Paul Strickland Scanner Centre
At Mount Vernon Hospital

Imaging a better future

ANNUAL REPORT AND FINANCIAL STATEMENTS 2016-17

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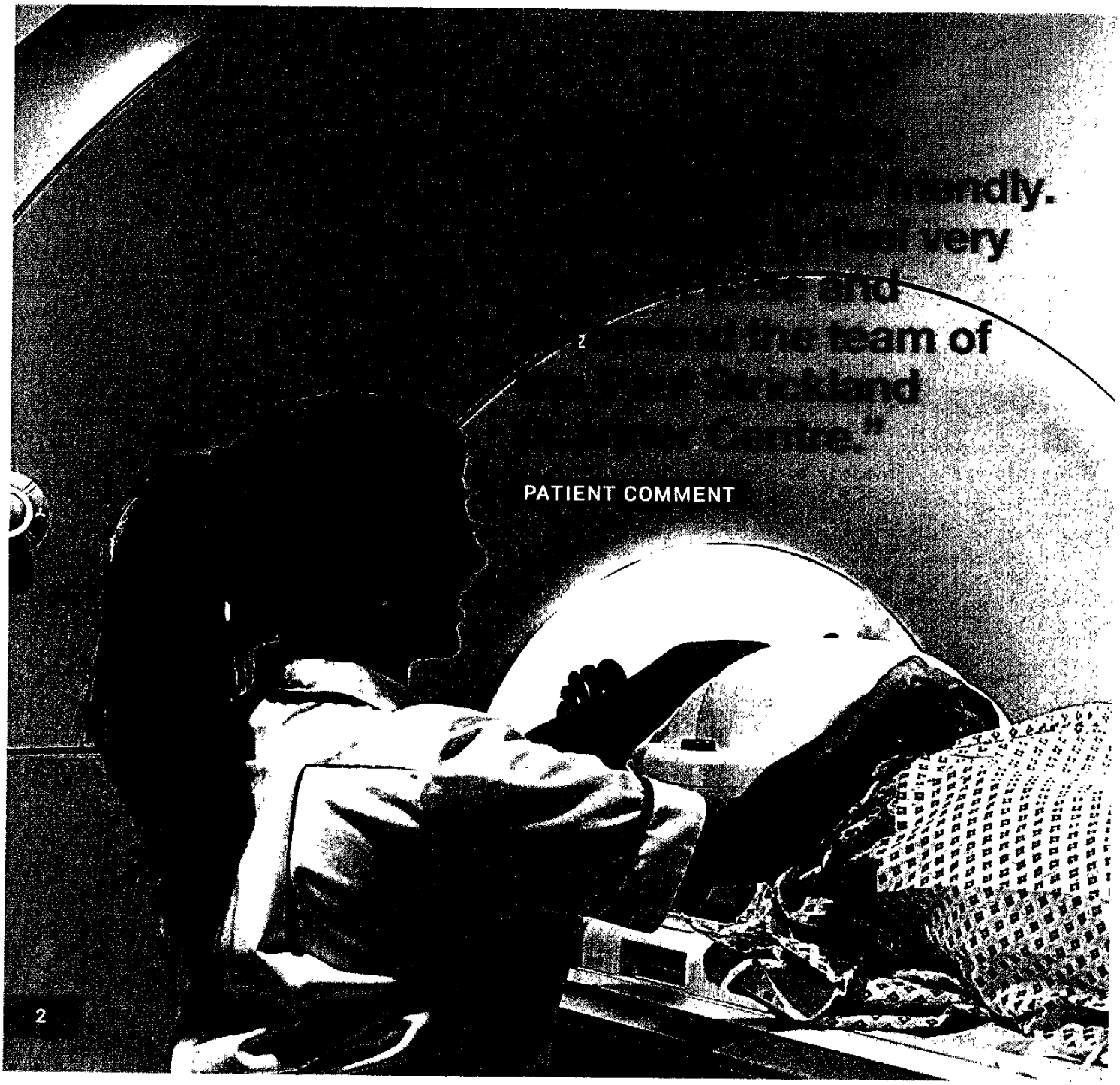
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PATIENT COMMENT

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Chairman's report

FOR THE YEAR ENDED 30 SEPTEMBER 2017

As Chairman of the Board of Trustees I am pleased to be able to report another successful and busy year at Paul Strickland Scanner Centre.

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 diseases the best possible options for their care and recovery

I would like to thank the whole team for their hard work and dedication during this year and for their flexibility as we push ahead with developing our future. Our Chief Executive, Claire Strickland, and her team have spent this year ensuring that we do all we can to ensure that our patients come first, protect our interests, and look to develop even stronger relationships with our referrers, both National Health Service and private.

Three key activities this year have been submitting our proposals to NHS England to provide PET-CT services to them in the future, working with the East and North Hertfordshire NHS Trust to plan the installation of an additional MRI machine to strengthen our partnership, further development of our new website to provide new online services. All of these are in the process of being implemented.
We are also delighted to report that our Imaging Services Accreditation Scheme (ISAS) team, in conjunction with the concentrated effort of everyone at Paul Strickland Scanner Centre, has led us to first time success with full accreditation for our services and operations.

ISAS accreditation is a highly prestigious quality mark and we are determined to maintain this accreditation standard as one of our key performance measures.

The Board of Trustees is a diverse group, with a range of skills ensuring that Paul Strickland Scanner Centre is managed appropriately. In conjunction with the Chief Executive we take decisions on all strategic matters whilst devolving the day-to-day operational management to the Chief Executive and her team with whom the board has a very effective and efficient relationship.

We have been fully involved in all stages of developing strategic plans, and monitor progress regularly. I thank all of my fellow trustees for their voluntary donation of time and their dedication to help deliver on plans to improve patient care, pursuing the objectives of our charity.

It is always very satisfying to be able to review a positive year. We have shown financial stability of Paul Strickland Scanner Centre with an increasing workload and on-going positive patient and referrer feedback. This year we have made a new consultant appointment, Dr Amish Lakhani, working primarily in the area of prostate cancer. Also the appointment of a Fundraising Manager, Sofia Sheikh, to help diversify our income streams and increase donations.

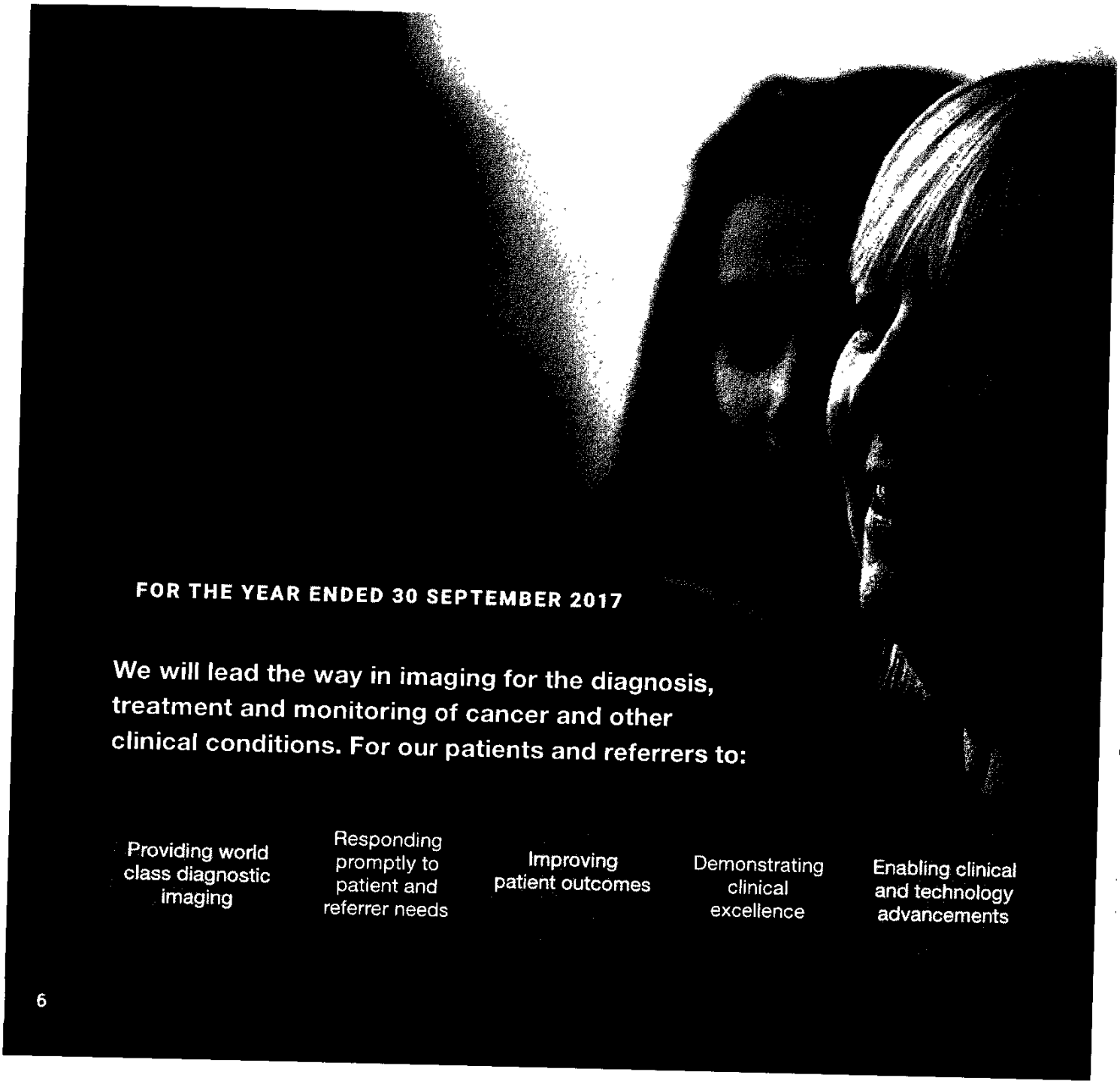
Continued clinical research activity and publications by our radiologists, radiographers and physicists ensures that our patients benefit from the latest techniques and developments and that our understanding is brought to the attention of others for the benefit of their patients. We continue to work with our landlord, The Hillingdon Hospitals NHS Foundation Trust, to be able to rearrange our public areas to improve the patient experience, including improved patient privacy and more efficient flow through the centre, and hope that this will be implemented soon.

As always the work of our volunteers in fundraising is very welcome and we thank all of these people for their time. The Friends of Paul Strickland Scanner Centre continue to support the centre, ensuring we remain a visible local charity. We are also very grateful to the 2016-2017 Mayor of Hillingdon for appointing us as one of his charities for the year, for his personal support at some of the centre's events and for his donation which has provided specialist equipment to help patients during their assessment with us.

We look forward to an exciting and successful, if challenging future, and to continuing the work of our founder Dr Paul Strickland.

Terry R Wright

Dr Terence R Wright
Chairman of the Board of Trustees
February 2018



FOR THE YEAR ENDED 30 SEPTEMBER 2017

We will lead the way in imaging for the diagnosis, treatment and monitoring of cancer and other clinical conditions. For our patients and referrers to:

- Providing world class diagnostic imaging
- Responding promptly to patient and referrer needs
- Improving patient outcomes
- Demonstrating clinical excellence
- Enabling clinical and technology advancements

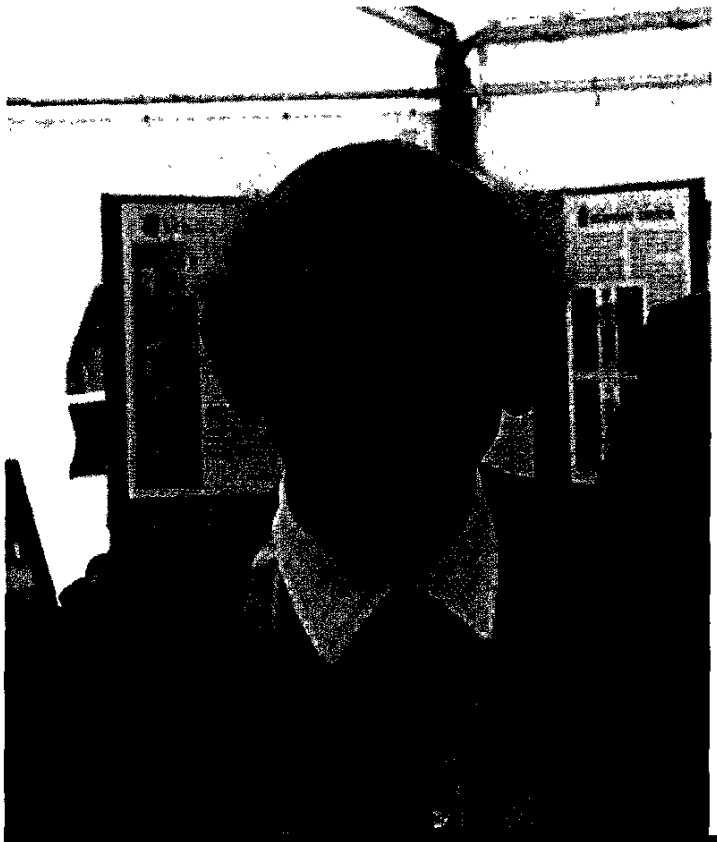
A committed staff team

Our staff team of 56 is led by Claire Strickland, our Chief Executive. She reports to our Board of Trustees, which is chaired by Dr Terry Wright.

