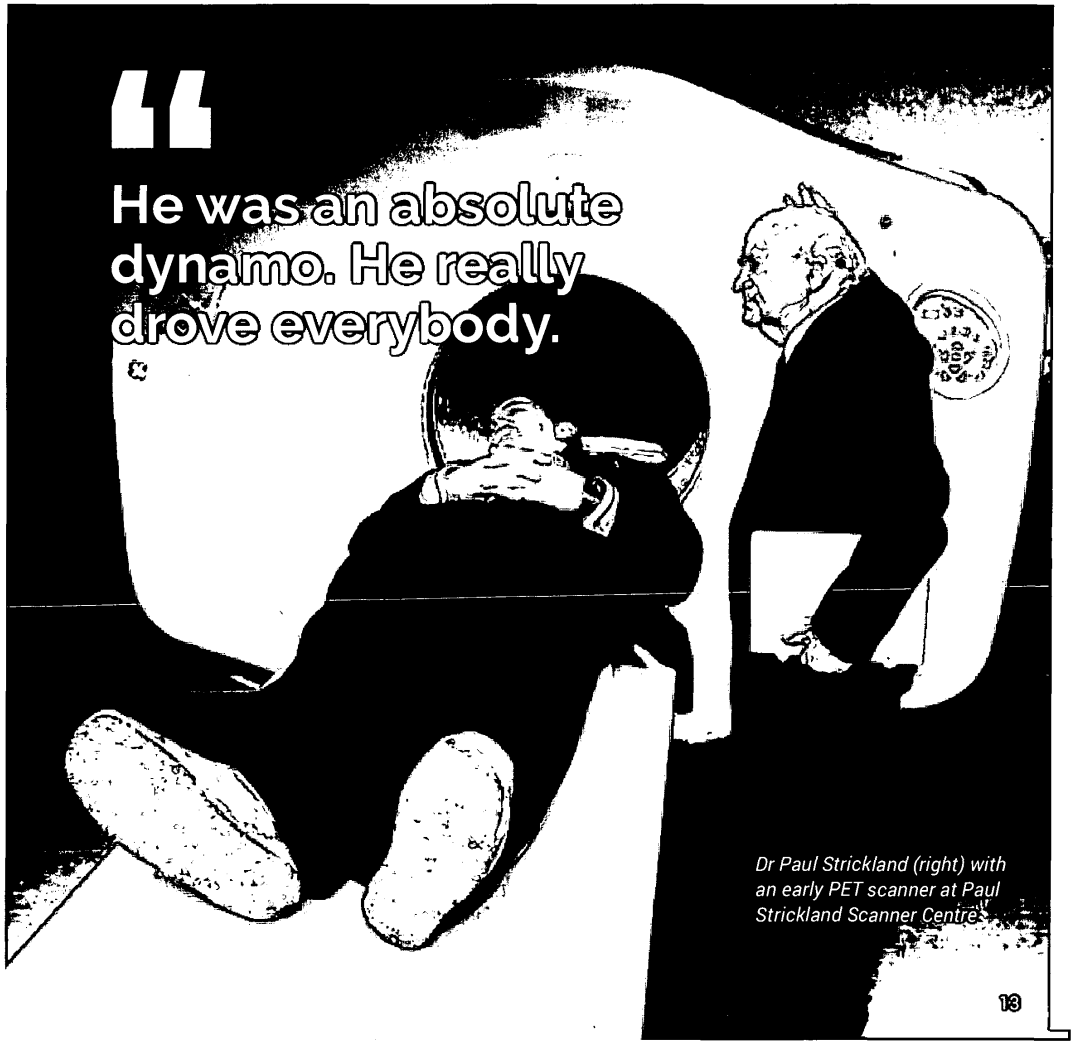
Paul Strickland OBE

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

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

Scanning for opportunities

In the 1970s, two British Nobel Laureates developed the CT and the MRI scanner. Dr Strickland quickly realised the importance of these in facilitating the early diagnosis of cancer which would improve the patient's chance of recovery. In 1982, in the midst of a recession, he became Vice Chairman of the appeal to obtain a CT scanner for Mount Vernon. A friend remarked: "He was an absolute dynamo. He really drove everybody." The Appeal was launched in February 1983, aiming to reach £1,250,000 in 3 years. In just two years, by March 1985, £1,700,000 was raised, enough to fund a CT and an MRI scanner and the building to house them, which became Paul Strickland Scanner Centre. The result is a world class centre which attracts the highest calibre radiologists and radiographers.



“He was an absolute dynamo. He really drove everybody.”

Dr Paul Strickland (right) with an early PET scanner at Paul Strickland Scanner Centre

Objectives and activities

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

Our objectives

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

OBJECTIVE 1

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

Inspection thumbs-up

We've been given the thumbs-up by England's health watchdog, following an inspection in December 2018.

An unannounced visit by the Care Quality Commission (CQC) assessed care at the centre and looked at whether the service is safe, responsive, well-led and caring.

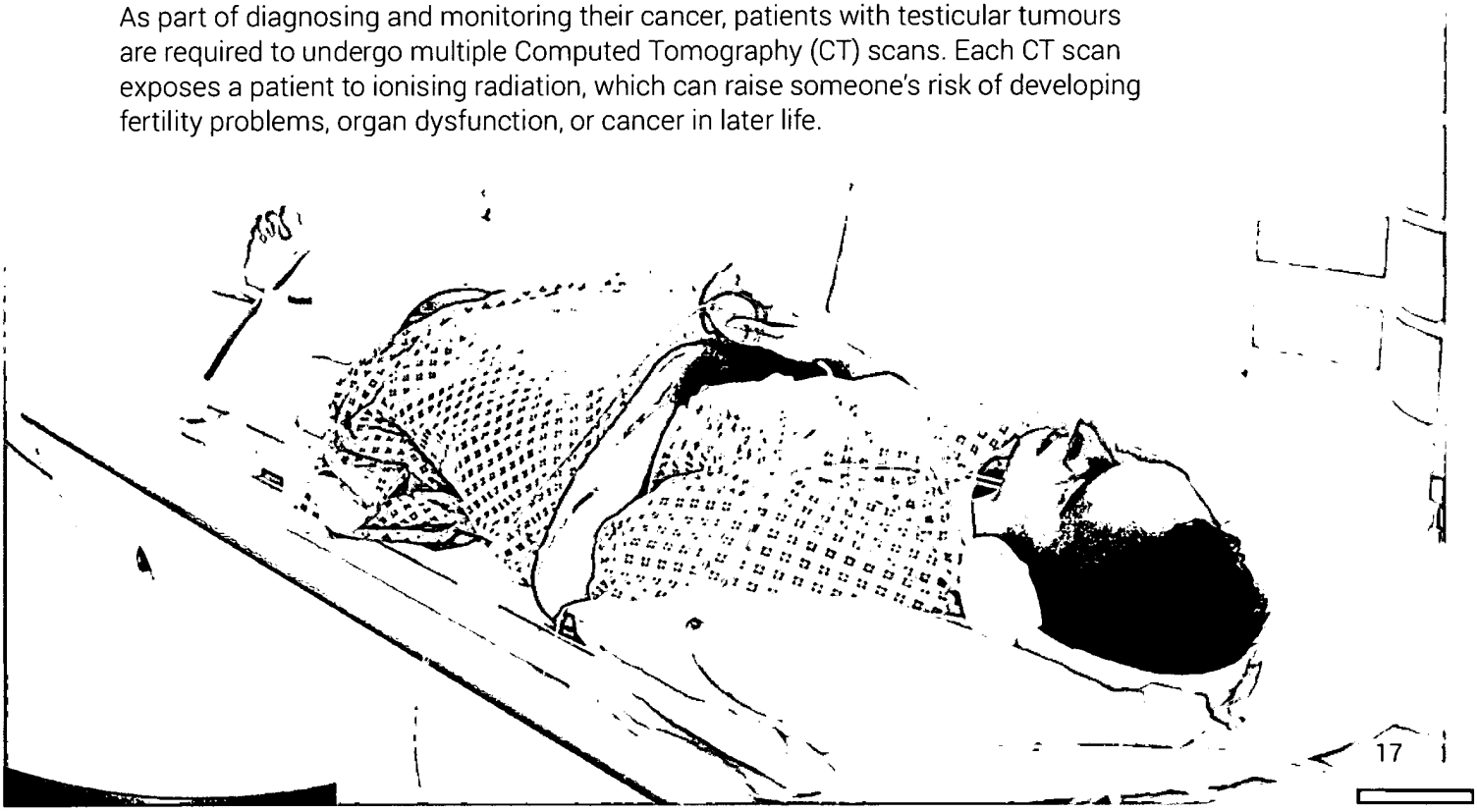
Inspectors rated the centre as "good" across the board, which means that the CQC considers a health provider to be performing well and meeting the commission's expectations.

Claire Strickland, Paul Strickland Scanner Centre CEO, said: "Our team is totally dedicated to providing the highest quality care to our patients and delivering world-class medical research, and we are thrilled about this fantastic result. CQC inspectors set a very high standard and being rated as 'good' is something we are very proud of."

Testicular cancer advance underway

We're leading a ground-breaking project that will prolong and improve the lives of thousands of men diagnosed with testicular cancer.

As part of diagnosing and monitoring their cancer, patients with testicular tumours are required to undergo multiple Computed Tomography (CT) scans. Each CT scan exposes a patient to ionising radiation, which can raise someone's risk of developing fertility problems, organ dysfunction, or cancer in later life.



Most men with testicular cancer are young, which means a higher radiation dose is particularly disadvantageous to them.

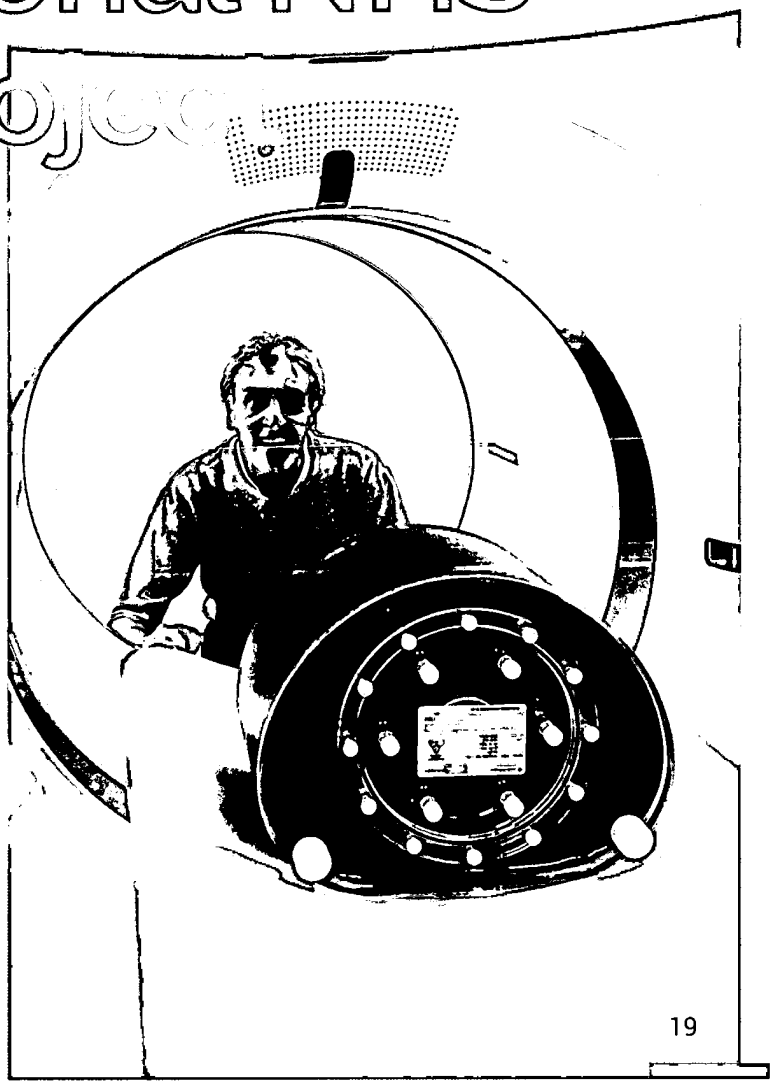
Our project outlines how the radiation dose for testicular cancer patients can be reduced by at least 30%, with no loss to CT scan image quality. If nationally adopted, the project will save many of the 2,300 men diagnosed in the UK with testicular cancer every year from possible radiation.