Having spent most of her career working in the NHS, Claire has led the charity since 2014, and has a strong clinical, managerial and commissioning background. 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. 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.

WE EMPLOY

medical, radiographic and support staff of the highest calibre.



Our founder

Our charity is named after its founder, Dr Paul Strickland, who was a well-known oncologist and the Director of what is now Mount Vernon Cancer Centre. He was convinced that early scanning could save the lives of patients with cancer and other serious conditions and he tried to persuade the NHS to install a CT scanner at Mount Vernon, but funds were not available. So in 1983 he became Vice Chairman of the Mount Vernon Scanner Appeal to raise donations to obtain a CT scanner. He captured the imagination of the public and enough money was raised to obtain a CT scanner, as well as an MRI scanner and the building to house them, and in 1985 the Paul Strickland Scanner Centre opened its doors.

"The accurate diagnosis of cancer is the essence of good results. If you're absolutely sure of the extent of the disease, you've got a pretty good chance of curing it."

PAUL STRICKLAND

Our trustees take great care to make sure the charity's work meets the Charity Commission guidance on public benefit.

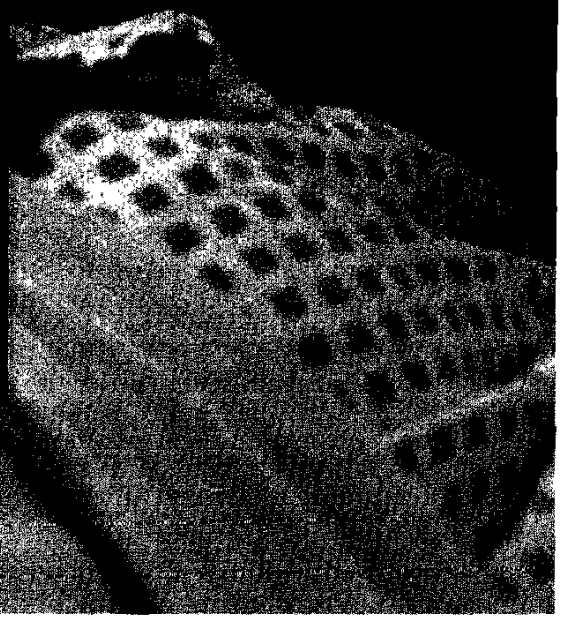
We're a specialised scanning centre working as a registered charity improving the lives of people affected by cancer and other serious conditions. We do this by providing the best possible patient care using high quality imaging equipment, and by being actively involved in medical research. We're proud to have done 17,358 scans between 1 October 2016 and 30 September 2017, helping patients and the families get the treatment and reassurance they desperately need.

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, Hertfordshire, Buckinghamshire and Bedfordshire. The scans are then mainly used to diagnose and monitor cancer and other serious conditions (such as dementia) but also in life-changing medical research. As an independent medical charity we receive no government funding and rely heavily on donations from our supporters – mainly family, friends and colleagues of patients who have been treated at the centre.

Our objectives

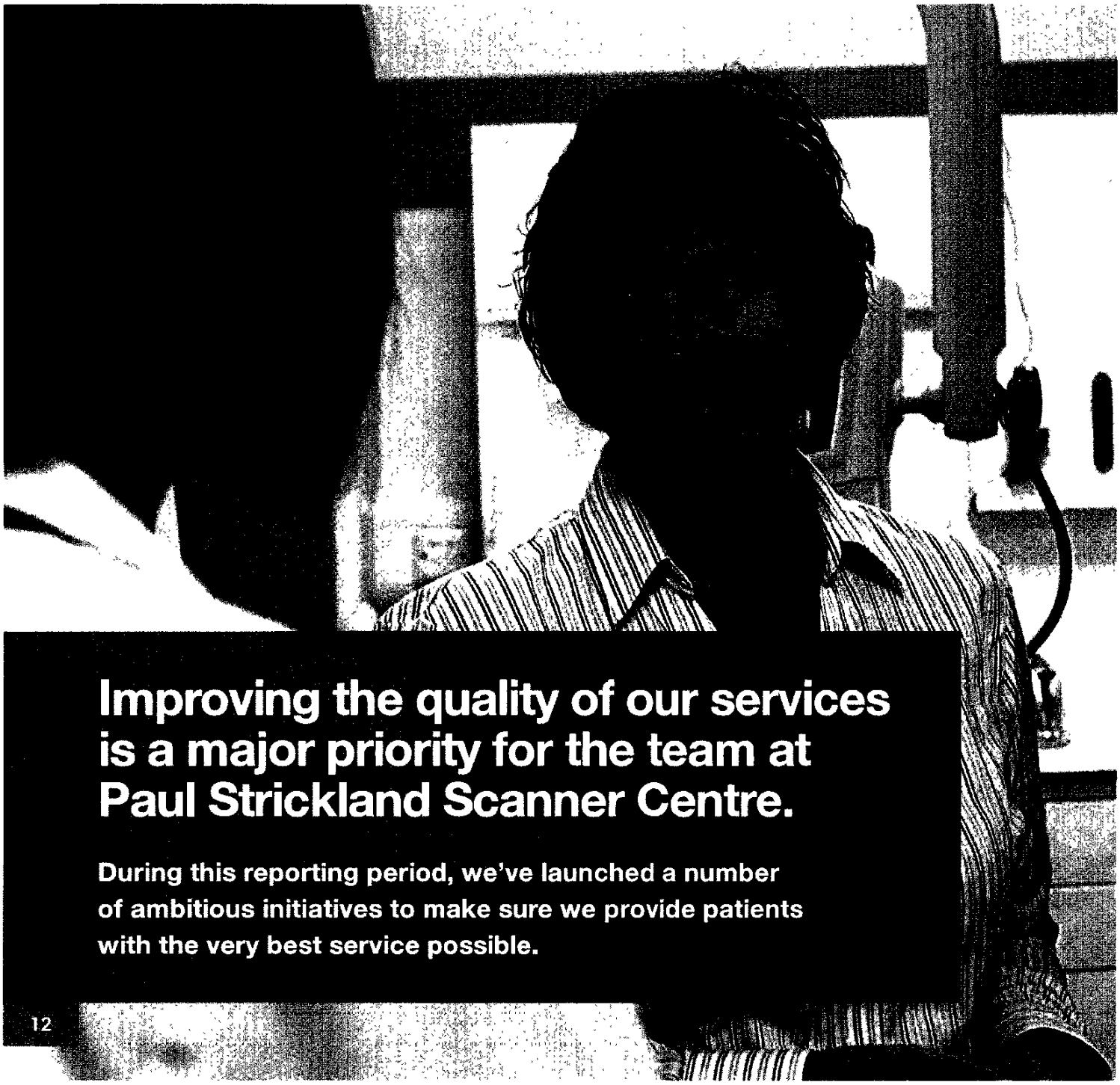
At Paul Strickland Scanner Centre, our work is guided by clear objectives.

1. To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual.
2. To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.
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.
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.
5. To improve staff engagement and organisational culture, ensuring patient safety as a top priority.



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

Our Trustees' report continues on the following pages and tells you how we're achieving our objectives.



Improving the quality of our services is a major priority for the team at Paul Strickland Scanner Centre.

During this reporting period, we've launched a number of ambitious initiatives to make sure we provide patients with the very best service possible.

Our Quality Improvement (QI) team is made up of staff from across the centre. During our regular meetings we evaluate patient feedback and respond by developing new ways to improve the quality of service we provide and optimise health outcomes for our patients. We organise regular, in-depth training sessions for the staff team on a variety of topics, so they can continuously improve. The meetings frequently include outside speakers – for example during the September 2017 session we had specialist training by an equality, diversity and inclusion expert from the University of Hertfordshire. These sessions are an important contribution in making sure that patients receive the highest quality care at Paul Strickland Scanner Centre.

RACHAEL BOWIE, CHAIR OF PAUL STRICKLAND SCANNER CENTRE QUALITY IMPROVEMENT TEAM

CASE STUDY

Imaging Services Accreditation Scheme (ISAS)

During 2017, Paul Strickland Scanner Centre was awarded a prestigious national quality mark by the United Kingdom Accreditation Service (UKAS) in recognition of our high quality care and service to patients.

The Imaging Services Accreditation Scheme (ISAS) quality mark was awarded to the charity following a rigorous assessment of the centre's high quality service to patients, delivered by competent staff working in a safe environment. The scheme has been developed by the Royal College for Radiologists and The College of Radiographers to set professional expectations to improve patient safety. ISAS is the only programme of its kind and is supported by NHS England.

Supt Radiographer Nicky Fry, who led the accreditation process at Paul Strickland Scanner Centre and is our Quality Lead, said: "ISAS is the gold standard for imaging centres and our accreditation is an important endorsement by a hugely-respected national body.

"Our team is totally committed to and very proud of the high quality service and care we provide to patients and being officially recognised in this way is very rewarding for us. It's a really important indicator of high quality care, which should give patients confidence that they will receive the highest standard of care in a safe and high quality environment, delivered by a highly competent team."

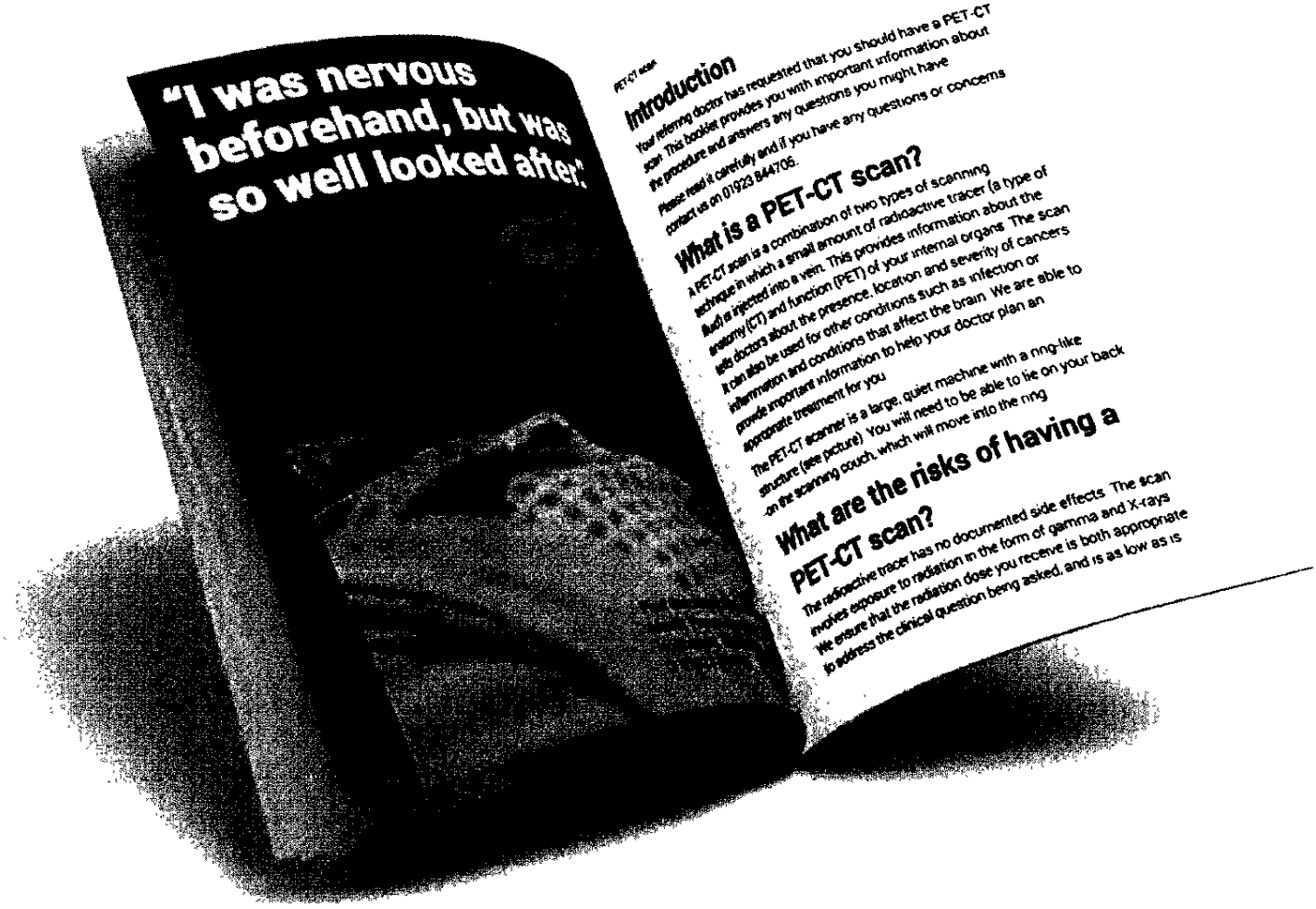
To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.

At Paul Strickland Scanner Centre we understand that outstanding levels of communication is key to great patient care, and we have established two-way communication channels with both patients and clinicians to make sure we need their needs.

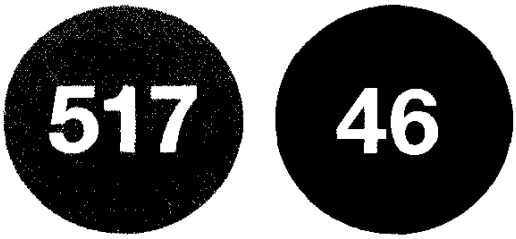
The board decided to further enhance our performance in this area by appointing a communications strategic lead, who oversees external communication for the charity. Pierre du Bois, an experienced communications professional who has worked in both the NHS and charity sectors, joined us in November 2016 and launched a number of new initiatives during the period to improve our communications.

Following consultation with our stakeholders, we completely revamped our external newsletter and launched an e-newsletter. We also reviewed and continuously updated our social media channels, and in mid-September 2017 launched a brand new website, which has resulted in a big increase in the number of online visitors and positive feedback.

We also began a project to revamp our patient information booklets and patient appointment letters.


"I was nervous beforehand, but was so well looked after."
PET-CT scan
Introduction
Your referring doctor has requested that you should have a PET-CT scan. This booklet provides you with important information about the procedure and answers any questions you might have. Please read it carefully and if you have any questions or concerns contact us on 01923 844706.
What is a PET-CT scan?
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 your internal organs. The scan aids 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. We are able to provide important information to help your doctor plan an appropriate treatment for you.
The PET-CT scanner is a large, quiet machine with a ring-like structure (see picture). You will need to be able to lie on your back on the scanning couch, which will move into the ring.
What are the risks of having a PET-CT scan?
The radioactive tracer has no documented side effects. The scan involves exposure to radiation in the form of gamma and X-rays. We ensure that the radiation dose you receive is both appropriate to address the clinical question being asked, and is as low as is

We routinely ask patients for anonymous feedback after they have had a scan, and feedback we receive is overwhelmingly positive

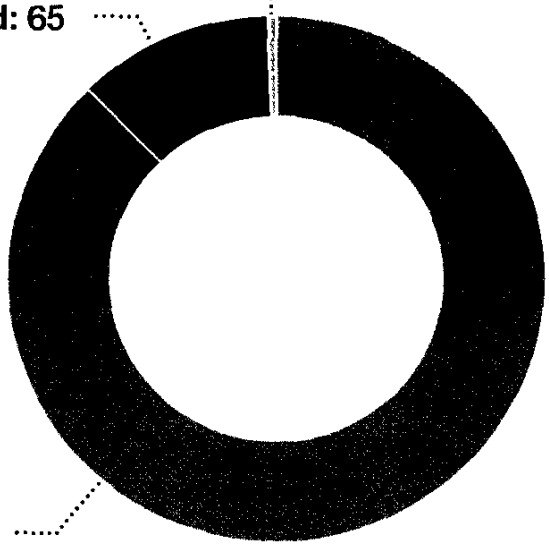


Extremely likely

Likely

Neither likely or unlikely

How likely are you to recommend our department to friends and family if they need similar care or treatment?



How was your care while at Paul Strickland Scanner Centre today?

(Results from 564 anonymous comments cards we have received between 1 October 2016 and 31 August 2017)

"Everything is perfect here. You have very professional, dedicated staff. 10/10 for your customer service."

Sarah*, patient at Paul Strickland Scanner Centre, July 2017

"The care and service was excellent. The staff are friendly and helpful."

John*, patient at Paul Strickland Scanner Centre, August 2017

*Names changed to protect patient confidentiality

Personal experience Mini Patel

Mini Patel has beaten ovarian cancer twice and both times she has benefitted from world class care provided at Paul Strickland Scanner Centre. She now advises us on how we can shape our services to further improve patient experience.

When Mini was first diagnosed with Ovarian Cancer in 2011, it was a complete shock She said "It was quite overwhelming to myself and my loved ones and having Paul Strickland Scanner Centre nearby where I could have my treatment and care was really important In both 2011 and 2016, I had 8 months of treatment including surgery and chemotherapy

"Being diagnosed with any form of cancer is a wake-up call. It reminded me of just how precious life is and has allowed me to put my priorities into perspective. I had to reflect on what I value the most and be grateful for everything I have been blessed with. Taking all of this into consideration and understanding the gravity of my situation, a plan was needed to combat this disease.

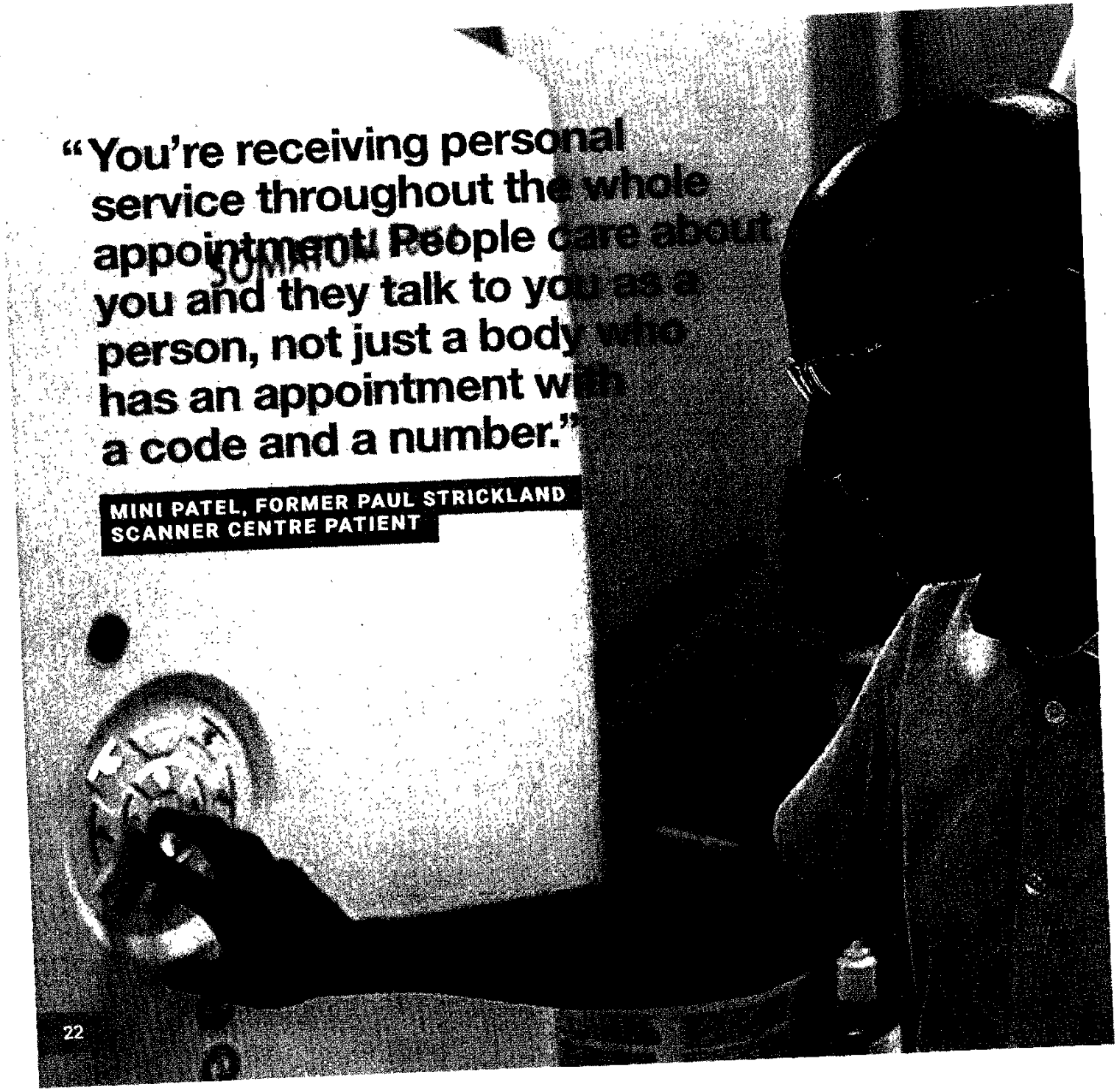
"It is not easy to stay on course and see each treatment through, but with support of my family, friends, work colleagues, oncology team and Paul Strickland Scanner Centre it has been possible twice over. I had no choice but to find the inner strength and determination to do this. My incentive and drive is and has always been to see my daughters through as much of their lives as possible.

"Fast forward to 2016 when I should have been celebrating my '5 years clear plan' I was unfortunately re-diagnosed and my ovarian cancer came back. I had to have surgery and chemo, which ended in October 2016. Following a period of about 8 months off work again I can say that this time round was definitely more demanding on my body, specifically because I was more tired and I lost my hair. Although this may seem like a minor side effect within the lengthy process, I had a difficult time with this. It changes you. I later returned to work but I didn't feel fulfilled."

"My profession is in the optical field, and I was lucky that my colleagues were supportive each time I was diagnosed. They wanted me to be in the best place mentally and physically and were considerate enough to let me take as much time as I needed to recuperate. I tried to go into work when I was fit enough, even if I was working for half day a month as it allowed me to have a sense of normality.

"After being given a second life after the second diagnosis I wanted to give back. It is something that everybody says, but I was truly motivated to be more pro-active. Although my experience and care was excellent at Paul Strickland Scanner Centre, I wanted everybody that passed through this stage to have the best experience possible – and that was the primary reason for me to get involved."

"After being given a second life after the second diagnosis I wanted to give back."



"You're receiving personal service throughout the whole appointment. People care about you and they talk to you as a person, not just a body who has an appointment with a code and a number."

MINI PATEL, FORMER PAUL STRICKLAND SCANNER CENTRE PATIENT

Mini also volunteers at the Lynda Jackson Macmillan Centre, as well as Mount Vernon Cancer Centre.

"I was approached by Paul Strickland Scanner Centre at the beginning of 2017 and have been involved since March that year. They wanted help with enhancing patients' journeys, which was exactly the role I sought

Mini had a thorough induction and was able to experience all aspects of the patient journey She said the experience was eye opening, and that "it is not as simple as it sounds and involves a great team that continually work well together and excel in patient care and communication Everything has to be perfect What I found amazing was that the manufacturing of the radioactive PET-CT tracer is on site, and that allowed more efficiency within Paul Strickland Scanner Centre"
Mini now volunteers with us to provide a patient insight She said "I have given my outlook on how the charity can make PET-CT patient areas warm, calming and cosier I provide constructive feedback as needed" As a result of Mini's feedback, the team at Paul Strickland Scanner centre have acquired a stock of blankets which are offered to PET-CT patients Patients having scans are also told in advance to wear warm clothing to their appointment, as PET-CT scanners have to be kept in a cool environment to ensure they work properly

"Paul Strickland Scanner Centre is very local to me and I cannot believe that it is actually a charity that runs by itself and takes on patients from as far away as Luton and further afield.

"Paul Strickland Scanner Centre looks after both private and NHS patients You're receiving personal service throughout the whole appointment People care about you and they talk to you as a person, not just a body who has an appointment with a code and a number If you are apprehensive and have any questions, the staff are very happy to help you The team at this centre took care of me and took the time to listen to my concerns The staff were reassuring and kind in nature, which meant I really felt at ease

"Volunteering with Paul Strickland Scanner Centre is really humbling and very fulfilling. If I can make just one person's journey just a little bit easier, the reward is priceless."

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.

A cancer diagnosis is not only devastating news for those receiving it, but it can also put huge logistical strain on a person, with multiple medical appointments to juggle, as well as work, caring and other responsibilities.

Not only can this be very stressful for patients, but it can create real access problems. Our staff recognise the difficult situation patients may face, and try to make patients' lives as comfortable as possible. One example is the way in which we coordinate care with the NHS and other providers.

Dr Andrew Gogbashian, lead consultant for our CT service, attends weekly multidisciplinary team meetings to discuss the treatment, diagnosis and monitoring of patients with testicular cancer from across the region.