Dr Andrew Gogbashian, our lead consultant for CT, said: "Medical imaging is constantly developing and my team and I are proud to be at the forefront of driving improvements for patients.

"Quality and patient safety are massive priorities for us and I'm hugely excited about the improved long-term outcomes this project promises.

DR ANDREW GOGBASHIAN

Centre scientist leads national NHS PET-CT project



A new project that could set new standards for PET-CT scans across England is being led by Dr Bal Sanghera (pictured), clinical scientist at Paul Strickland Scanner Centre.

This national project, approved by the Chief Scientific Office at NHS England and supported by the National Physics Laboratory, uses a radioactive test phantom (see picture) to test the output of different PET-CT scanners.
Dr Sanghera said: "I'm really excited about the potential of this project."

We've revamped our Quality Improvement team to become a fully-fledged Patient Experience Group (PEG).

This cross-disciplinary group works to enhance the experience for patients at Paul Strickland Scanner Centre, ensuring it complies with the rigorous patient-experience criteria of the Quality Standard for Imaging (QSI).

The group collects, analyses and responds to patient feedback, which is mainly collected via hundreds of comments cards submitted by patients during their visit to the centre.

Additionally, the team puts on regular quality improvement afternoon sessions for staff to develop colleagues in order to improve service further.

“

Kind, caring staff who understand my needs. Thank you.

PATIENT COMMENT

QSI accreditation

The centre is proud of its accreditation with the Quality Standard for Imaging (QSI)

The Royal College of Radiologists and the College of Radiographers have developed QSI (formerly known as the Imaging Services Accreditation Scheme) to support diagnostic imaging services, to manage the quality of their services and make continuous improvements; ensuring that their patients consistently receive high quality services delivered by competent staff working in safe environments.

UKAS delivers and manages assessment for accreditation for the QSI on behalf of the Colleges. QSI was formerly known as the Imaging Services Accreditation Scheme (ISAS).

We received a surveillance visit from the QSI team in January 2019, which found that we continue to comply with the standard.

QSI QUALITY STANDARD FOR IMAGING

Fundraising

The centre has a small fundraising team which works to raise money from long-standing as well as new donors.

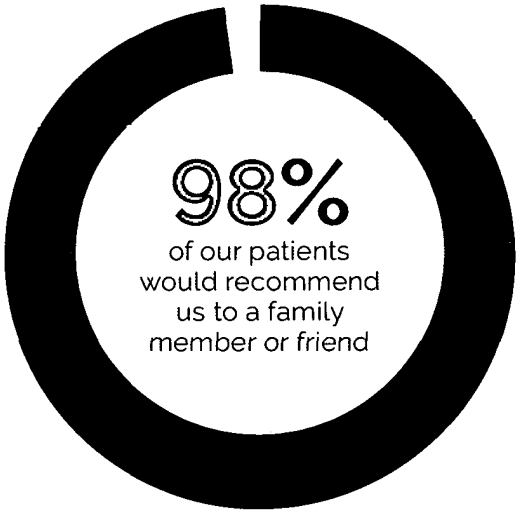
Pictured (from left) are our radiographers Paula Merry, Kelly Kilby and Rachel Hibbert. Together they took on a 10k to raise money for the centre.

OBJECTIVE 2

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

Patient satisfaction rates

Hiqh quality customer service and high patient satisfaction are at the heart of what we do and we take pride in receiving very positive feedback from our patients.



Based on 1,894 comments cards submitted by patients at Paul Strickland scanner Centre between 1 October 2018 and 30 September 2019

Referrer satisfaction

We carry out periodic referrer satisfaction surveys to measure how happy our referrers are with our service and whether we could improve.

How would you rate our overall service?	50% Excellent	25% Satisfactory
	25% Good	4.3* Average rating
How satisfied were you with the results obtained from the scan proving to be useful in the management of your patient's treatment?	75% Very satisfied	25% Satisfied
How satisfied were you with the content of your patient's report?	28.57% Satisfied	71.43% Very satisfied

Results of Paul Strickland Scanner Centre MRI and CT referrer satisfaction survey. (January 2019)

I felt that I was
very well looked after.
PATIENT COMMENT

Improving our image

PAUL STRICKLAND SCANNER CENTRE

Following a programme of market research and consultation with patients, supporters and medical staff, we've launched a new logo for Paul Strickland Scanner Centre.

The logo symbolises both a scanner gantry (opening), as well as the huge diversity of our supporters, who come together to make Paul Strickland's vision a reality.

At the same time, the pixelated nature of the circle signifies a scan image on a screen. We've also added lime green to our colour palette, to make it more upbeat.

Pierre du Bois, Communications Strategic Lead for Paul Strickland Scanner Centre, led the rebrand. He said: "Changing the logo isn't something we've taken lightly, however focus groups with patients, supporters as well as the public found that it was seen as outdated and out of tune with our vision to be at the forefront of advancing cancer imaging. At first, we wanted to keep the owl in the logo, but during an engagement event at a local supermarket we realised people didn't think it had anything to do with health and some people even thought we were a wildlife charity."

By doing our own market research, planning very carefully and using the right designer, we were able to do the revamp at a fraction of the usual cost."

PAUL
STRICKLAND
SCANNER
CENTRE

BRANDING GUIDE | August 2019

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.

Safety Team

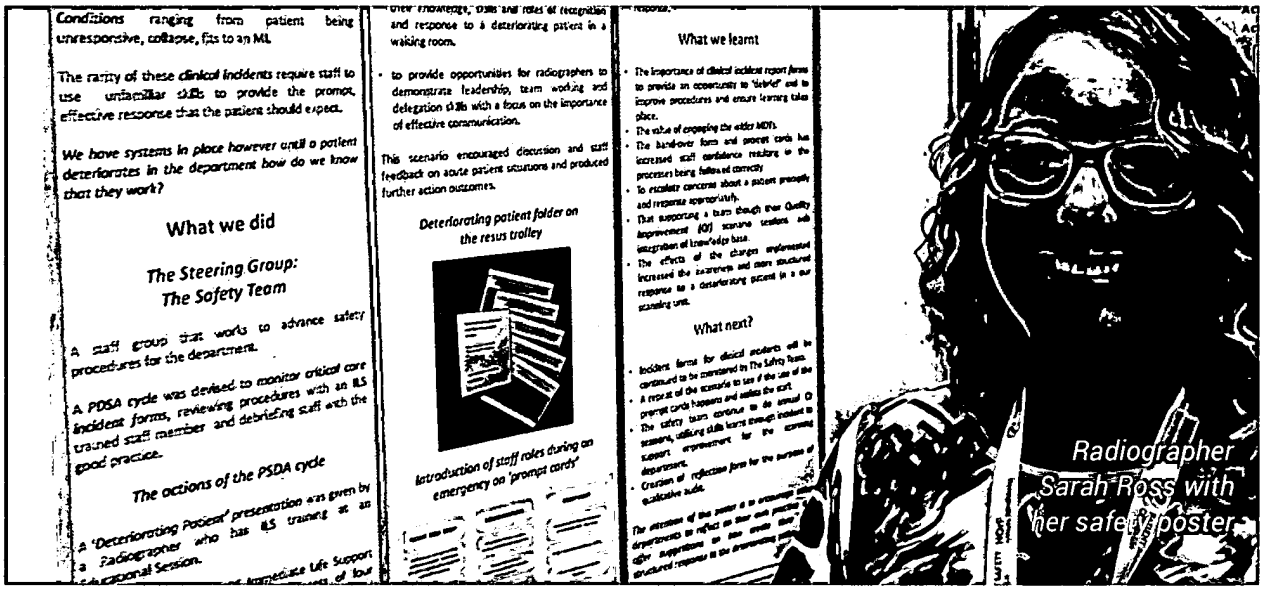
The centre has an internal safety team, who work to promote a safety culture throughout the organisation whilst supporting the Leadership Team in providing assurance that the centre has adequate systems and processes in place to ensure and continuously improve the safety of patients, staff and others.

Paul Strickland Scanner Centre radiographers during an equipment training session.

The team is made up of a cross-section of clinical staff whose specialist safety roles include Infection Prevention & Control Link Person, Health and Safety Representative, Manual Handling Co-ordinator, Competent Persons (risk assessments) and fire warden. The team continue to undertake a variety of audits throughout the year, responding to findings and implementing change in practice where necessary.

We are very proud of our two posters which have been displayed at two national conferences. They highlighted our work to improve the centre's response to the deteriorating patient scenario, sharing our expertise surrounding consent in an imaging department.

The team continue to actively contribute to the Quality Standard for Imaging (QSI) accreditation process by taking ownership of the specific statements which apply to safety.



Equipment boost thanks to charity grant

The charity has been able to buy an important piece of new equipment, thanks to a generous grant from the Pranic Healing Charity UK.

The PET dispensing pot is a valuable piece of equipment that is used in Positron Emission Tomography (PET-CT) scanning. A PET-CT scan is a combination of two types of scanning technique in which a small amount of radioactive tracer (a type of fluid) is injected into a vein. This provides information about the anatomy (CT) and function (PET) of a patient's internal organs. The scan tells doctors about the presence, location and severity of cancers. It can also be used for other conditions such as infection or inflammation and conditions that affect the brain. It provides important information to help doctors plan appropriate treatments for patients.

According to its manufacturer, the dispensing pot "enables the quick and safe dispensing of PET tracers with a minimum of exposure to dispensing personnel". This is important because, just like patients, staff must not be exposed to too much radiation over a given time for safety reasons.

Vicki Major, Lead Research Radiographer at Paul Strickland Scanner Centre, said: "The dispensing pot allows staff to quickly and safely dispense the volume of tracer needed for a typical PET-CT scan, allowing us to scan more patients than otherwise. We're hugely grateful to the Pranic Healing Charity UK for their generous gift of £25,000, part of which has allowed us to invest in this valuable equipment."

New cloud-based viewer improves access to scans

Following a trial period, Paul Strickland Scanner Centre has just launched a cloud-based service which allows consultants to view their patients' scans anytime and anywhere — including on a mobile or tablet.

Although we've decided to initially focus on private patients, we intend rolling it out to the NHS in the long run.

Dr Subhadip Ghosh-Ray, our lead consultant radiologist for IT, said: "We expect this system will become a major way in which our scans are accessed. We know that private patients can often move between hospitals and consultants in an unpredictable fashion and sharing imaging between these boundaries is challenging."

The new system came about as a direct result of feedback from our referrers

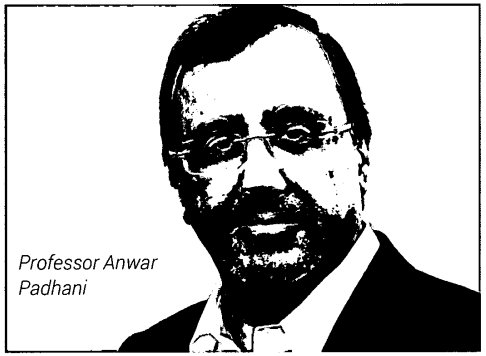
Dr Subhadip Ghosh-Ray

Greater use of next generation cancer imaging could save lives.

Greater awareness and use of advanced imaging techniques – like those being pioneered at Paul Strickland Scanner Centre — may be able to improve patients' lives and save the NHS money, according to one of our consultant radiologists.

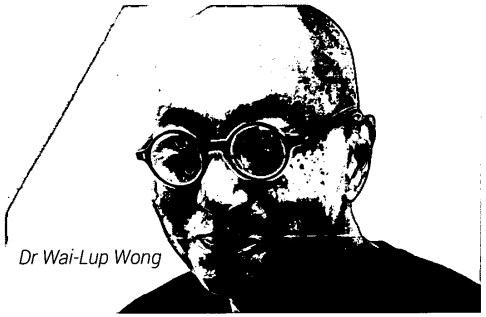
Dr Amish Lakhani, Consultant Oncological and Genitourinary Radiologist and our Lead for Training, recently scooped a major award for Paul Strickland Scanner Centre. He led on production of an educational exhibit titled "Next Generation Imaging in Advanced Prostate Cancer: An Overview". It was awarded a prestigious "Magna Cum Laude" prize at the Radiological Society of North America (RSNA) Annual Meeting in Chicago in December 2018, which was attended by more than 50,000 radiologists, oncologists and associated professionals. The Magna Cum Laude award is the highest honour for an educational exhibit at RSNA and went to only a few exhibits from over 2,000 entries. Amongst other advanced imaging techniques, the exhibit covered the benefits of a variety of non-standard PET-CT tracers as well as whole-body MRI scanning techniques which are used at Paul Strickland Scanner Centre.

Dr Lakhani credited trainee Dr Neeral Patel (from Imperial College Healthcare NHS Trust), who he supervises, as well as his colleagues at Paul Strickland Scanner Centre: Professor Anwar Padhani, Dr Wai-Lup Wong, Dr Kathryn Wallitt, Dr Andrew Gogbashian and Dr Heminder Sokhi.



Professor Anwar Padhani

Dr Andrew Gogbashian



Dr Wai-Lup Wong

Dr Heminder Sokhi

Dr Kathryn Wallitt

Next Generation Imaging in Advanced Prostate Cancer: An Overview

Dr Neeral R Patel, Professor Anwar R Padhani,
Dr Wai-Lup Wong, Dr Kathryn Wallitt, Dr Andrew Gogbashian,
Dr Heminder K Sokhi, Dr Amish Lakhani

Radiological Society of North America Annual Meeting
McCormick Place Convention Centre, Chicago
November 2018

RSNA 2018
TOMORROW'S RADIOLOGY TODAY

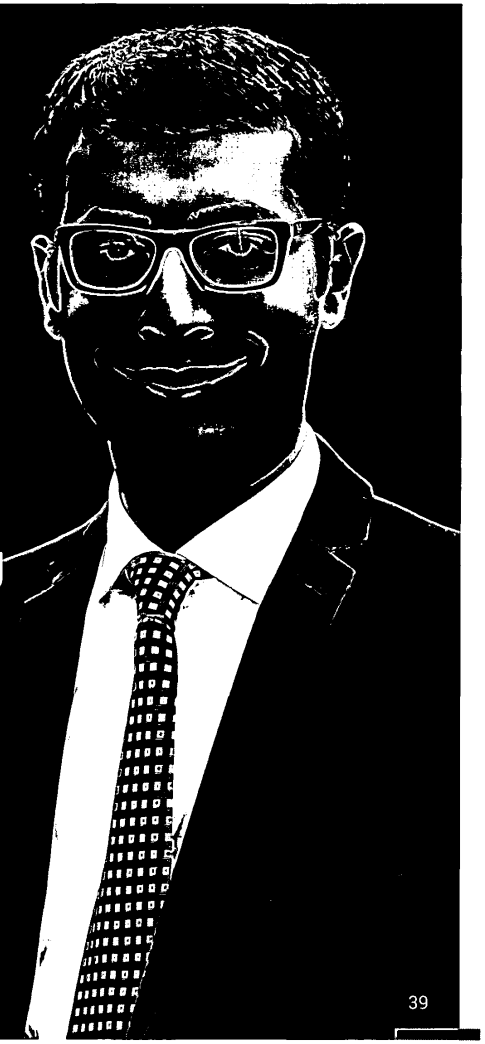
Dr Amish Lakhani said: "We're at a turning point in radiology, where we're now developing advanced imaging techniques which could have real impact on patient care."

"We've been offering patients CT, PET-CT and MRI scans for a number of years but in the last 10 years we've developed and adopted advanced imaging techniques which are far superior and have the capability to show disease much earlier. This may allow the patient's oncologist to choose treatments more appropriately which is extremely important as we move towards an era of precision medicine for cancer patients – that is where the right patient receives the right treatment, at the right time, for the right duration."

Dr Lakhani believes that greater use of advanced imaging techniques in the NHS would be better for patients, allowing them to have more personalised treatments.

He said: "Patients are often receiving very expensive treatments but older, more conventional imaging methods may not always pick up quickly enough when patients are getting better or worse, or need changes to their treatment. In healthcare, we're therefore spending a lot of money on treatments that may not be effective. However, by using advanced imaging techniques such as whole-body MRI or PET-CT with novel tracers – even though they may be more expensive than the conventional imaging techniques initially – ultimately we may be saving a lot more money because we'll be able to stop some patients receiving ineffective treatments, some of which cost tens of thousands of pounds a year.

"Another issue is that patients who are not identified through advanced imaging techniques as getting worse on treatment could develop serious oncological complications such as worsening bone metastases (their cancer spreading to the bone). This can cause pain and serious problems such as spinal cord compression which means they may lose feelings in their arms or legs and might need hospital admissions or even life-long nursing care. If the health care system invests now in earlier and more effective diagnostics with the advanced imaging techniques we are fortunate enough to offer routinely at Paul Strickland Scanner Centre, we may be able to spare



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We’re at a turning point in radiology, where we’re now developing advanced imaging techniques which could have real impact on patient care.

DR AMISH LAKHANI

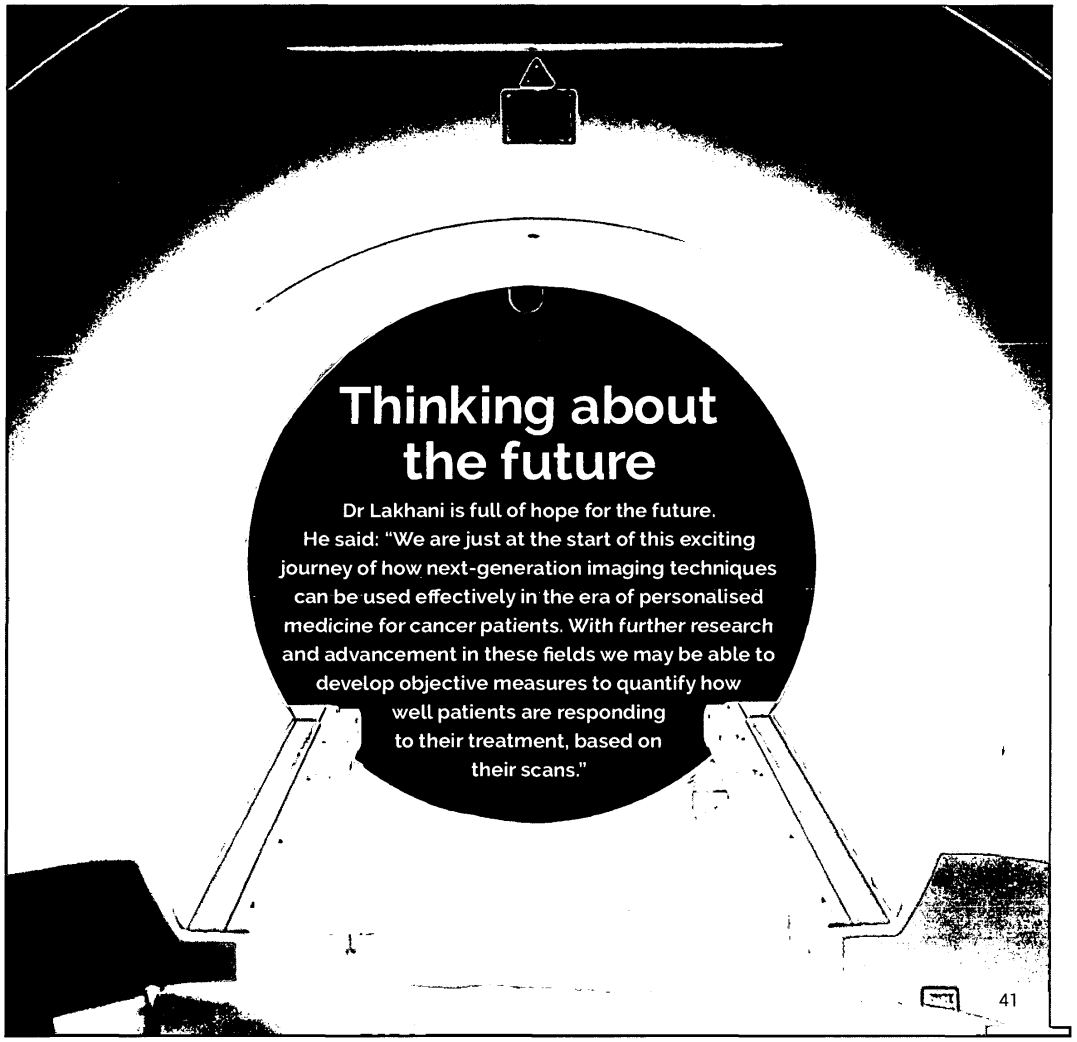
patients these problems and as a bonus save the NHS money in the long-term. At the moment the NHS has limited resources and capacity for these advanced imaging techniques.

"Most NHS trusts are struggling to cope with the demand just for their routine CT and MRI scans, let alone advanced imaging.

"We're very fortunate at Paul Strickland Scanner Centre, where we have modern scanners as well as a team of highly-skilled radiographers and radiologists, who are able to dedicate time to scanning and interpreting these novel imaging techniques. Although our NHS patients are mainly referred from our local hospitals, we also scan self-funding and private patients, including from abroad as we are world-renowned in the field of advanced imaging – in particular for prostate cancer." All the money raised from these scans is ploughed back into meeting our charitable objectives.

Dr Lakhani is calling for greater awareness of advanced imaging techniques amongst doctors as well as government and NHS policy makers. He would also like to see more funding available for research, to determine how in particular whole-body MRI could help improve patient care and potentially save the NHS money in the long-term.

He said: "Through our educational exhibit at RSNA in December 2018 we aimed to educate the wider healthcare community about the benefits of these advanced imaging techniques. We are extremely pleased that it was well received and awarded a prestigious Magna Cum Laude award."