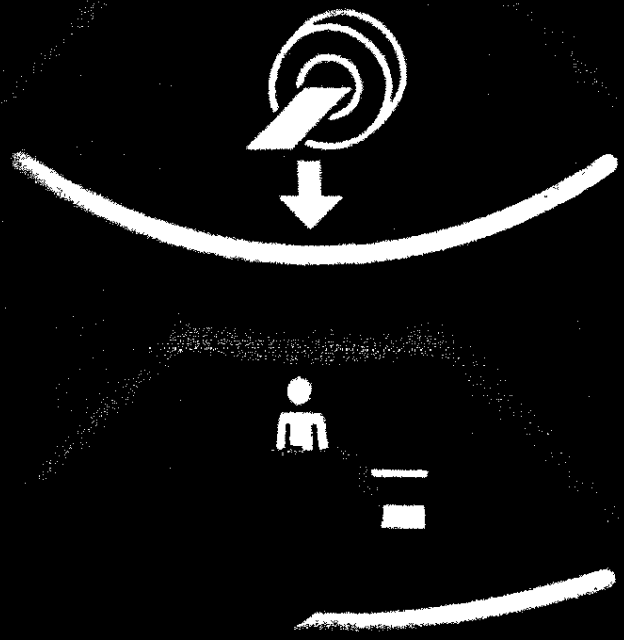
Together with other clinicians, he works to make sure that patients don't need to travel to hospital more than they need to, so that they can meet their other commitments. Where feasible, we aim to schedule scans for patients on the same day as their clinic appointments, with reports done the same day.

Dr Andrew Gogbashian

Low dose CT scanning

Reducing the radiation burden

Safety is a huge priority for Paul Strickland Scanner Centre, and Dr Gogbashian and his team have developed an ultra low-dose CT scan protocol for patients with testicular cancer which is well below the national reference limit. These patients are often young and can have multiple scans, so reducing their radiation burden may significantly reduce their risk of developing secondary cancers later in life due to radiation



"I've attended many times and always encountered friendly, informative staff and excellent service."

PATIENT COMMENT

CASE STUDY

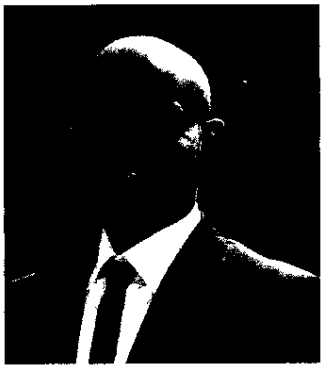
Tackling head and neck cancers

Dr Subhadip Ghosh-Ray, our lead consultant for head and neck cancers, plays a key role in cancer care across the region, working very closely with other professionals who monitor and treat patients at a number of sites across our region.

As well as being a radiologist at Paul Strickland Scanner Centre in Northwood, he travels to Northwick Park Hospital in the London Borough of Harrow every week to attend multidisciplinary team meetings (MDTs) with other healthcare professionals MDT meetings bring together healthcare professionals who collaborate to make decisions regarding recommended treatment of individual patients Clinical decisions are made based on reviews of clinical documentation such as case notes, test results - and diagnostic imaging

As one of our consultant radiologists, Dr Ghosh-Ray plays an absolutely essential role in the team He chairs the discussion about nuclear medicine imaging which has been requested by the network clinicians and presents all other relevant scans performed at Paul Strickland Scanner Centre as part of the cancer pathway He helps to build the picture of the extent of a patient's disease, which determines treatment decisions Crucially, radiology shows a doctor which treatment to choose next, without which modern cancer medicine is simply not possible

He prepares and circulates detailed briefings in advance of the meetings to ensure colleagues are well informed and the meetings are as



Dr Ghosh-Ray

efficient as possible In addition to helping clinicians understand scans of their patients, he plays an active role in the treatment and monitoring of other patients too, advising on additional scans that might be helpful As Paul Strickland Scanner Centre is a nimble and patient-focussed organisation, Dr Ghosh-Ray is able to fast-track scans when it is important for a patient's care

"The treatment I received today was truly excellent. The staff could not have been better."

Patient comment

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

Sharing our expertise with the NHS to benefit patients

Paul Strickland Scanner Centre's history at Mount Vernon Hospital stretches back decades, and as a result we have established long-standing and productive relationships at the hospital, in particular at Mount Vernon Cancer Centre. We are an integral and long-standing part of cancer pathways in our region.

One example that illustrates our close relationship with Mount Vernon Cancer Centre is the expertise we contribute to the CyberKnife® service. This service uses a highly advanced robotic radiotherapy system to deliver very high doses of radiotherapy with astonishing accuracy, which minimises damage to healthy tissues and significantly reduces the number of visits a patient has to make to the hospital. Access to accurate and up-to-date scans of cancer patients' bodies are absolutely vital to this service.

We're an integral part of the CyberKnife® multidisciplinary team (MDT), providing radiology expertise and working seamlessly with oncologists and other healthcare professionals from East and North Hertfordshire NHS Trust to help them make decisions about how to best treat and manage individual patients. As we are based on the Mount Vernon Hospital site, clinicians at Mount Vernon Cancer Centre frequently visit us to discuss individual cases and we provide our advice and time without charge.

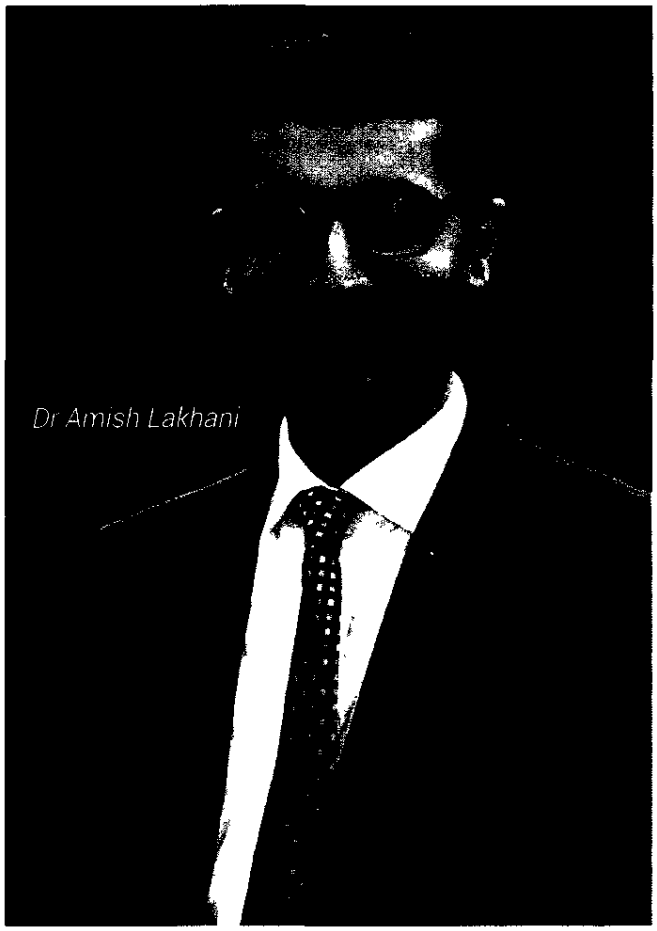
"I think the team at Paul Strickland Scanner Centre are fantastic people who always put patients first. They can always accommodate our clinical needs with the limited resources they have. It's a big referral area, so this does require a lot of flexibility."

DR YATMAN TSANG, LEAD RADIOGRAPHER FOR THE CYBERKNIFE® SERVICE AND MDT MEMBER, MOUNT VERNON CANCER CENTRE.

Education and training

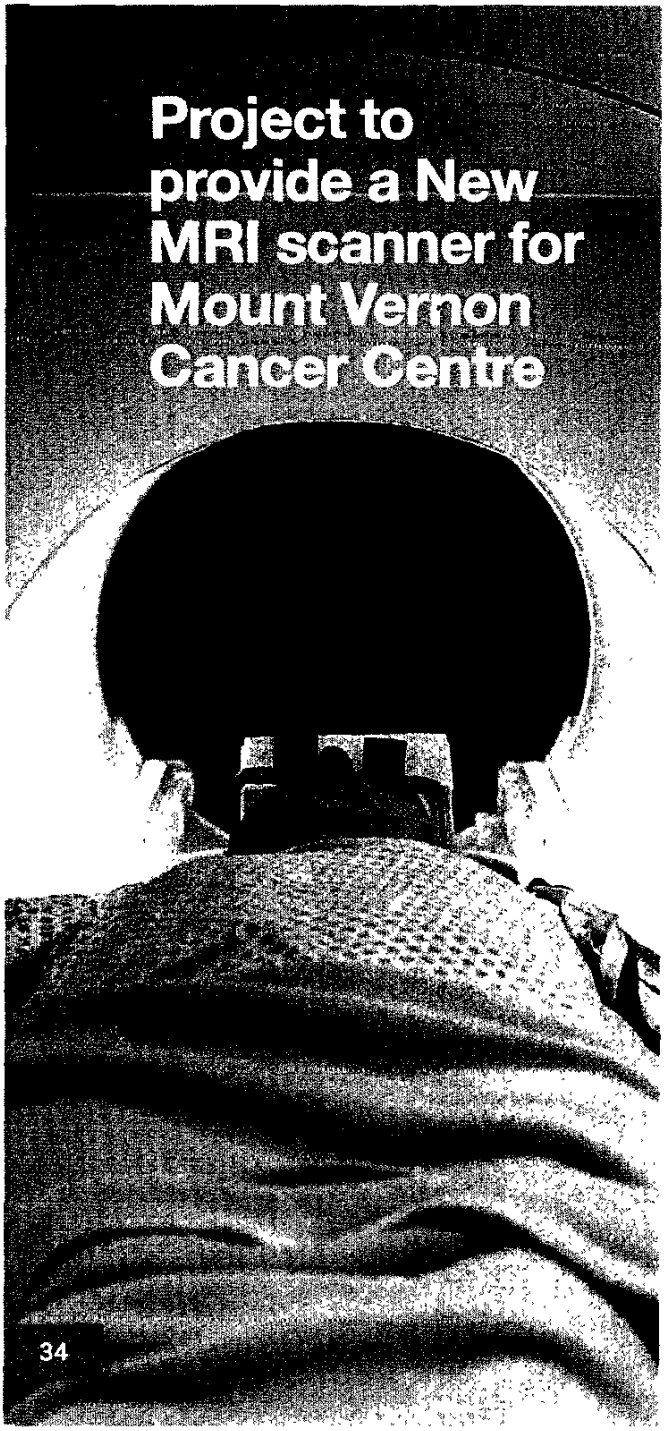
We share our knowledge freely, and we are keen to foster greater understanding of radiology, medical imaging techniques and how they can serve clinical needs and ultimately help advance patient treatment.

For this purpose we launched a series of regular lunchtime teaching sessions at Paul Strickland Scanner Centre, organised by Dr Amish Lakhani, our lead consultant for education. The sessions help the continuous development of our clinical as well as non-clinical staff, and are frequently attended by staff from Mount Vernon Cancer Centre, who actively contribute as guest speakers



Dr Amish Lakhani

Project to provide a New MRI scanner for Mount Vernon Cancer Centre



We've laid the groundwork for a £1.5million project to install a new MRI scanner at Mount Vernon Cancer Centre (part of the East of England Cancer Network), which we aim to deliver during the coming year.

The scanner will enable the Mount Vernon Cancer Centre (MVCC), part of East and North Hertfordshire NHS Trust, and Paul Strickland Scanner Centre to work even more closely together, which will allow staff from both organisations to learn from each other and find new and better ways of improving care and treatment for local patients The scanner will be operated jointly by PSSC and MVCC staff, and will be a significant upgrade to the scanner currently being used at the cancer centre, and will produce better quality scan images.

It's expected that the new scanner will reduce waiting times, increase the number of people who are able to have a scan each day, and allow more precise radiotherapy treatment planning for cancer patients. The new machine will also feature a wider opening, making scans more comfortable for large patients or those who have claustrophobia.

Claire Strickland, our Chief Executive, said "Mount Vernon Hospital is an international leader in cancer treatment and deserves praise for investing in techniques that allow radiotherapy to be delivered with a degree of precision that wouldn't have been possible only a few years ago. This has allowed this NHS cancer centre to reduce the amount of radiation given to sensitive healthy tissue and therefore side effects to patients, potentially allowing more targeted doses directly to the tumour.

"However, this degree of precision depends on the ability to determine the exact location, size and shape of the tumour in detail, which can only be achieved with cutting edge scanning equipment.

"Paul Strickland Scanner Centre is very proud that, thanks to the support of our fundraisers and donors, we're able to help make treatment at Mount Vernon Hospital even better by deepening our partnership with Mount Vernon Cancer Centre, which directly benefits local people affected by cancer and other serious diseases."

Jagdeep Kudhail, Head of Radiotherapy for Mount Vernon Cancer Centre, said "This collaboration with our diagnostic partners will bring about the best possible innovative approach to cancer care. It will ensure expertise is shared, leading to improved outcomes for our patients."