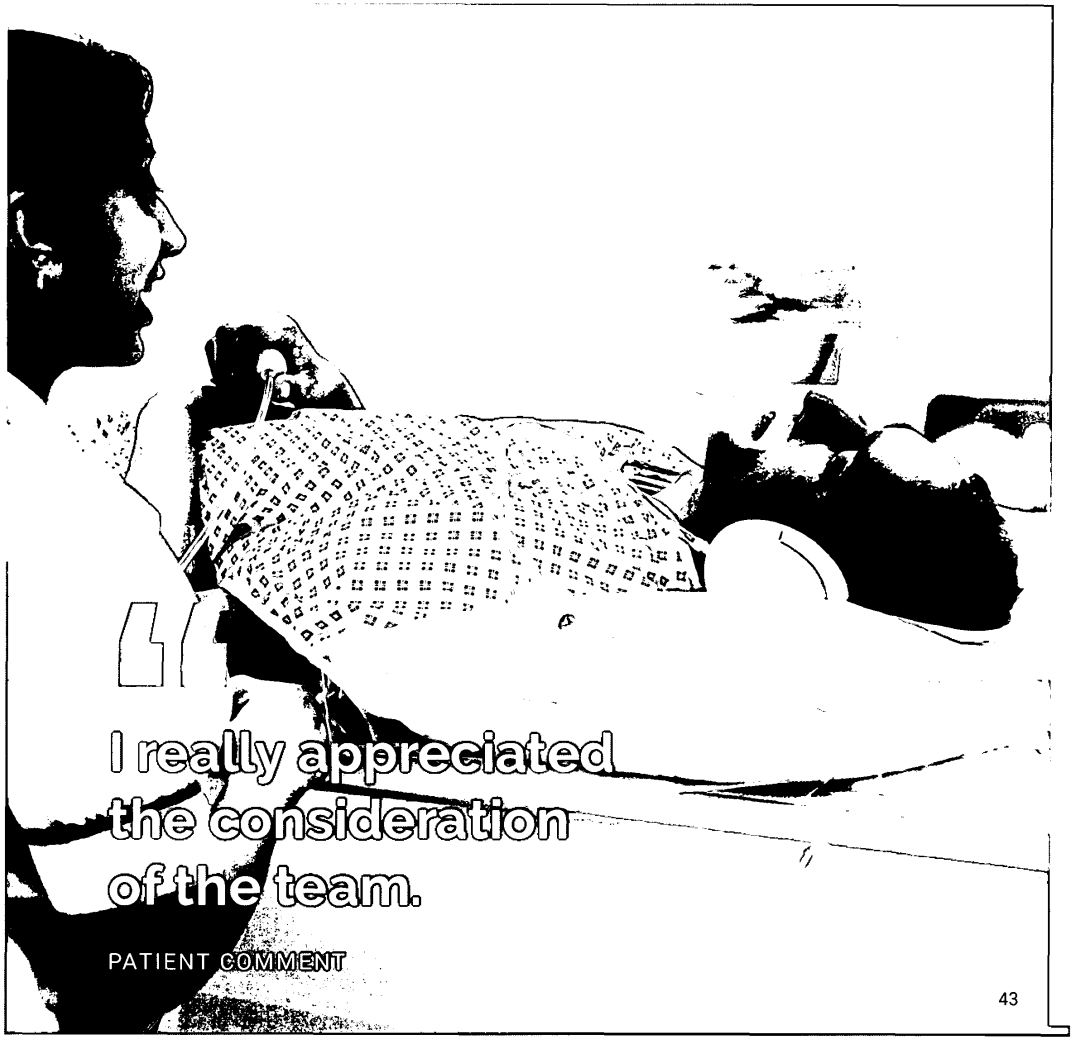


Thinking about the future

Dr Lakhani is full of hope for the future. He said: "We are just at the start of this exciting journey of how next-generation imaging techniques can be used effectively in the era of personalised medicine for cancer patients. With further research and advancement in these fields we may be able to develop objective measures to quantify how well patients are responding to their treatment, based on their scans."

What our educational exhibit about next generation imaging for prostate cancer demonstrated

- Next generation imaging with whole body MRI and PSMA PET-CT can detect metastases (where cancer has spread) to soft tissue and bone with higher sensitivity than conventional scans.
- Early detection of metastases and therapy resistance with advanced imaging techniques can improve treatment.
- Next generation imaging solutions are better at assessing how well patients are responding to their treatment and/or whether it should be changed or additional treatments should be tried. This should boost the use and development of targeted therapies which attack cancer cells based on their unique genetic traits.
- Pearls and pitfalls in the interpretation of next generation imaging techniques in assessing advanced prostate cancer.



“I really appreciated the consideration of the team.

PATIENT COMMENT

Dramatic impact of our new prostate cancer scan revealed

An evaluation of a highly specialist scan at Paul Strickland Scanner Centre that can catch prostate cancer earlier and possibly result in a cure has had a dramatic effect on patients' management and treatment, according to a study carried out at the centre.

Results of the study were presented at the 2019 UK Imaging and Oncology Congress in June 2019.

The centre is amongst the very limited number of facilities in the UK to offer 68Gallium-labelled Prostate Specific Membrane Antigen (PSMA) PET-CT scanning. This type of scan can catch and treat prostate cancer earlier – possibly resulting in a cure in some cases. Although PSMA PET-CT scanning was introduced at Paul Strickland in early 2018 as a direct result of demand from British oncologists, the centre has since attracted patients from as far away as America. It is now widely available on the NHS if your doctor believes you could benefit.

The scan is particularly useful for men who have been treated for prostate cancer and are in remission (but under surveillance with regular blood tests) to make sure that they are clear of the disease.

If the 68Ga PSMA scan shows disease, then the patient can receive further treatment. Some patients can be treated with a therapy version of PSMA, which will go to the areas of increased uptake on the diagnostic scan and attack the cancer.

Dr Wai-Lup Wong, Lead Consultant for PET-CT at Paul Strickland Scanner Centre, said: "The most sensitive test for prostate cancer is still a blood test to establish prostate specific antigen (PSA) levels.

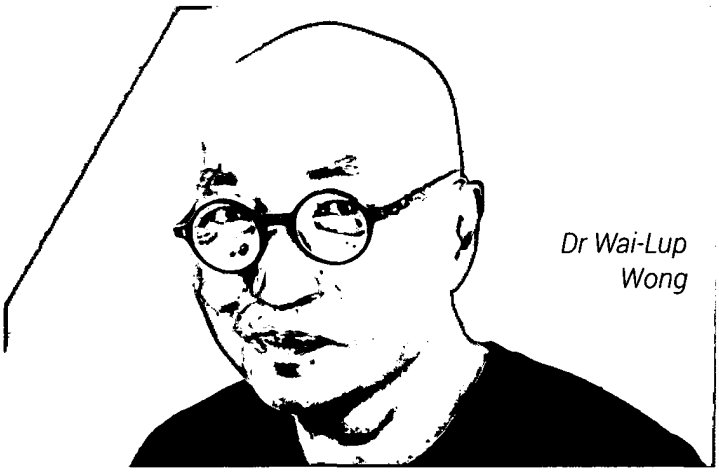
When PSA levels are creeping up over time, or where they suddenly become very high, there will be a suspicion that cancer has returned and patients are usually sent for a scan. There is an increasing weight of evidence showing that a PSMA PET-CT scan is more sensitive than a traditionally used choline PET-CT scan for detecting disease."

The tracer (a radioactive dye injected into the patient) used for the scan has a very short half-life, which means it needs to be produced very close to where patients are scanned and is therefore not available to many patients in the UK.

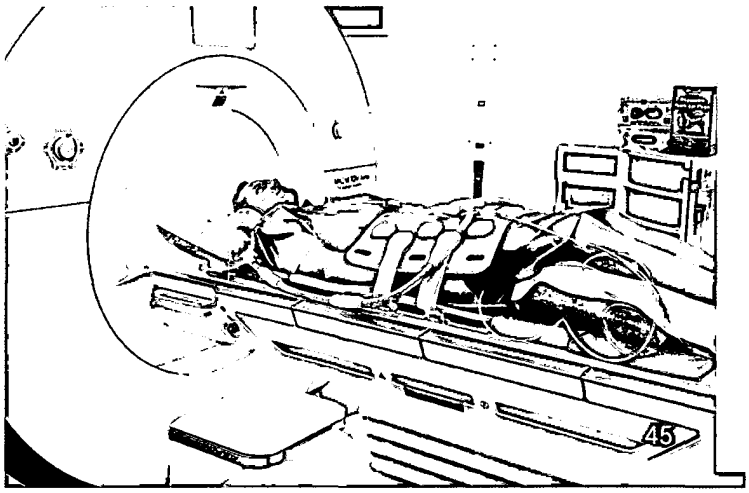
The tracer is made in Central London under a special licence, which means it can only be used on Saturdays when the traffic is light between the production facility 21 miles away and Paul Strickland Scanner Centre in Northwood.

Ms Vicki Major, our acting operational lead for PET-CT, said: "We have now scanned more than 100 patients at the centre, and the review included the first 36. The evaluation concluded that 100% of referrals met the Royal College of Radiologists referral criteria and that the management of patients was changed or reviewed in 100% of cases; 33% of clinical findings on the scans were negative but a negative result can contribute to patient management.

Ms Vicki Major



Dr Wai-Lup Wong



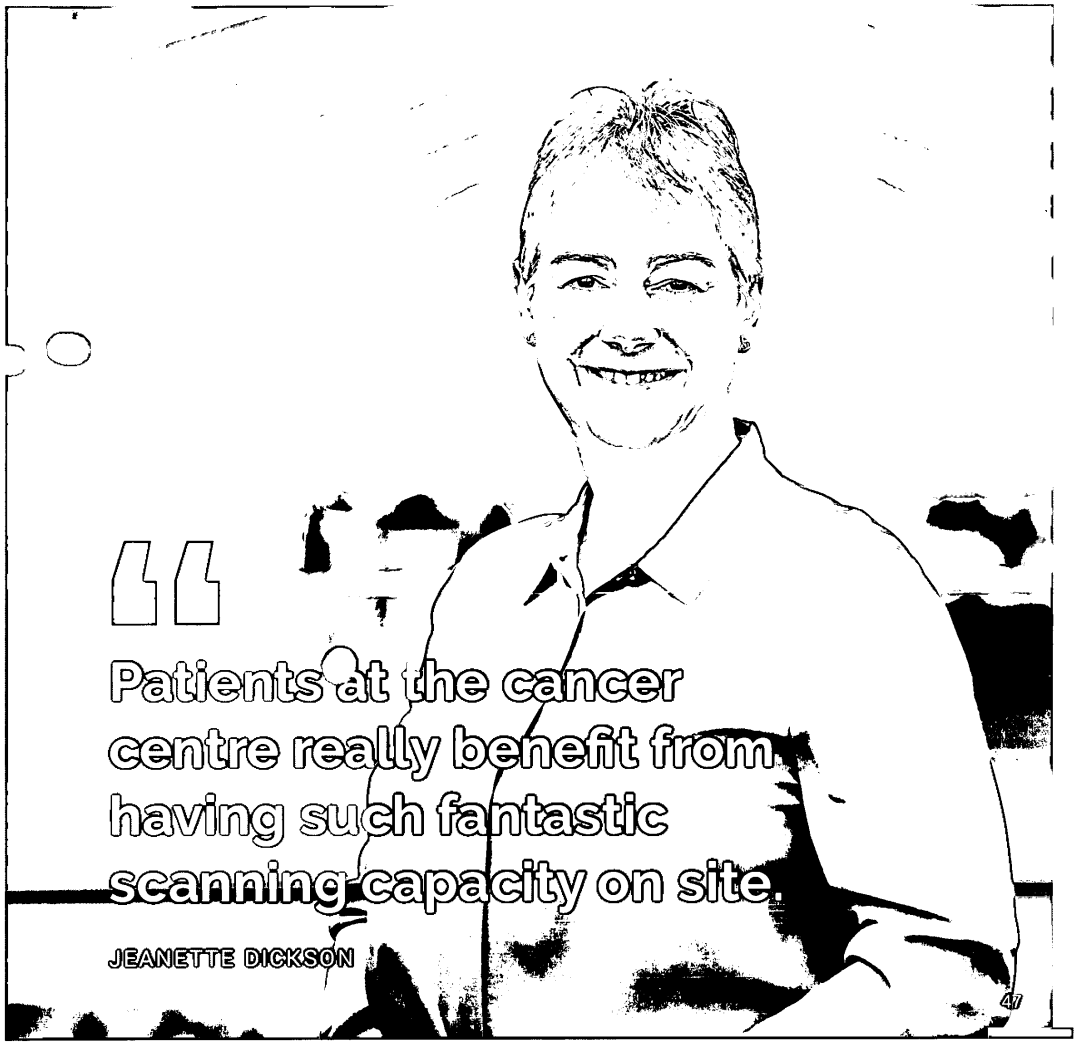
Paul Strickland Scanner Centre 'adds enormous value' to Mount Vernon

Paul Strickland Scanner Centre adds "enormous value" to Mount Vernon Cancer Centre, according to the President of the Royal College of Radiologists (RCR), Dr Jeanette Dickson.

Dr Dickson, a consultant oncologist at Mount Vernon Cancer Centre who has been vice president of the RCR for a number of years, took over as president of the college in September. She will remain a consultant at Mount Vernon during her tenure and is looking forward to the challenges brought by her new role. She said: "I really like Paul Strickland Scanner Centre and it's a very interesting place. The radiologists at the centre focus on extremely complex scans, and the centre benefits from very advanced, up to date scanners and software. This means the centre is at the cutting edge of what can be produced. Paul Strickland Scanner Centre adds enormous value to Mount Vernon because the team is so specialised in cancer imaging. Whether CT, PET-CT or MRI, there is always somebody who has the expertise and willingness to discuss cases and scans with oncologists. That's really good for the cancer centre and ultimately benefits patients' treatment. In particular when it comes to radiotherapy planning, there is always someone to help. The team is totally invested in cancer imaging and delivers a very high quality service, which adds a huge amount of value to patient care.

"Patients at the cancer centre really benefit from having such fantastic scanning capacity on site."

Dr Dickson sees the demand for cancer scans increasing dramatically in coming years – in particular for the more complex scans, which Paul Strickland Scanner Centre specialises in. These require advanced scanners and software, which are not always available elsewhere. She believes the value of radiologists will become even more obvious in the coming years as artificial intelligence takes off. It will mean the need for highly trained staff who can interpret and give context to reports produced by computers in conversations with oncologists, as well as patients, will become more apparent.



“Patients at the cancer centre really benefit from having such fantastic scanning capacity on site.

JEANETTE DICKSON

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.

“

The level of expertise of our staff is remarkable.

CLAIRE STRICKLAND, CEO

Research snapshot

RADIOGRAPHER RESEARCH UPDATE

European Congress of Radiology (ECR) – Vienna (February 2019)
Ms Vicki Major received a Shape Your Skills award for ECR (European Congress of Radiology); Rachael Bowie had a poster at the same event.

United Kingdom Imaging and Oncology UKIO)
Vicki Major presented at UKIO, which received publicity in RAD magazine. Paula Merry's poster on patient consent was featured, as well posters by Suzannah Patel (Dose optimisation in CT mandible scans) and Rachael Bowie (CT scans of Seminomas).

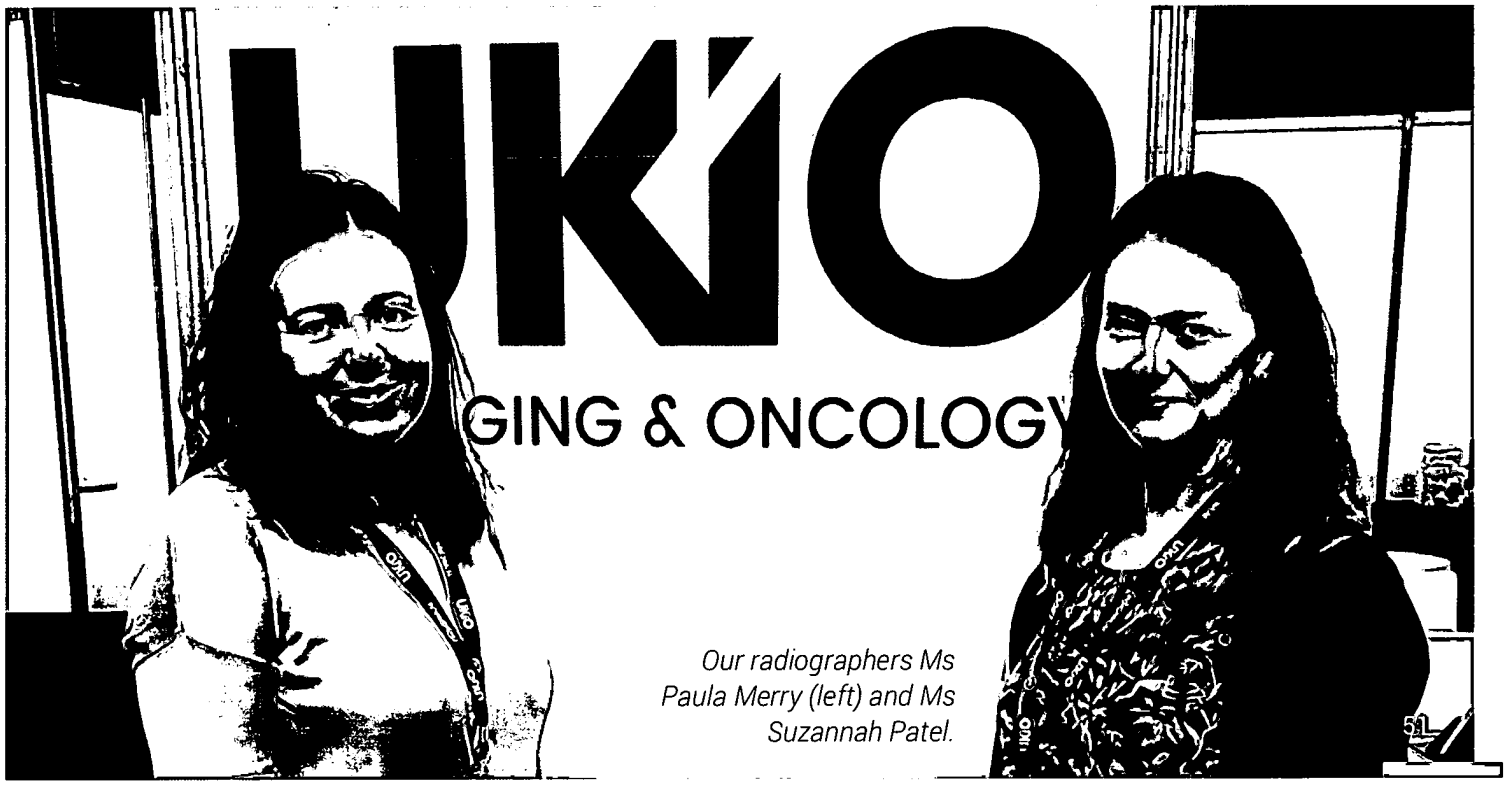
Patient Safety Congress - Manchester (July 2019)
Sarah Ross and Judith Keeley had a poster accepted for the Patient Safety Congress in Manchester.

Radiotherapy planning
We carried out a study on our new Siemens Aera 64 scanner in April 2019 to see if MRI is suitable for Radiotherapy planning in prostate cancer (Adaptive radiotherapy for high-risk prostate cancer using multiparametric MRI (ARPC-MRI) - a feasibility study). The study's Chief Investigator was Dr Roberto Alonzi, with Angela Turnbull as Study Principal Investigator.

The Siemens AERA scanner was newly installed in the summer of 2018. The project enables Mount Vernon Cancer Centre (MVCC), part of East and North Hertfordshire NHS Trust, and Paul Strickland Scanner Centre (PSSC) to work even more closely together. It allows staff from both organisations to learn from each other and find new and better ways of improving care and treatment for local patients. The cancer centre contributes its expertise in radiotherapy, as well as the scanning room, and the scanner is operated jointly by PSSC and MVCC staff.

Dr Zena Alizzi started as research fellow in September 2019, supported by the legacy donation. She works with Dr Marcia Hall and Dr Andrew Gogbashian and part of her research is to look at dual energy CT scanning in gynaecological cancers.

Ms Vicki Major at the European Congress of Radiology 2019.



Our radiographers Ms Paula Merry (left) and Ms Suzannah Patel.

Centre consultant wins award

An honorary Consultant Radiologist at Paul Strickland Scanner Centre has won a prestigious award in a pan European competition.

Prof Vicky Goh, chair of Clinical Cancer Imaging at King's College London as well as honorary consultant with us, has been crowned Most Influential Radiology Researcher in the 2019 EuroMinnies competition..

The competition is organised and run by AuntMinnieEurope, a Europe-wide online hub for radiologists and related professionals with more than 29,000 members.

In an interview with AuntminnieEurope.com, Prof Goh said: "Cancer remains a global killer and imaging plays such a key role in the patient pathway. The end goal of being able to contribute, even in a small way, to improve patient experience and patient outcome, is what motivates me when things don't go to plan." Prof Goh emphasised the team effort that goes into research and is grateful to her colleagues and those she has worked with.

Professor Vicky Goh

Drastic reduction in prostate cancer biopsies is possible

The extent to which MRI scans can spare men suspected of having prostate cancer unnecessary biopsies and prevent needless treatment has been highlighted by an authoritative new research paper.

The paper's lead author is Prof Anwar Padhani, a world-renowned expert on the subject and lead consultant for MRI at Paul Strickland Scanner Centre. It was published in the journal Radiology earlier this year and includes the results of April's highly influential Oxford Cochrane review into how good MRI is at diagnosing prostate cancer, by analysing more than 30 studies on the subject. The Cochrane Review represents the highest standard in evidence-based health care research.

Prof Padhani said: "We know that about 300 out of every 1,000 patients suspected of having cancer will have disease that could be potentially harmful. In the past, all 1,000 would have had a biopsy to diagnose the 30%, meaning that 700 men would be exposed to potential risks and complications of unnecessary biopsy despite having no cancer.

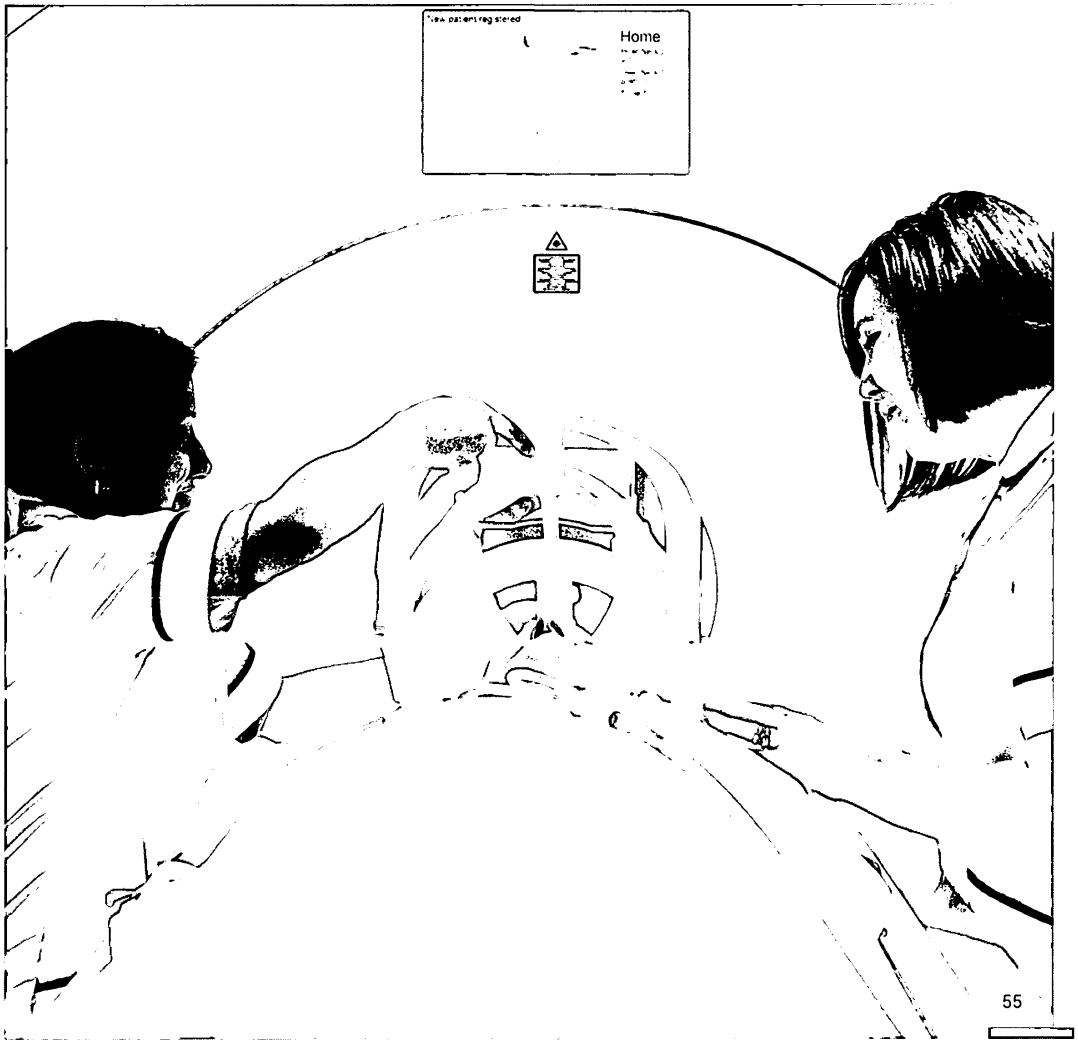
"But we now know that if all 1,000 men had an MRI scan first, 672 of the 700 disease free men could be identified as definitely not having cancer and not needing a biopsy, with only 28 men needing a biopsy to confirm the absence of cancer.