"This collaboration with our diagnostic partners will bring about the best possible innovative approach to cancer care. It will ensure expertise is shared, leading to improved outcomes for our patients."

JAGDEEP KUDHAIL, HEAD OF RADIOTHERAPY FOR MOUNT VERNON CANCER CENTRE

Clinical research

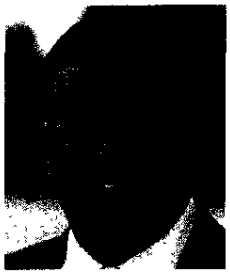
During 2017 we scanned 336 patients in 85 studies and agreed 21 new research projects.

Paul Strickland Scanner Centre is a very research-active organisation. Our team is actively involved in clinical research to improve early detection of cancer and other serious conditions, and to ensure patients have the best possible treatments that are right for them.

Our research, which is coordinated and developed by our specialist team of research radiographers and consultant radiologists, is of national and international significance, helping to find new treatments and changing practice in the NHS. We scan patients who take part in multi-centre drug trials led by Mount Vernon Cancer Centre, including innovative chemotherapy and immunotherapy, a type of treatment that uses the body's immune system to ward off cancer.

Dr Wai-Lup Wong, our lead consultant for PET-CT, ran the 20th Annual PET-CT meeting at the Royal Society of Medicine in March. He has published articles and has written and edited a book on his area of interest, PET/CT in Head and Neck Cancer.

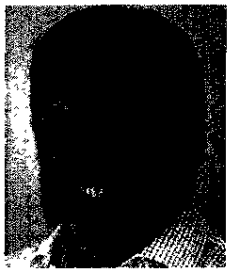
new research projects



Prof Anwar Padhani, *our lead consultant* for MRI, won the 2017 International Cancer Imaging Society Gold Medal. He continues to publish work on prostate cancer and whole-body MRI scanning.

Funded in part by us, **Prof Vicky Goh** has had 18 publications this year, including texture analysis, biomarkers in cancer and PET-MRI evaluation. She has had a research contract with us for a number of years.

One of the studies Paul Strickland Scanner Centre participated in was an open-label multi-centre study in the UK designed to assess the clinical effectiveness of a new PET tracer fluciclovine (18) in the management of patients with prostate cancer with biochemical recurrence after initial treatment.

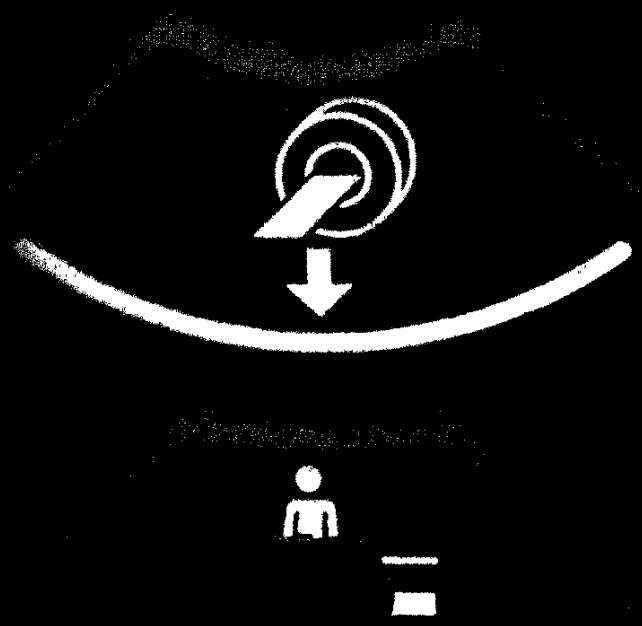


Dr Anthony Chambers, *Consultant Oncological* and Radionuclide Radiologist at Paul Strickland Scanner Centre, was specially trained to report the clinical images from this study.

A team of radiographers who share their expertise

We have been focusing on developing staff to become research active. Two abstracts were accepted for the UK Radiological and Radiation Congress and one for European Congress of Radiology (ECR) 2017, with Paul Strickland Scanner Centre winning the best e-poster for a poster titled 'Advancing care of patients with dementia during PET/CT imaging'. A presentation on the use of PET CT in radiotherapy planning was given at Annual Radiotherapy Conference in January 2017.

Four abstracts have been accepted for European Congress of Radiology 2018 in Vienna.



"I was very happy with the way I was treated and everyone was very helpful and pleasant. I felt I was treated with respect."

PATIENT COMMENT

CASE STUDY

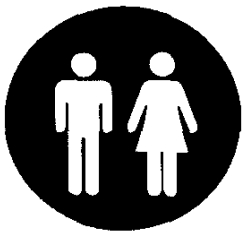
Joining the fight against metastatic breast cancer

When people hear about breakthroughs in cancer treatment, they often think of drugs that target the cancer almost instantly, with "before" and "after" scans showing how one or several tumours have seemingly disappeared.

But what if the scan itself, combined with the right treatments, could be the key to transforming the treatment? This is just one of the questions that Dr Michael Kosmin's RESPECT study at Paul Strickland Scanner Centre seeks to answer. Dr Kosmin, whose role is co-funded by Paul Strickland Scanner Centre and the Breast Cancer Research Unit at Mount Vernon Cancer Centre, has been leading a research study that looks at how whole-body MRI scans can help patients with metastatic breast cancer which has spread to the bone.

Paul Strickland Scanner Centre is the global leader in whole body MRI scanning. Since 2008 we've helped patients with more than 6,000 whole body MRI scans, which is more than any other scanner centre in the world.

Currently computed tomography (CT) scans are used to assess metastatic breast cancer, but researchers are trying to find out if whole-body MRI scans might be better at assessing how well treatments are working against disease in the bone. This is because CT scans have significant limitations in assessing how well treatments are working in the bone.



"At Paul Strickland Scanner Centre we have offered patients whole-body MRI as a matter of routine or standard care for some time"

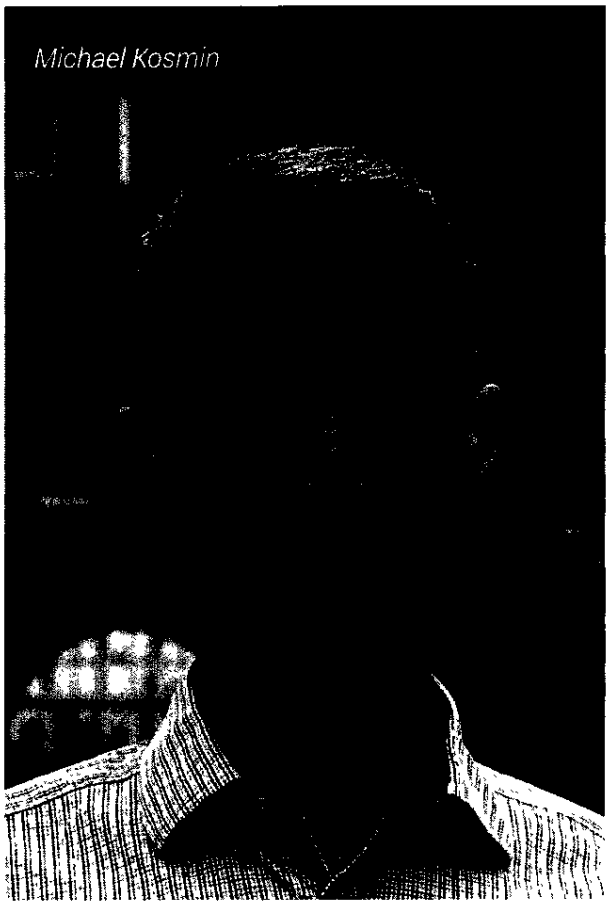
Dr Kosmin said "At Paul Strickland Scanner Centre we have offered patients whole-body MRI as a matter of routine or standard care for some time, but we are the only cancer centre in the UK to do so. When using other imaging modalities such as CT, we are limited in how accurate we can be in assessing whether breast cancer that has spread to the bone is responding to treatment." About two-thirds of patients with metastatic breast cancer eventually get metastasis to the bone, making this a major unmet need for this large patient group.

Accuracy and speed of identification of the effectiveness of anti cancer treatments is important because it may allow for an earlier switch away from an ineffective treatment. Dr Kosmin said "If a patient has been diagnosed with breast cancer that's spread to the bone, we'd want to start treatment and see after a few months whether the treatment was working or not. The RESPECT study is designed to directly compare the information given by CT and whole-body MRI. Patients on the RESPECT study get both sets of scans (CT and MRI) every 12 weeks and we're looking to see which of the two types of scans shows that their disease has progressed (or become worse) first, thereby allowing for an earlier change in treatment. When a treatment has stopped working, we want to identify this and change it as quickly as possible. The hypothesis of the RESPECT study is that whole-body MRI scans will show disease progression in the bone earlier than CT. We're collecting the data necessary to show that MRI has these additional benefits."

Thanks to patients who have volunteered to take part, the study is going very well. Dr Kosmin said "We have 45 patients on the study - 42 recruited at Mount Vernon and three at the Royal Marsden Hospital, which is another site for the study. We have therefore already met our recruitment target

for the RESPECT study" Some patients who enrolled have completed their involvement, meaning their treatment has been changed as a result of the information obtained on one or both scans

Dr Kosmin said "We've got a substantial number of patients who are still on the study,


Michael Kosmin

meaning they're still getting their scans every 3 months because their treatments are showing ongoing clinical benefit against their disease As the patients reach the point where there's evidence that their disease is worse their treating oncologist will change their treatment and they come off the RESPECT study We track patients on the study from the beginning of a single treatment to when it has to be changed"

Dr Kosmin is focussing on the big picture He said "Ultimately we want to know what the impact on patients' quality of life is and whether whole-body MRI scanning could extend their life Our long-term goal will be to try to provide some very robust information and evidence so we can say not only whether whole-body MRI scanning picks up problems earlier than CT, but that by picking up these problems earlier and allowing an earlier change in treatment, this can result in real benefits to breast cancer patients"

The RESPECT study is on target to complete data collection by mid-2018 and the results of the study will be published soon afterwards.

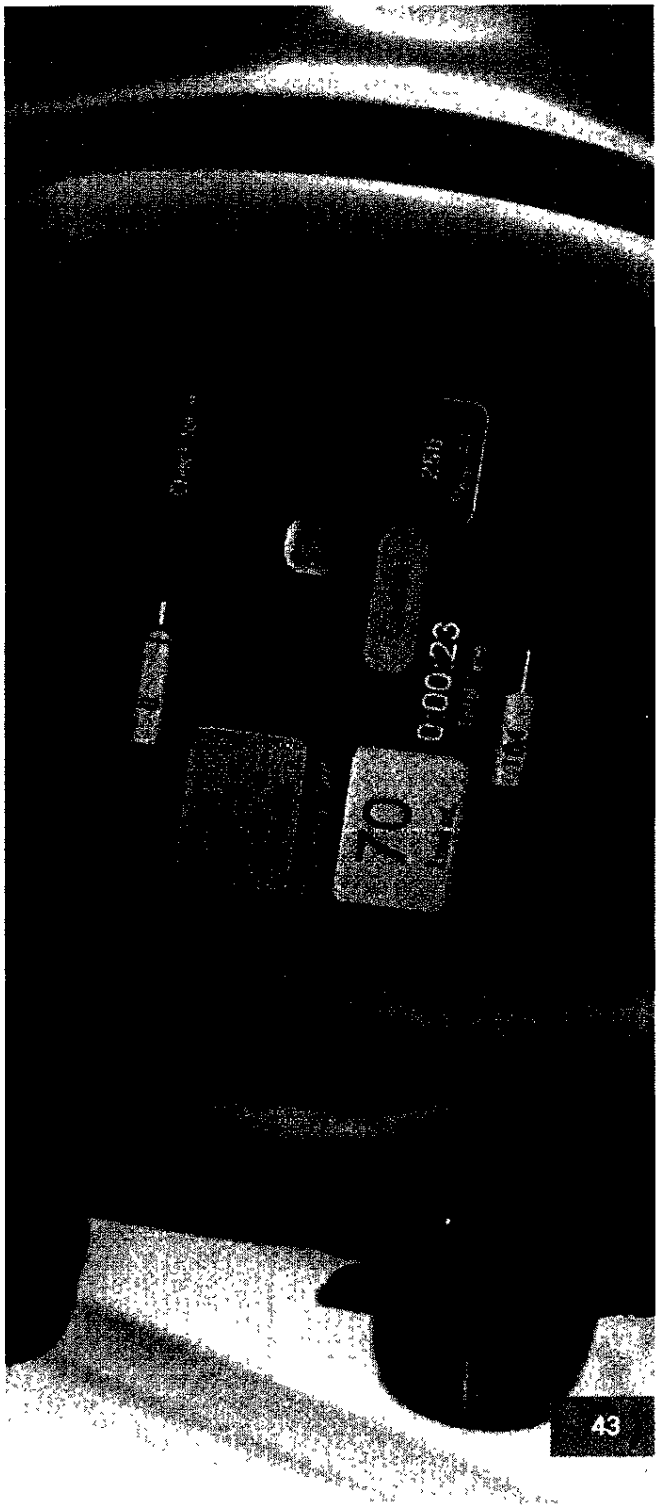
To improve staff engagement and organisational culture, ensuring patient safety as a top priority

We understand that our staff are one of the foundations of our ability to provide outstanding patient service and we therefore take extra care to engage staff and improve organisational culture.