The Cochrane review also shows the number of cancers missed by MRI is smaller than the traditional method of biopsy (84 by MRI versus 111 by transrectal biopsies). Furthermore, if men first have an MRI scan, the cancers missed are mostly the less dangerous "microfocal" cancers which have a good outcome even if they are diagnosed later during follow-up by their GP. The Cochrane review and other supportive studies also show that the number of needles used during a biopsy can be drastically reduced, so further lowering the chance of infection.

Prof Padhani and his colleagues are keen supporters of MRI being used as a diagnostic tool for prostate cancer early in the patient journey. He said: "MRI as a first diagnostic tool in appropriately chosen men is now accepted in the European and UK guidelines. The guidelines now say that every man should first have an MRI scan before having a biopsy and our paper describes the patient pathway in detail and how to deliver benefit to patients in daily practice."

One key issue identified by Prof Padhani and his colleagues is the management of patients who have an elevated PSA level but where the MRI scan shows them to be cancer-free. He said: "We suggest GPs are alerted to keep an eye on the patient with regular blood tests as part of a safety net. This could be based on watching for rises in PSA over time and to re-refer the patient to hospital when certain trigger points are reached."

For an in-depth video presentation meant for medical professionals on the subject by Prof Padhani, please ask your health care professional to view https://youtu.be/BcfY0yIy4dY


New patient registered
Home

OBJECTIVE 5

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

Staff engagement

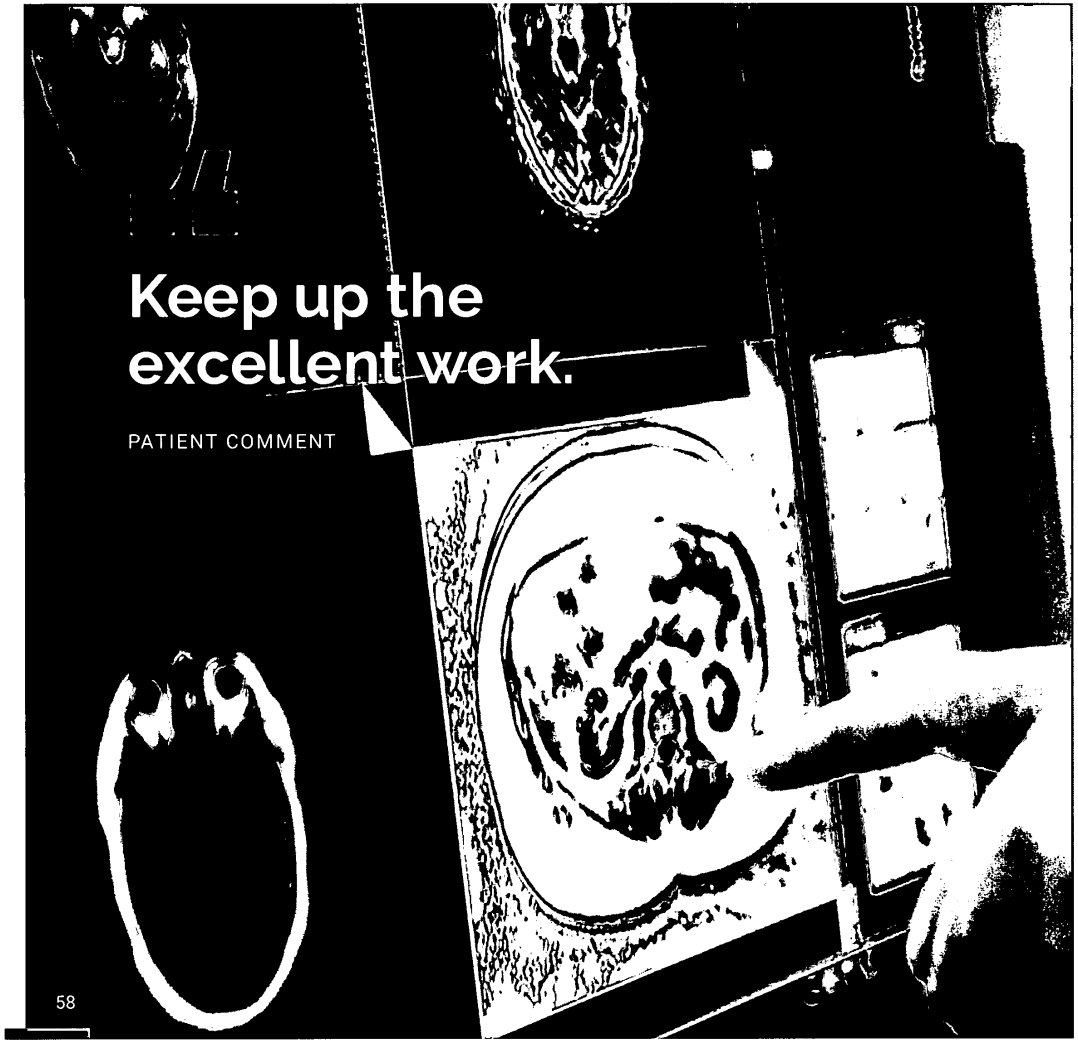
The centre has a dedicated Staff Engagement Team, which works to improve staff engagement.

The team achieved a number of successful initiatives this year, ranging from activities to foster team spirit to introducing two-way communication channels and launching a dedicated intranet for Paul Strickland Scanner Centre.

The Leadership Team introduced a number of initiatives to support organisational culture, including staff workshops to find solutions to issues identified by staff.

Keep up the excellent work.

PATIENT COMMENT



Centre scoops national award

Paul Strickland Scanner Centre beat stiff competition from national and international charities to be crowned Charity of the Year at a high-profile event in London recently.

The annual Asian Voice Charity Awards, held in Mayfair and featuring special guest Mayor of London Sadiq Khan, recognises small charities and celebrates diversity across communities.

Mr Khan was joined by business owners, Members of Parliament, Peers and prominent personalities to mark the occasion.

The Asian Voice Charity Awards, powered by Charity Clarity, are about rewarding charities that think big and solve the most pressing social issues of our time, both in Britain and globally.

First of its kind in the Asian circle, especially in Britain, the awards are in their fourth year and reward charities that seek to innovate and strive for excellence. The judging panel included Jonathan Townsend, Chief Executive of Prince's Trust International, Abhishek Sachdev of Vedanta Hedging Limited and Subhash Thakrar, Chairman of Charity Clarity. Claire Strickland, Paul Strickland Scanner Centre CEO, said: "Our team take pride in the centre's track record of clinical innovation and excellence and winning this award is a huge honour for us. As a charity that strives to be a leader in the fight against cancer, we're very proud to be recognised in this way."

From left: Ms Michelle Pillay-Achour, Ms Rachel Jacobs, Ms Suzannah Patel and Ms Kirti Thakor from our clinical team.

“

One of many good visits. Polite team, excellent bedside manner.

PATIENT COMMENT

Staff had the opportunity to mingle with Nick Hurd, the MP for Ruislip, Northwood and Pinner, VIP guest at our reception on 31 July. Mr Hurd officially endorsed our appeal for a new MRI scanner.

Staff profile

"Joining the team at Paul Strickland Scanner Centre was one of the best career decisions I've made.

"The centre takes a real interest in my development and career. A big plus is also that my colleagues are really lovely to work with.

"The fact that the centre is independent means that I enjoy considerable autonomy and freedom to act, which is exciting, challenging and fulfilling."

Sofia Sheikh, Fundraising Manager

The centre supported Sofia in her studies to obtain the postgraduate diploma in Fundraising, the gold-standard qualification for professional fundraisers.

How we manage principal risks and uncertainties

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

During the year the Audit and Risk Committee, a sub-committee of the Board of Trustees, has met on three occasions. The work of the sub-committee is reported to the Board of Trustees. The key areas the sub-committee has reviewed include compliance, clinical risk, income, contracts (including PET-CT) and business continuity, 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.

We carry out patient and referrer satisfaction surveys amongst patients and referrers to see how satisfied they are with our service. Our staff analyse the results, develop and implement action plans to make improvements which will improve the experience for both patients and the doctors who referred them. Clinical audit and peer review of reports form an important part of the overall quality review process and serve not only as a safeguard for patients, but also facilitate individual and collective learning.

Reviewing and learning from internal audits, past scan reports and correct identifications of disease or otherwise provides a forum for learning and forms a body of evidence of reflective practice to support annual appraisals and revalidation.

Learning Meetings are held regularly to give radiologists an opportunity to discuss specific cases with learning points. The outcomes of the meeting are communicated to all our reporters by the radiology governance lead.

Depending on the urgency of the feedback, prior or subsequent communications between staff and referrers take place through which any potential patient harm is minimised and the lesson learnt is appropriately shared.

Through appraisals, reporters also personally reflect on points learned and actions taken. The centre has a reciprocal peer review arrangement with University College London Hospitals (UCLH) for PET-CT scan reports.

NON-ADJUSTING POST BALANCE SHEET EVENT

Coronavirus (COVID-19) Pandemic

We are expecting the coronavirus pandemic to have a significant operational impact on the charity which will undoubtedly have some financial implications.

However, we are confident there will be an ongoing need for the charity's services during this time and management are regularly liaising with healthcare providers regarding sevice delivery. The charity has a robust business continuity plan in place to manage the situation operationally. Even in the case that the crisis continues for an extended period, the reserves would serve as a buffer to mitigate against any reduction in charitable activities. Under the circumstances, many of the charity's fundraising events have had to be cancelled and resources in this area will be redirected to concentrate on legacy and individual giving fundraising.

The health, safety and welfare of our patients, staff, volunteers and trustees is of the highest priority. We have adopted a number of measures to reduce their risk, including the provision of personal protective equipment (PPE) where this is required.

FINANCIAL REVIEW

Full details of the charity's finances during the year are set out in the attached financial statements. The total income of £8.255m (2018: £8.129m) is higher than the previous year's figure by £126k (1.55%). Total income from charitable activities was £7.465m (2018: £7.436m), a rise of £29k.

The number of scans carried out is the principal activity driver for the charity; the total number of scans performed during the year was 16,955, compared to 17,915 in the whole of 2017/18, a decrease of 960 scans (5.36%). The mix of scans conducted also has a bearing on total revenue.

In 2019/20 the number of straightforward scans decreased but the resulting fall in revenue was more than offset by the rise in income from a higher number of complex cancer scans. Total scan numbers in recent years are as follows:

2011	13,203	**2016**	17,409
2012	13,235	**2017**	17,358
2013	13,664	**2018**	17,915
2014	14,397	**2019**	16,955
2015	16,069		

Despite a reduction in royalty income, total investment income rose from £195.9k to £204.8k, due to the minor rises in interest rates on bank deposits. Despite a reduction of £35.3k in donations, overall income from donations and legacies rose with another substantial increase in legacies; these increased by £126.4k to £322.6k or 64.4%. Uncertainty will always be the prevailing condition relating to fund-raising, particularly legacies.