During this reporting period we involved staff in an ambitious programme to define leadership attributes for everyone at the centre and which they can aspire to. The staff team helped shape the attributes during a series of workshops before they were successfully agreed.

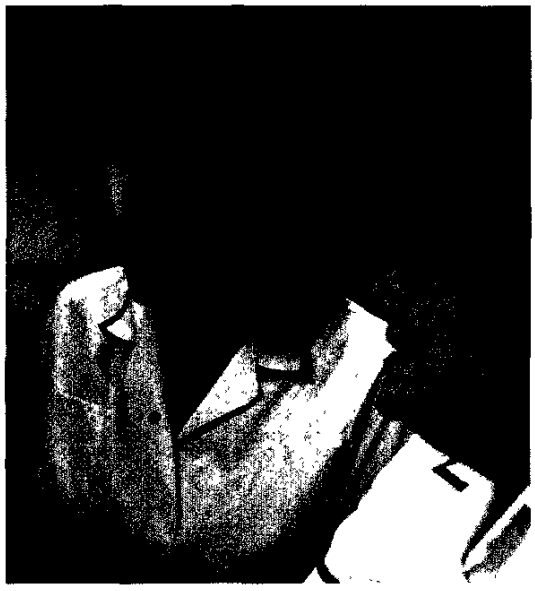
We subsequently launched a programme of action learning workshops to engage staff in finding constructive solutions to organisational challenges they face.

In addition to these major programmes, our cross-team staff engagement group works to prevent silo working and provides opportunities for team members to meet and socialise outside of work, and events have included a picnic on a summer evening and meals out together.



Education, training and development

Continuous development is an integral part of our approach to promoting a positive organisational culture and engaged staff team. We actively support staff in their development, whether it is by funding domestic and international conference or training day attendances, or further study at master's degree or doctoral level.



Patient safety is a top priority and our staff team fully comply with NHS training requirements

"The centre is such a friendly environment to work in it makes working here more enjoyable. Everyone is always so willing to help and for that I am very grateful"

LOUISE LEWINSON, SENIOR ADMINISTRATOR, PAUL STRICKLAND SCANNER CENTRE

Our team makes a difference to the lives of thousands of patients and their families every year, and we're determined to do even more in the future.

Exciting and challenging times lie ahead for Paul Strickland Scanner Centre, and we're looking forward to helping even more patients and their families.

We are planning to work jointly with Mount Vernon Cancer Centre to support and develop Magnetic Resonance (MR) radiotherapy treatment planning. We also plan to complete our joint MRI project with Mount Vernon Cancer Centre, which will reduce waiting times for patients, increase the number of people who are able to have a scan each day, and allow more precise radiotherapy treatment planning for patients.

We'll also support and maintain our ISAS accreditation (a quality mark we are hugely proud of), as well as complete our Action Learning programme to develop our staff.

We know that in order to help more patients we need to be financially sustainable. That is why we have just launched an ambitious new strategy for our Appeals department which will help us reach more people than ever before and take our fundraising income to a new level, guided by a new set of key performance indicators. We'll also seek new business opportunities to make sure we get the most out of our scanners, and actively explore new and exciting clinical services in cancer and beyond. One example is our work with the dental practice based in the grounds of Mount Vernon Hospital.

Listening to patient feedback and acting on it is part of our ethos, and that's why we're planning to refurbish our patient areas to improve the experience of our service users. The main objective of this development is to give our patients greater dignity when they visit us, and we'll be able to provide private areas where patients can discuss their treatment with a doctor, plus we will have more changing rooms and toilets. In addition, the scanner centre should be much more aesthetically pleasing once this project is complete.

We'll invest in imaging research and continue supporting high profile national multicentre practice changing research projects. Thanks to a generous legacy we received in the past, we will be able to part-fund a new research fellow post which will be instrumental in a multicentre trial (lead from Mount Vernon Cancer Centre) which could help improve the treatment of prostate cancer. Our existing library of scans will be crucial to this study.

Financial review

Full details of the charity's finances during the year are set out in the attached financial statements

The total income of £7 559m is higher than the previous year's figure (£7 401m) by £158k (2 1%) Total income from charitable activities was £7 063m (2016 £6 855m), a rise of 3 0%

There was a slight overall reduction of 51 in the total number of scans conducted in the year This was mainly due to the loss of the GP contracts, although this was mostly compensated for by growth in other areas The mix of scans conducted also has a bearing on total revenue achieved Total scan numbers in recent years are as follows

2011	13,203
2012	13,235
2013	13,661
2014	14,397
2015	16,069
2016	17,409
2017	17,358

Investment income was lower at £167 5k (2016 £206 4k), reflecting the prevailing economic conditions, continued low interest rates and uncertainty over the potential for rises in rates Income from donations and legacies fell to £329k (2016 £340k), a reduction of 3.3% (2016 42 4%), the climate for fundraising remains extremely challenging

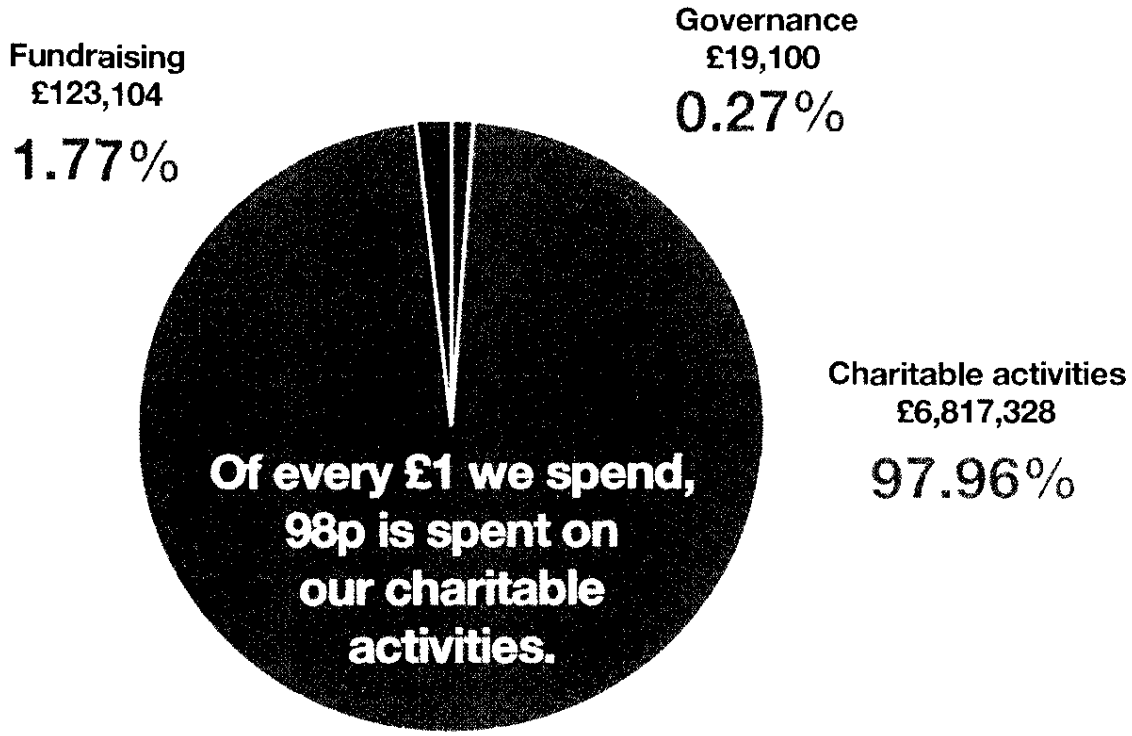
Although total activity was slightly lower there was, nevertheless, a rise in total expenditure to £6,960k (2016 £6,225k) Costs rose sharply in a number of areas including fees and salaries paid to medical staff maintenance contracts, medical and surgical supplies and legal and professional fees

The minor growth in total income together with the large rise in total expenditure resulted in net income of £599 7k (2016 £1,176 5k), a reduction of 49%

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 In the year under review the charity invested £59k in property improvements and £35k in miscellaneous equipment The acquisition of a new MRI scanner was postponed into 2017/18

Despite the continuing difficult conditions in which the charity operates, the position shown in the balance sheet has improved, with total net assets of £11.66m (2016 £11 06m), this includes an increase in cash holdings of £1.64m to £5 929m (2016 £4 289m)

How your money helps



For every £1 we spend in fundraising, we make back £2.67

Governance

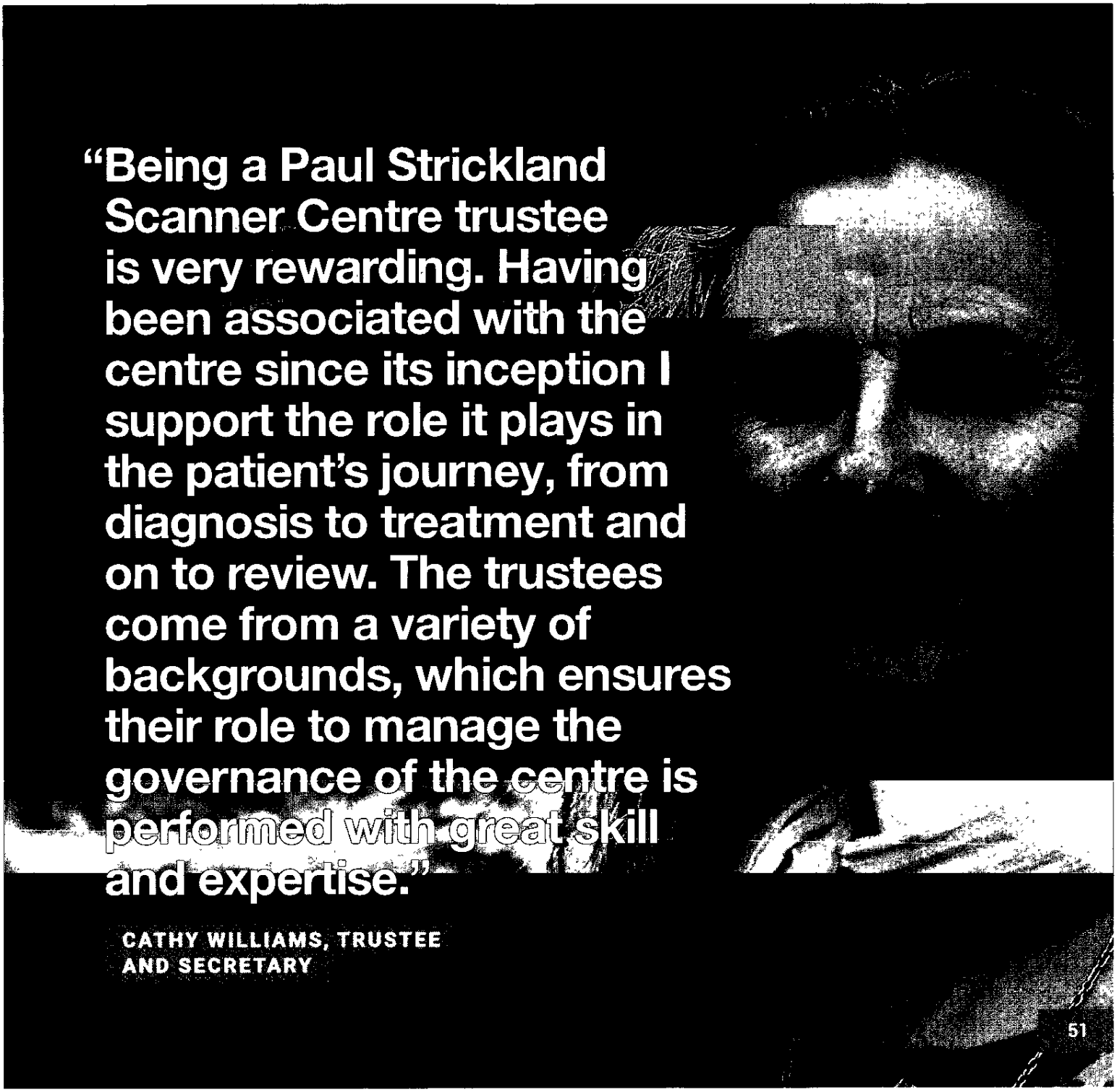
Objects and activities
The objects of the charity are to provide advanced medical diagnostic imaging services primarily to the Cancer Centre at Mount Vernon Hospital but also to the National Health Service and private health sector in general. In addition the charity supports research, primarily to develop, improve and validate functional imaging techniques to improve outcomes for patients with cancer and other serious diseases

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



"Being a Paul Strickland Scanner Centre trustee is very rewarding. Having been associated with the centre since its inception I support the role it plays in the patient's journey, from diagnosis to treatment and on to review. The trustees come from a variety of backgrounds, which ensures their role to manage the governance of the centre is performed with great skill and expertise."