Total expenditure rose by £278.8k from £7,324k to £7,603k. Of this increase, £105.4k related to the costs of employed staff. The variable nature of many of the charity's costs means that changes in activity will contribute to the overall changes in particular cost elements.

Although the surplus generated fell from £804.4k to £651.8k the result is a good outcome for the charity given funding pressures across the healthcare economy. The charity needs to generate a surplus, year on year, to enable it to continue to invest in new scanners, associated equipment and other advanced technology as well as provide the services which are in such demand. In the year under review the charity invested £146k in property improvements and equipment. Depreciation charged on fixed assets was £1.03m.

The position shown in the balance sheet has improved further, with total net assets of £13.11m (2018: £12.46m), of which £5.44m has been designated for future investment and £64k is held within Restricted Funds.

“Always lovely friendly staff who make you feel very welcome.

PATIENT COMMENT

Structure, Governance and Management

Trustees and their interests

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

Statement of trustees' responsibilities

Our trustees (who are also directors of Paul Strickland Scanner Centre for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Financial Statements in accordance with applicable laws and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, our Trustees are required to:

- ✓ Observe the methods and principles in the Charities SORP 2015 (FRS 102);
- ✓ Select suitable accounting policies and then apply them consistently;

- ✓ Make judgements and accounting estimates that are reasonable and prudent;
- ✓ State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- ✓ Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

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

How we work

The governing document of Paul Strickland Scanner Centre is its Articles of Association, and policy decisions are made by our Board of Trustees. As set out in the Articles of Association, new Trustees may be appointed by the existing Trustees by resolution but must retire from office at the next general meeting but shall be eligible for election at that meeting.

At each annual general meeting one third of the Trustees must retire from office. The Trustees to retire by rotation shall be those who have been longest in office since their last appointment. A Trustee shall not hold office for more than nine consecutive years and shall not be eligible for appointment or re-election upon the expiry of such period until a period of twelve months has elapsed since they retired as a Trustee. There shall be a minimum of three and a maximum of twelve Trustees. Our Trustees come from a variety of backgrounds and have been carefully chosen because of their qualifications, experience, or connection to our cause and patient community.

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

New Trustees

When we need a new Trustee to join our board, we invite candidates to the centre, show them around and tell them about our work. Candidates are selected by interview involving at least two Trustees. They also meet the other Trustees and get the opportunity to ask them about the charity and the work of the board. We circulate their CV to the existing Trustees and provide the candidate

with an information pack about the different types of scans at the centre, our financial situation and the latest financial statements. Once their appointment has been agreed by the board, we provide new Trustees with copies of our governing documents. This includes the board terms of reference, statement of Trustee liability, frequency and timings of board meetings, a list of current Trustees, organisational structure, our current strategic plan and summary of all insurance policies.

Each Trustee takes part in a carefully designed induction programme to help them understand how we help patients and their families as well as what their responsibilities are.

Investment powers

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

Reserves policy statement

Paul Strickland Scanner Centre's policy on reserves is consistent with the recommendations published by the Charity Commission SORP. Reserves are established and reviewed to ensure that the charity retains a level of funds to meet its forward obligations and to ensure it can reasonably maintain a level of service in line with its objectives.

The total net assets are £13,112,093 of which £64,631 represents restricted funds; £5,441,269 has already been designated to fund critically important capital and equipment projects.

General unrestricted funds total £7,606,193. It is our policy to keep general unrestricted funds at a level that would cover running costs (including staff salaries and associated costs) for a minimum of one year. This is to protect the interests of our patients and allows for complex and long-standing specialist clinical care pathways to be redirected, in the unlikely event that the charity should be wound up.

The Trustees of the charity recognise that the operational life of the scanning equipment in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment.

The General Fund of the charity represents its investment in fixed assets and working capital.

Staff pay and conditions

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

Criteria or measures used to assess success in the reporting period

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

Fundraising compliance

The fundraising team at Paul Strickland Scanner Centre organises events and other fundraising activities in and around Mount Vernon Hospital. Paul Strickland Scanner Centre does not involve commercial partners or external fundraising professionals. Paul Strickland Scanner Centre has signed up to the Fundraising Regulator's Code of Fundraising Practice. The team has strong links with the Institute of Fundraising, who are regularly contacted for advice to help support fundraising activities. Volunteer fundraisers are given a briefing by the Information Governance lead before they raise funds for Paul Strickland Scanner Centre. All direct marketing is undertaken by the fundraising team to ensure that it is not unreasonably intrusive or persistent. Contact is made through direct marketing four times a year with our supporter magazine, as well as through relevant emails to those who have consented to receiving email. We closely follow GDPR guidelines. All marketing material contains clear instructions on how a person can be removed from mailing lists. No complaints were received by the department in this period.

BOARD OF TRUSTEES

The trustees serving during the year and since year end were as follows:
Dr Terence Wright (Chairman of the Board of Trustees)
Mr Patrick (Paddy) Kelly (Treasurer)
Mrs Cathy Williams (Secretary)
Mrs Palvi Shah (resigned 6 June 2019)
Mr Daniel Ross
Dr Roberto Alonzi
Mr Dilip Manek
Mr George Wharton (appointed 28 February 2020)

Other administrative details

Company Number: 02033936
Charity registration number: 298867
Registered office: Paul Strickland Scanner Centre, Mount Vernon Hospital, Rickmansworth Road, Northwood, HA6 2RN
Principal Bankers: Barclays Bank plc.
Solicitors: Veale Wasbrough Vizards

Auditors

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

RELATED PARTIES

Details of transactions with Trustees and other related parties are given in Note 7 to the financial statements.

STATEMENT OF DISCLOSURE TO THE AUDITORS

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

On behalf of the Board of Trustees

Dr Terence R. Wright,
Chairman, Dated 17 April 2020

A very good standard of service.

PATIENT COMMENT

Independent auditors' report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

We have audited the financial statements of Paul Strickland Scanner Centre (the 'charitable company') for the year ended 30 September 2019 which comprise the statement of financial activities, the balance sheet, cash flow statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2019 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 and the Charities Act 2011.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees' have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material

inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

- accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us;
- the financial statements are not in agreement with the accounting records and returns;
- certain disclosures of trustees' and directors' remuneration specified by law are not made;
- 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 68 - 69, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

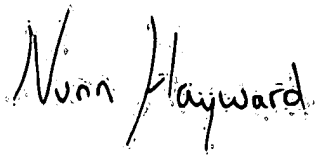
AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

This report is made solely to the charitable company's members (who are also the trustees for the purposes of charity law and the company's members and directors for the purposes of company law), as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's trustees, as a body, in accordance with

regulations made under section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



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: 17 April 2020

Statement of financial activities
(including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2019

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2019 £	Total 2018 £
INCOME						
Donations and legacies	3	543,583	-	41,862	585,445	497,195
Income from charitable activities:						
Clinical services	3	7,237,679	-	-	7,237,679	7,252,966
Research	3	227,068	-	-	227,068	182,784
Investment income	3	204,836	-	-	204,836	195,896
TOTAL INCOME	16	8,213,166	-	41,862	8,255,028	8,128,841
EXPENDITURE						
Costs of raising funds:						
Costs of generating voluntary income	5	216,488	-	-	216,488	186,142
Charitable activities	6	7,386,705	-		7,386,705	7,138,271
TOTAL EXPENDITURE	16	7,603,193	-	-	7,603,193	7,324,413
NET INCOME		609,973	-	41,862	651,835	804,428
TRANSFER BETWEEN FUNDS		(941,269)	941,269	-	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(331,296)	941,269	41,862	651,835	804,428
RECONCILIATION OF FUNDS						
FUNDS BROUGHT FORWARD	15,16	7,937,489	4,500,000	22,769	12,460,258	11,655,830
FUNDS CARRIED FORWARD	15,16	7,606,193	5,441,269	64,631	13,112,093	12,460,258

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 84 - 101 form part of these financial statements.

Balance sheet

FOR THE YEAR ENDED 30TH SEPTEMBER 2019

	Notes	2019 £	£	2018 £	£
FIXED ASSETS					
Tangible assets	8		1,760,619		2,647,717
Investments	9		5,441,269		4,500,000
			7,201,888		7,147,717
CURRENT ASSETS					
Debtors	10	3,160,444		2,585,780	
Cash at bank and in hand	9	4,748,593		5,009,400	
		7,909,037		7,595,180	
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR					
Creditors and accruals	11	1,998,832		2,282,639	
NET CURRENT ASSETS			5,910,205		5,312,541
TOTAL ASSETS LESS CURRENT LIABILITIES			13,112,093		12,460,258
TOTAL NET ASSETS			13,112,093		12,460,258
FUNDS:					
Unrestricted funds:					
- General funds	16		7,606,193		7,937,489
- Designated funds	16		5,441,269		4,500,000
Total unrestricted funds			13,047,462		12,437,489
Restricted funds	16		64,631		22,769
			13,112,093		12,460,258

Balance sheet (continued)

FOR THE YEAR ENDED 30TH SEPTEMBER 2019

These financial statements were approved at a meeting of the Trustees held on 17 April 2020.

TRUSTEES

Dr. T. R. Wright, Chairman

Mr P. Kelly, Treasurer

Company number: 02033936
Registered Charity number: 298867

The notes on pages 84 - 101 form part of these financial statements.

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2019

	Notes	2019 £	2018 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash provided by operating activities	1	922,238	2,086,065
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		35,840	21,255
Purchase of tangible fixed assets		(145,980)	(1,392,420)
Net cash provided by investing activities		(110,140)	(1,371,165)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of finance lease		(121,916)	(124,916)
Interest paid on finance leases		(9,720)	(9,720)
Net cash used in financing activities		(131,636)	(134,636)
INCREASE IN CASH AND CASH EQUIVALENTS		680,462	580,264
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		9,509,400	8,929,136
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	10,189,862	9,509,400

Notes to the cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2019

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

	2019	2018
	£	£
Net movement in funds for the year (as per the Statement of financial activities)	651,835	804,428
Adjustments for:		
Depreciation charges	1,033,078	1,088,146
Interest received	(35,840)	(21,255)
Interest paid	9,720	9,720
(Increase)/decrease in debtors	(574,664)	(223,021)
Increase/(decrease) in creditors	(161,891)	428,047
Net cash provided by operating activities	922,238	2,086,065

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2019	2018
	£	£
Fixed asset investments - term deposits	5,441,269	4,500,000
Cash at bank and in hand	4,748,593	5,009,400
	10,189,862	9,509,400

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2019

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 (FRS102) issued on 16 July 2014 (as updated through Bulletin 1 published on 2 February 2016, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

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

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

2.2 Income

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

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

Income tax recoverable in respect of gift aid donations received to 30 September 2019 has been accrued for in these financial statements.

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

Investment income is recognised on a receivable basis.

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

2.3 Donated services

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

2.4 Expenditure

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

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

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

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

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

2.5 Tangible fixed assets

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

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

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

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

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

2.6 Investments

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

2.7 Debtors

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

2.8 Cash at bank

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

2.9 Creditors and provisions

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

2.10 Finance and operating leases

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

Assets held under finance leases are recognised initially at fair value of the leased asset at the inception of the lease. The corresponding liability to the lessor is included in the balance sheet as a finance lease obligation. Lease payments are apportioned between finance charges and a reduction of the lease obligation using the effective interest method so as to achieve a constant rate of interest on the remaining balance of the

liability. Finance charges are recognised in the statement of financial activities. Assets held under finance leases are included in tangible fixed assets and depreciated and assessed for impairment in the same way as owned assets.