CATHY WILLIAMS, TRUSTEE AND SECRETARY

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.

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 –
appointed 18 November 2016
Mr Daniel Jonathan Ross –
appointed 18 November 2016
Dr Roberto Alonzi
Ms Lynn Roberts –
appointed 18 November 2016
Mrs Lucy Lofting - resigned 21 May 2017
Mr Dilip Manek

Company Number: 2033936
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

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 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

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

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

Risk management

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 (lead by our Trustee Daniel Ross) 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 clinical, budgetary control, fundraising, the charity's investment policy, health and safety, infection control and prevention and risk management in IT The Audit and Risk Committee updates the risk register after each meeting, which the board then annually reviews The Board

of Trustees reviewed all higher level risks in April 2017, and the whole register in September 2017 - as well as all the steps put in place to mitigate risks. A key risk in the coming financial year may be the future of the PET-CT service at the centre, as we are waiting for NHS England to announce the winner of the recent tender process for this service across the region.

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 discrepancies and correct identifications of disease or otherwise, provide a forum for learning and forms a body of evidence of reflective practice to support annual appraisals and revalidation.

The outcomes of the meeting are communicated to all our reporters by the radiology governance lead. Learning Meetings are held regularly to give radiologists an opportunity to discuss specific cases with learning points. 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. Reporters also complete personal reflection on points learned and actions taken such in their own appraisals as appropriate. PSSC have a reciprocal peer review arrangement with University College London Hospitals (UCLH) for PET-CT scan reports, which promotes communication, collaboration and learning.

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, Sterling House, 20 Station Road, Gerrards Cross, Buckinghamshire, SL9 8EL.

Reserves policy

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 £11,655,830 of which £22,769 represents restricted funds, £3,000,000 is held in designated funds and general unrestricted funds total £8,633,061.

Total Free Reserves, which represent funds free from any restriction and are available to be spent, total £6,289,618 as at 30 September 2017

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 be assured that the objects of the charity are met. It is reviewed and discussed at board meetings. The measures include activity, quality, patient experience and contract compliance

"I was very pleased with the friendly and helpful staff"

Patient comment

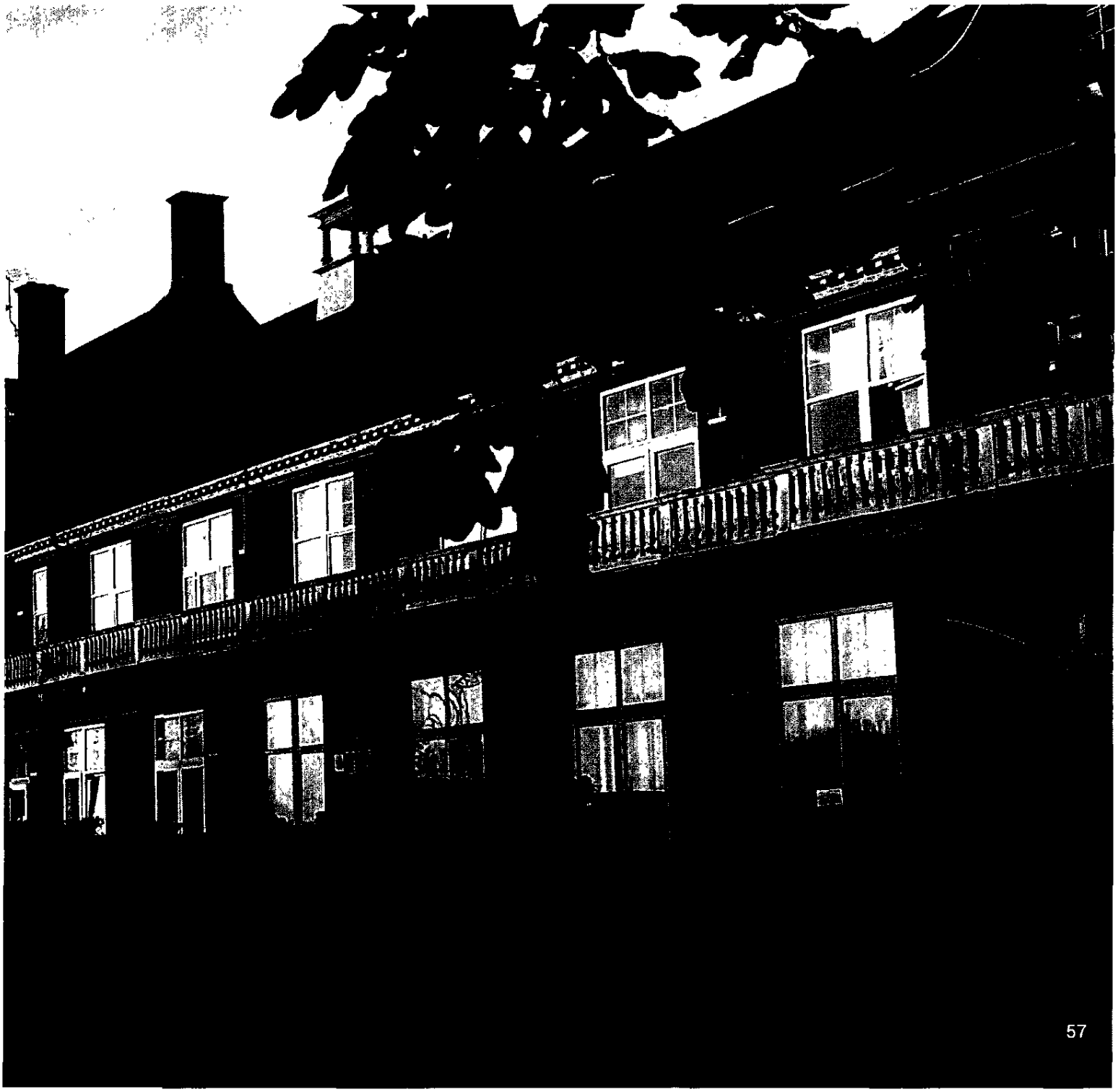
RELATED PARTIES
Details of transactions with Trustees and other related parties are given in note 7 to the financial statements.

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.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

On behalf of the Board of TTrustees

Dr. T. R. Wright, *Chairman*
Dated: 16 February 2018



Independent Auditors' Report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

We have audited the financial statements of Paul Strickland Scanner Centre for the year ended 30 September 2017 on pages 62 to 83 which comprise the statement of financial activities, the balance sheet, cash flow statement and the related notes. 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).

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.

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 2017 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 other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information 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' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements, and
- the Trustees' Annual Report has 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 Trustees' Annual 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' remuneration specified by law are not made,
- we have not received all the information and explanations we require for our audit or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemption in preparing the Directors' Report and from the requirement to prepare a Strategic Report

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Statement of Trustees Responsibilities set out on page 50, 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.

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.

Sterling House, 20 Station Road, Gerrards Cross, Buckinghamshire SL9 8EL

Date: 16 February 2018

Statement of Financial Activities (including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2017

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2017 £	Total 2016 £
INCOME						
Donations and legacies	3	328,637	-	-	328,637	339,776
Income from charitable activities						
Clinical services	3	6,829,917	-	-	6,829,917	6,542,733
Research	3	233,189	-	-	233,189	312,436
Investment income	3	167,494	-	-	167,494	206,410
TOTAL INCOME	17	7,559,237	-		7,559,237	7,401,355
EXPENDITURE						
Costs of raising funds						
Costs of generating voluntary income	5	123,104	-	-	123,104	71,266
Charitable activities	6	6,836,428	-		6,836,428	6,153,598
TOTAL EXPENDITURE	17	6,959,532	-	-	6,959,532	6,224,864
TRANSFER BETWEEN FUNDS		-	-	-	-	-
RECONCILIATION OF FUNDS						
NET INCOME AND NET MOVEMENT IN FUNDS FOR THE YEAR		599,705	-	-	599,705	1,176,491
FUNDS BROUGHT FORWARD	16,17	8,033,356	3,000,000	22,769	11,056,125	9,879,634
FUNDS CARRIED FORWARD	16,17	8,633,061	3,000,000	22,769	11,655,830	11,056,125

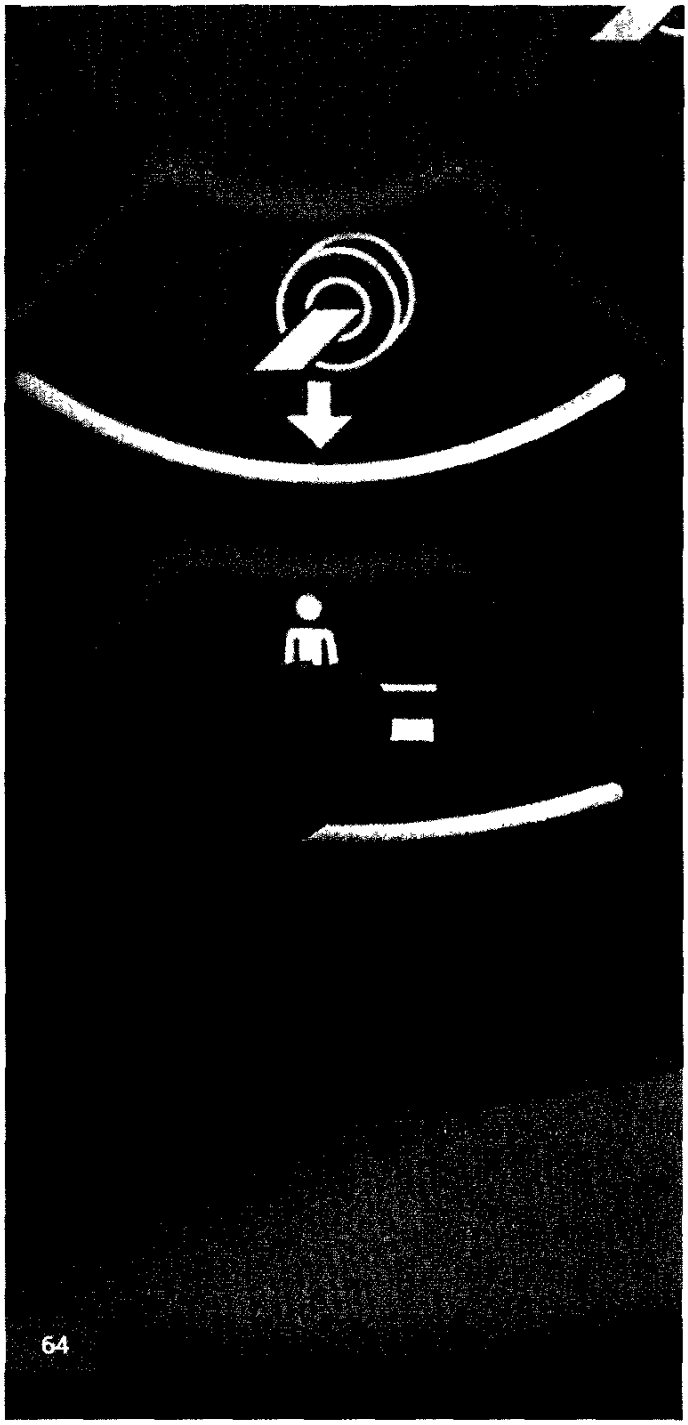
The statement of financial activities includes all gains and losses recognised in the year
All income and expenditure derive from continuing activities

The notes on pages 67-83 form part of these Financial Statements

Balance sheet

FOR THE YEAR ENDED 30TH SEPTEMBER 2017

	Notes	2017 £	£	2016 £	£
FIXED ASSETS					
Tangible assets	8		2,343,443		3,291,521
Investments	9		3,000,000		3,000,000
			5,343,443		6,291,521
CURRENT ASSETS					
Debtors	10	2,362,759		3,344,095	
Cash at bank and in hand	9	5,929,136		4,288,968	
		8,291,895		7,633,063	
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR					
Creditors and accruals	11	1,854,592		2,618,647	
NET CURRENT ASSETS			6,437,303		5,014,416
TOTAL ASSETS LESS CURRENT LIABILITIES			11,780,746		11,305,937
CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR	12		124,916		249,812
TOTAL NET ASSETS			11,655,830		11,056,125
FUNDS:					
Unrestricted funds					
- General funds	17		8,633,061		8,033,356
- Designated funds	17		3,000,000		3,000,000
Total unrestricted funds			11,633,061		11,033,356
Restricted funds	17		22,769		22,769
			11,655,830		11,056,125



Balance sheet continued

AS AT 30TH SEPTEMBER 2017

The financial statements have been prepared in accordance with the provisions applicable to the small companies regime within Part 15 of the Companies Act 2006, with FRS 102 - the Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities SORP (FRS 102)

These financial statements were approved at a meeting of the Trustees held on 16 February 2018

TRUSTEES

Dr. T. R. Wright, Chairman
Date 16 February 2018

Mr P. Kelly, Treasurer

Company number 02033936
Registered Charity number 298867

The notes on pages 67-83 form part of these Financial Statements

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2017

	Notes	2017 £	2016 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash provided by operating activities	1	1,846,584	2,073,972
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		22,498	36,610
Purchase of tangible fixed assets		(94,298)	(1,383,855)
Net cash provided by investing activities		(71,800)	(1,347,245)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of borrowing		(124,896)	(124,896)
Interest paid on finance leases		(9,720)	(9,720)
Net cash used in financing activities		(134,616)	(134,616)
INCREASE IN CASH AND CASH EQUIVALENTS		1,640,168	592,111
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		7,288,968	6,696,857
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	8,929,136	7,288,968

Notes to the Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2017

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

	2017	2016
	£	£
Net movement in funds for the year (as per the statement of financial activities)	599,705	1,176,491
Adjustments for		
Depreciation charges	1,042,376	1,038,709
Interest received	(22,498)	(36,610)
Interest paid	9,720	9,720
Decrease/(increase) in debtors	981,336	(918,343)
(Decrease)/increase in creditors	(764,055)	804 005
Net cash provided by operating activities	1,846,584	2,073,972

2 ANALYSIS OF CASH AND CASH EQUIVALENTS

	2017	2016
	£	£
Fixed asset investments - term deposits	3,000,000	3,000,000
Cash at bank and in hand	5,929,136	4,288,968
	8,929,136	7,288,968

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2017

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) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006

Paul Strickland Scanner Centre meets the definition of a public benefit entity under FRS 102 Assets and liabilities are initially recognised at historical cost or transaction value 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 2017 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

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 - 6 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.

"Everything was explained and the staff were totally empathic. Helped a very anxious patient!"

PATIENT COMMENT

3. INCOME

Donations and legacies	2017 £	2016 £
Donations, gifts and funds raised	188,698	196,797
Legacies	121,069	120,578
Income tax recoverable on donations	18,870	22,401
	328,637	339,776

Income from charitable activities	2017 £	2016 £
Fees from patients and health authorities	6,829,917	6,542,733
Research - general	200,375	279,651
Research grants	32,814	32,785
	7,063,106	6,855,169

Investment income	2017 £	2016 £
Royalties receivable	-	24,800
Cyclotron rental income	144,996	145,000
Bank interest receivable	9,251	3,603
Bank treasury deposit interest receivable	13,247	33,007
	167,494	206,410

4. NET INCOME

	2017 £	2016 £
Net income is stated after charging		
Operating lease rentals	71,925	48,500
Auditors' remuneration - audit	10,000	8,654
Auditors' remuneration - accountancy services	5,000	4,750
Depreciation	1,042,376	1,038,709

5. COSTS OF RAISING FUNDS

	2017 £	2016 £
Fundraisers' salaries and assistance	94,408	45,573
Event costs	8,995	10,999
Printing and mailing	12,259	11,776
Consultancy fees	-	1,400
General expenses	7,442	1,518
	123,104	71,266

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs £	Support Costs £	Governance Costs £	Total 2017 £	Total 2016 £
Costs of generating funds:					
Fundraising and related activities	123,104	-	-	123,104	71,266
Charitable activities:					
Clinical services	5,929,527	805,310	19,100	6,753,937	5,986,989
Research	82,491	-	-	82,491	166,609
	6,012,018	805 310	19,100	6,836,428	6,153,598
	6,135,122	805,310	19,100	6,959,532	6,224,864

SUPPORT COSTS	Staffing Costs £	Other Costs £	Total 2017 £	Total 2016 £
Clinical services	231,807	573,503	805,310	658,428
Research	-	-	-	-
Fundraising	-		-	-
	231,807	573,503	805,310	658,428

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

	2017 £	2016 £
Salaries, social security costs and pension contributions recharged	2,640,083	2,204,486

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

	2017 No.	2016 No.
£60,000 to £70,000	5	2
£70,000 to £80,000	2	2
£80,000 to £90,000	2	2
£90,000 to £100,000	–	–
£110,000 to £120,000	1	0
£120,000 to £130,000	1	1

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

	2017 No.	2016 No.
Medical and radiographic	45	34
Clerical and administration	11	12
	56	46

Key management comprise the trustees and the leadership team Remuneration of key management in the year was £1,179,295 (2016 £981,989)

The cost of trustees' indemnity insurance borne by the charity was £1,690 (2016 £1,682)

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 2016	2,091,883	885,302	5,036,442	1,696,839	9,710,466
Additions	-	59,328	-	34,970	94,298
Disposals	-	-	-	-	-
At 30 September 2017	2,091,883	944,630	5,036,442	1,731,809	9,804,764
Depreciation					
At 1 October 2016	2,079,004	674,481	2,719,909	945,551	6,418,945
Charge for the year	12,879	63,346	678,324	287,827	1,042,376
Disposals	-	-	-	-	-
At 30 September 2017	2,091,883	737,827	3,398,233	1,233,378	7,461,321
Net book value					
At 30 September 2017	-	206,803	1,638,209	498,431	2,343,443
At 30 September 2016	12,879	210,821	2,316,533	751,288	3,291,521

Included above are assets held under finance leases as follows

	Scanners & Equipment £
Net book values	
At 30 September 2017	230,602
At 30 September 2016	345,877
Depreciation charge for the year	
At 30 September 2017	115,292
At 30 September 2016	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

	2017	2016
	£	£
Investments - cash at bank and on deposit	3,000,000	3,000,000
Cash at bank and in hand	5,929,136	4,288,968
Cash and cash equivalents	8,929,136	7,288,968

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

	2017	2016
	£	£
Interest receivable	7,083	20,849
Fees receivable	1,996,868	3,043,864
Income tax recoverable	18,870	20,723
Prepaid scanner maintenance costs	120,862	176,214
Other debtors	163,833	38,901
Prepayments	55,243	43,544
	2,362,759	3,344,095

Included in fees receivable is £1,269,514 (2016 £2,182,987) due from East and North Hertfordshire NHS Trust

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2017	2016
	£	£
Accruals	379,474	364,521
Other creditors - East and North Hertfordshire NHS Trust	1 349,476	2,093,027
Deferred rental income	-	34,027
Value Added Tax	746	2,176
Net obligations under finance leases	124,896	124,896
	1,854,592	2,618,647

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

	2017	2016
	£	£
Net obligations under finance leases	124,916	249,812
Amounts payable		
Over one year but less than five	124,916	249,812

Net obligations under finance leases are secured on the assets concerned

13. FINANCIAL INSTRUMENTS

	2017	2016
	£	£
Financial liabilities measured at amortised cost	249,812	374,708

14 FINANCIAL COMMITMENTS

At 30 September 2017 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease

Operating and service contracts which expire	2017 £	2016 £
Less than one year	528,084	538,519
Over one year but less than five	695,227	1,286,751
Over five years	-	131,456
	1,223,311	1,956,726

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

15. CAPITAL COMMITMENTS

At the September 2016 Trustees' meeting it was agreed to approve the order of a new MRI scanner and associated works with an expected cost of £1 5m The order for the scanner was placed in December 2016 for a total of £834k and is to be delivered and commissioned in the third quarter of the 2017-2018 financial year

Further capital expenditure planned for 2017/18 includes the 'space project', for which costs are expected to be in the order of £400k

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds £	Designated funds £	Restricted funds £	2017 Total funds £	2016 Total funds £
Fixed assets	2,343,443	3,000,000	-	5,343,443	6,291 521
Current assets	8,269,126	-	22,769	8,291,895	7,633,063
Creditors due within one year	(1,854,592)	-	-	(1,854,592)	(2,618,647)
Creditors due in more than one year	(124,916)	-	-	(124,916)	(249,812)
Net assets	**8,633,061**	**3,000,000**	**22,769**	**11,655,830**	**11,056,125**

17. MOVEMENT IN FUNDS

	Balance at 1 October 2016 £	Incoming resources £	Resources expended £	Transfers between funds £	Balance at 30 September 2017 £
General funds	8,033 356	7,559,237	(6,959,532)	-	8,633,061
Total general funds	**8,033,356**	**7,559,237**	**(6,959,532)**		**8,633,061**
Restricted funds					
Restricted funds for Research					
Oncology chair	-	-	-	-	-
Brachytherapy study	1,400	-	-	-	1,400
General Research	21,369	-	-	-	21,369
Total Restricted funds	**22,769**	**-**	**-**	**-**	**22,769**
Designated funds					
Scanner Replacement Fund	3,000,000	-	-	-	3,000,000
Total Designated funds	3,000,000	-	-	-	3,000,000
Total	**11,056,125**	**7,559,237**	**(6,959,532)**	**-**	**11,655,830**

17. 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 cost of replacing one scanner is between £800,000 and £1,500,000 depending on the type of imaging technology. In addition, installation costs are incurred and in some cases modifications are required to the building in order to house the new scanner. The trustees therefore believe that the amount set aside as a scanner replacement fund as shown above is appropriate.

Restricted funds

Patient Welfare
To fund equipment to improve patient welfare

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

18. RELATED PARTY TRANSACTIONS

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

19. COMPARATIVE PRESENTATION OF THE STATEMENT OF FINANCIAL ACTIVITIES

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2016 £
INCOME					
Donations and legacies	3	336,561	-	3,215	339,776
Income from charitable activities					
Clinical services	3	6,542,733	-	-	6,542,733
Research	3	312,436	-	-	312,436
Investment income	3	206,410	-	-	206,410
TOTAL INCOME		7,398,140	-	3,215	7,401,355
EXPENDITURE					
Costs of raising funds					
Costs of generating voluntary income	5	71,266	-	-	71,266
Charitable activities	6	6,150,383	-	3,215	6,153,598
TOTAL EXPENDITURE		6,221,649	-	3,215	6,224,864
TRANSFER BETWEEN FUNDS					-
RECONCILIATION OF FUNDS					
NET INCOME AND NET MOVEMENT IN FUNDS FOR THE YEAR		1,176,491	-	-	1,176,491
FUNDS BROUGHT FORWARD		6,856,865	3,000,000	22,769	9,879,634
FUNDS CARRIED FORWARD	17	8,033,356	3,000,000	22,769	11,056,125

20. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2017		2016	
		£	£	£	£
Income					
Donations, gifts and funds raised			188,698		196,797
Legacies received			121,069		120,578
Income tax recoverable			18,870		22,401
Bank interest receivable			9,251		3,603
Bank treasury deposit interest receivable			13,247		33,007
			351,135		376,386
Less: expenditure					
Fundraisers' salaries and assistance		94,408		45,573	
Event costs		8,995		10,999	
Printing and mailing costs		12,259		11,776	
Consultancy fees		-		1,400	
General expenses		7,442		1 518	
			123,104		71,266
Surplus - appeals fund			228,031		305,120
Add:					
Surplus - Scanner Centre	21		371,674		871,371
Surplus in year			599,705		1,176,491

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	2017		2016	
		£	£	£	£
Income					
Fees from patients and health authorities			7,063,106		6,855,169
Royalties receivable			-		24,800
Cyclotron rental income			144,996		145,000
			7,208,102		7,024,969
Less: expenditure					
Radiologists and radiographers fees and salaries		2,894,622		2,586,573	
Other clinical services, management and administration salaries		684,961		611,501	
Other staffing costs		21,911		20,398	
Maintenance contracts and scanner repairs		527 432		476,465	
Repairs and renewals of equipment and building		72,229		68,065	
Lease charges on equipment		72,659		49,138	
Medical and surgical supplies, cryogens and other consumables		957,118		873,783	
Heat, light and facilities		263,302		222,215	
Printing, postage, stationery and telephone		62,796		51,165	
Auditors' remuneration		10,000		13,404	
Medical conferences and travel		12,228		7,652	
Miscellaneous expenses		19,687		7,147	
Bank charges		948		844	
Legal, professional and consultancy fees		101,396		54,472	
Insurance		83 043		62,347	
Interest on finance leases		9,720		9,720	
Depreciation		1,042,376		1,038,709	
			6,836,428		6,153,598
Surplus - Scanner Centre			371,674		871,371

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

Paul Strickland Scanner Centre
Mount Vernon Hospital, Northwood HA6 2RN
Phone: 01923 844630