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

2.11 Taxation

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

2.12 Funds

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

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

2.13 Financial instruments

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

2.14 Judgements and estimation

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

Useful economic life of tangible assets

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

3. INCOME

Donations and legacies	2019	2018
	£	£
Donations, gifts and funds raised	240,607	275,911
Legacies	322,563	196,209
Income tax recoverable on donations	22,275	25,075
	585,445	497,195

Income from charitable activities	2019	2018
	£	£
Fees from patients and health authorities	7,237,679	7,252,966
Research - general	227,068	175,050
Research grants	-	7,734
	7,464,747	7,435,750

Investment income	2019	2018
	£	£
Royalties receivable	24,000	29,645
Cyclotron rental income	144,996	144,996
Bank interest receivable	17,752	9,014
Bank treasury deposit interest receivable	18,088	12,241
	204,836	195,896

4. NET INCOME

	2019	2018
	£	£
Net income is stated after charging:		
Operating lease rentals	268,869	50,597
Auditors' remuneration - audit	10,000	10,000
Auditors' remuneration - accountancy services	6,800	5,000
Depreciation	1,033,078	1,088,146

5. COSTS OF RAISING FUNDS

	2019	2018
	£	£
Fundraisers' salaries and assistance	167,375	141,595
Event costs	17,268	25,483
Printing and mailing	22,007	8,603
General expenses	9,838	10,461
	216,488	186,142

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs	Support Costs	Governance Costs	Total
2019	**£**	**£**	**£**	**£**
Costs of generating funds:				
Fundraising and related activities	216,488	-	-	216,488
Charitable activities:				
Clinical services	6,466,398	899,407	20,900	7,386,705
Research	-	-	-	-
	6,466,398	899,407	20,900	7,386,705
	6,682,886	899,407	20,900	7,603,193
2018 - Comparative information				
Costs of generating funds:				
Fundraising and related activities	186,142	-	-	186,142
Charitable activities:				
Clinical services	6,295,823	810,641	19,100	7,125,564
Research	12,707		-	12,707
	6,308,530	810,641	19,100	7,138,271
	6,494,672	810,641	19,100	7,324,413

SUPPORT COSTS	Staffing Costs	Other Costs	Total
2019	**£**	**£**	**£**
Clinical services	262,168	637,239	899,407
2018 - Comparative information			
Clinical services	249,647	560,994	810,641

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:

	2019 £	2018 £
Wages and salaries	2,490,974	2,400,595
Social security	223,585	262,694
Pension	270,199	216,054
	2,984,758	2,879,343

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

	2019 No.	2018 No.
£60,000 to £70,000	3	5
£70,000 to £80,000	3	3
£80,000 to £90,000	1	2
£90,000 to £100,000	2	1
£120,000 to £130,000	1	1
£130,000 to £140,000	0	1
£140,000 to £150,000	1	0

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

	2019 No.	2018 No.
Medical and radiographic	51	48
Clerical and administration	10	11
	61	59

Key management comprise the trustees and the leadership team. Remuneration of key management in the year was £1,294,171 (2018: £1,269,733). The cost of trustees' indemnity insurance borne by the charity was £1,706 (2018: £1,706). The trustees did not receive any remuneration or fees for their services to the charity during the year under review.

8. TANGIBLE FIXED ASSETS

	Leasehold Land & Buildings £	Property Improvements £	Scanners £	Equipment £	Total £
Cost					
At 1 October 2018	2,091,883	944,630	6,394,334	1,766,337	11,197,184
Additions	-	33,622	3,628	108,730	145,980
Disposals	-	-	-	-	-
At 30 September 2019	2,091,883	978,252	6,397,962	1,875,067	11,343,164
Depreciation					
At 1 October 2018	2,091,883	826,321	4,110,053	1,521,210	8,549,467
Charge for the year	-	86,946	696,523	249,609	1,033,078
Disposals	-	-	-	-	-
At 30 September 2019	2,091,883	913,267	4,806,576	1,770,819	9,582,545
Net book value					
At 30 September 2019	-	64,985	1,591,386	104,248	1,760,619
At 30 September 2018	-	118,309	2,284,281	245,127	2,647,717

Included above are assets held under finance leases as follows:

	Scanners & Equipment £
Net book values	
At 30 September 2019	–
At 30 September 2018	115,310
Depreciation charge for the year	
At 30 September 2019	115,310
At 30 September 2018	115,292

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

	2019	2018
	£	£
Investments - cash at bank and on deposit	5,441,269	4,500,000
Cash at bank and in hand	4,748,593	5,009,400
Cash and cash equivalents	10,189,862	9,509,400

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

	2019	2018
	£	£
Interest receivable	18,684	1,695
Fees receivable	2,197,080	2,031,115
Prepaid scanner maintenance costs	312,359	248,922
Other debtors	342,086	215,480
Prepayments	85,770	88,568
Legacies receivable	204,465	-
	3,160,444	2,585,780

Included in fees receivable is £1,509,348 (2018: £1,308,953) due from East and North Hertfordshire NHS Trust.

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2019	2018
	£	£
Trade creditors	421,401	288,256
Accruals	58,921	391,762
Other creditors - East and North Hertfordshire NHS Trust	1,518,510	1,480,689
Value added Tax	-	16
Net obligations under finance leases	-	121,916
	1,998,832	2,282,639

12. FINANCIAL INSTRUMENTS

	2019	2018
	£	£
Financial liabilities measured at amortised cost	-	121,916

13. FINANCIAL COMMITMENTS

At 30 September 2019 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2019	2018
	£	£
Operating and service contracts which expire:	323,811	527,844
Less than one year	574,832	267,360
Over one year but less than five	181,250	-
Over five years	1,079,893	795,204

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

14. CAPITAL COMMITMENTS

The Trustees regularly review the need to upgrade or replace scanners in order to maintain operational efficiency and offer up to date medical imaging to patients. To achieve these objectives, as at the date of this report, the charity has placed an order for a new PET CT scanner for £1.6m. The Trustees expect a further £1m to be spent on installation and associated costs for this scanner in 2019/20.

Further capital expenditure planned for 2019/20 includes the 'space project', for which costs are expected to be in the order of £800k, and IT and communications improvements and other capital projects of approximately £410k.

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2019 Total funds	2018 Total funds
	£	£	£	£	£
Fixed assets	1,760,619	5,441,269	-	7,201,888	7,147,717
Current assets	7,844,406	-	64,631	7,909,037	7,595,180
Creditors due within one year	(1,998,832)	-	-	(1,998,832)	(2,282,639)
Net assets	**7,606,193**	**5,441,269**	**64,631**	**13,112,093**	**12,460,258**

16. MOVEMENT IN FUNDS

	Balance at 1 October 2018	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2019
	£	£	£	£	£
General funds	7,937,489	8,213,166	(7,603,193)	(941,269)	7,606,193
Total general funds	**7,937,489**	**8,213,166**	**(7,603,193)**	**(941,269)**	**7,606,193**
Restricted funds					
Restricted funds for Research:					
Brachytherapy study	1,400	-	-	-	1,400
General Research	21,369	-	-	-	21,369
Patient welfare - oncology chairs	-	7,638	-	-	7,638
MRI Appeal		34,224	-	-	34,224
Total Restricted funds	**22,769**	**41,862**	**-**	**-**	**64,631**
Designated funds					
Scanner Replacement Fund	3,500,000	-	-	731,269	4,231,269
The 'Space Project'	800,000	-	-	-	800,000
IT and Communications	200,000	-	-	210,000	410,000
Total Designated funds	**4,500,000**	**-**	**-**	**941,269**	**5,441,269**
Total	**12,460,258**	**8,255,028**	**(7,603,193)**	**-**	**13,112,093**

16. MOVEMENT IN FUNDS (continued)

Designated funds - 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. The Trustees have assessed the cost of purchasing new MRI and PET CT scanners plus installation costs and premises modifications to be in excess of £4m in the near future. In addition to this amount, £800,000 has been set aside for the 'Space Project', which will upgrade the waiting and reception areas, and £410,000 has been set aside for IT and Communications improvements and other capital projects. The trustees therefore believe that the amounts set aside as designated funds as shown above are appropriate.

Restricted funds

MRI Appeal
To fund the purchase of a new MRI scanner including associated installation costs.

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

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

Patient welfare
To fund equipment to improve patient welfare. In 2018/19 Paul Strickland Scanner Centre received £7,638 for the purchase of two Hanover oncology chairs and this is expected to be expended in full during the 2019/20 financial year.

17. RELATED PARTY TRANSACTIONS

There have been no transactions with related parties other than those disclosed in note 7.

18. NON-ADJUSTING POST BALANCE SHEET EVENT

The Covid-19 pandemic has occurred since the Balance Sheet date. It is expected to have a significant operational impact on the Charity in 2019/20 which is very likely to have some negative financial implications which it is not possible to quantify reliably as at the date of this report. However, the Charity is confident that there will be an ongoing need for its services during this time and is regularly liaising with healthcare providers regarding service delivery.

The charity has a robust business continuity plan in place to manage the operational challenges. Even in the case that the crisis continues for an extended period, the reserves of the charity would serve as a buffer to mitigate the impact of the potential reduction in income that may arise given the operational challenges. Under the circumstances, many of the charity's fundraising events have had to be cancelled and resources in that area will be redirected to concentrate on legacy and individual giving fundraising.

19. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2018

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2018 £
INCOME					
Donations and legacies	3	490,195	-	7,000	497,195
Income from charitable activities:					
Clinical services	3	7,252,966	-	-	7,252,966
Research	3	182,784	-	-	182,784
Investment income	3	195,896	-	-	195,896
TOTAL INCOME		8,121,841	-	7,000	8,128,841
EXPENDITURE					
Costs of raising funds:					
Costs of generating voluntary income	5	186,142	-	-	186,142
Charitable activities	6	7,138,271	-	-	7,138,271
TOTAL EXPENDITURE		7,324,413	-	-	7,324,413
NET INCOME		797,428	-	7,000	804,428
TRANSFER BETWEEN FUNDS		(1,493,000)	1,500,000	(7,000)	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(695,572)	1,500,000	-	804,428
RECONCILIATION OF FUNDS					
FUNDS BROUGHT FORWARD		8,633,061	3,000,000	22,769	11,655,830
FUNDS CARRIED FORWARD	16	7,937,489	4,500,000	22,769	12,460,258

20. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2019		2018	
		£	£	£	£
Income					
Donations, gifts and funds raised			240,607		275,911
Legacies received			322,563		196,209
Income tax recoverable			22,275		25,075
Bank interest receivable			17,752		9,014
Bank treasury deposit interest receivable			18,088		12,241
			621,285		518,450
Less: expenditure					
Fundraisers' salaries and assistance		167,375		141,595	
Event costs		17,268		25,483	
Printing and mailing costs		22,007		8,603	
General expenses		9,838		10,461	
			216,488		186,142
Surplus - appeals fund			404,797		332,308
Add:					
Surplus - Scanner Centre	21		247,038		472,120
Surplus in year			651,835		804,428

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	2019		2018	
		£	£	£	£
Income					
Fees from patients and health authorities			7,464,747		7,435,750
Royalties receivable			24,000		29,645
Cyclotron rental income			144,996		144,996
			7,633,743		7,610,391
Less: expenditure					
Radiologists and radiographers fees and salaries		2,920,861		2,793,005	
Other clinical services, management and administration salaries		678,837		688,017	
Other staffing costs		45,756		29,976	
Maintenance contracts and scanner repairs		570,582		564,473	
Repairs and renewals of equipment and building		133,110		106,951	
Lease charges on equipment		50,267		51,897	
Medical and surgical supplies, cryogens and other consumables		1,117,703		1,101,167	
Rent and rates		224,988		170,004	
Heat, light and facilities		264,132		245,385	
Printing, postage, stationery and telephone		118,191		59,209	
Auditors' remuneration		10,000		10,000	
Medical conferences and travel		17,073		17,435	
Miscellaneous expenses		24,957		11,496	
Bank charges		2,647		1,083	
Legal, professional and consultancy fees		72,209		106,189	
Insurance		92,594		84,118	
Interest on finance leases		9,720		9,720	
Depreciation		1,033,078		1,088,146	
			7,386,705		7,138,271
Surplus - Scanner Centre			247,038		472,120

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