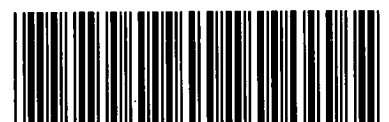


# See inside our future

Annual report and financial  
statements 2017-18



THURSDAY



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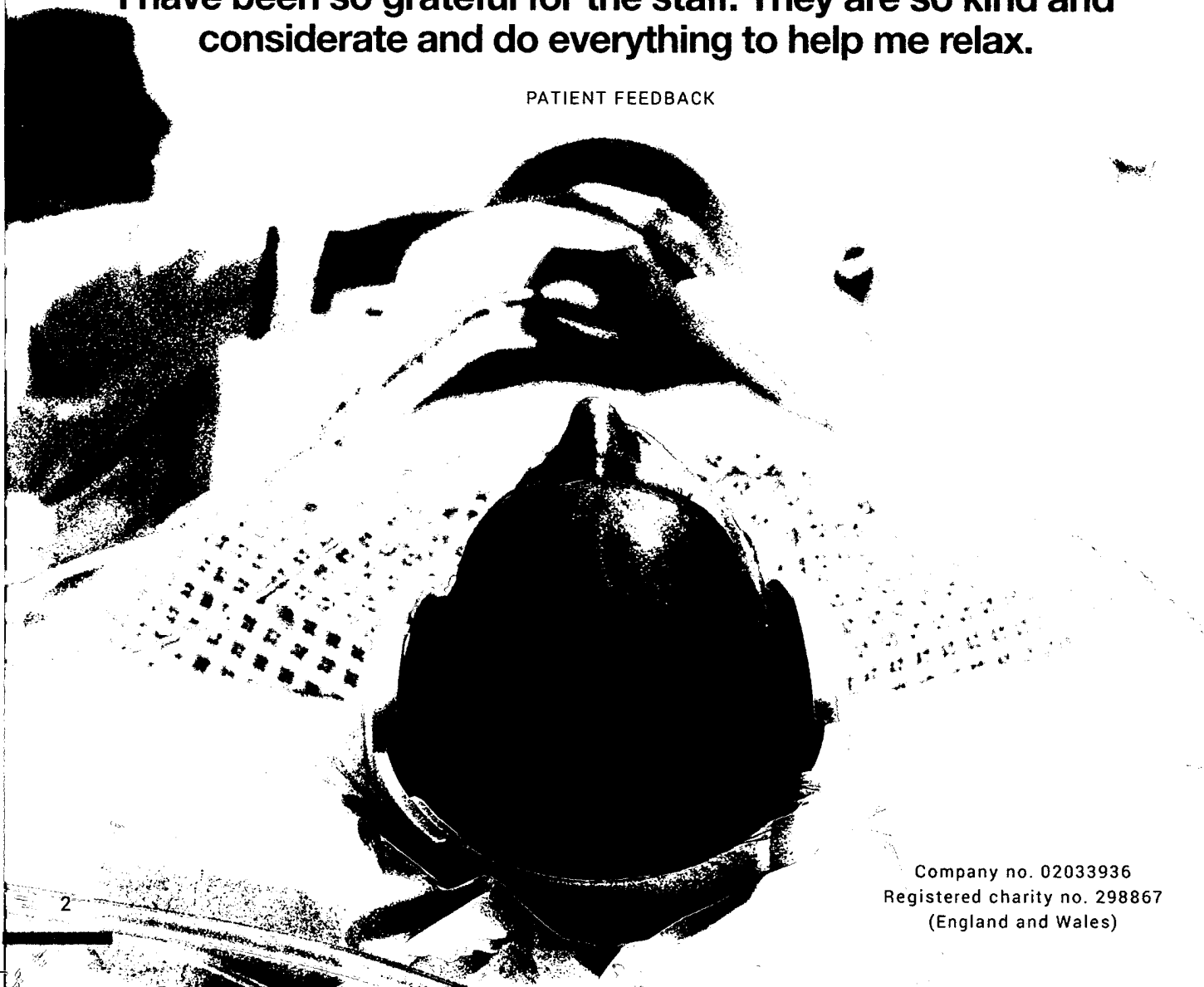
#213

COMPANIES HOUSE

“

**In the two years I've been coming, I can only say  
I have been so grateful for the staff. They are so kind and  
considerate and do everything to help me relax.**

PATIENT FEEDBACK



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

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(including Directors' Report and Strategic Report)

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

# Chairman's report

As Chairman of the Board of Trustees I am pleased to be able to report a successful, busy and challenging 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 conditions the best possible options for their care and recovery.

Our Chief Executive, Claire Strickland, and her team demonstrate that we do all we can to ensure that: our patients come first; we protect our interests; we look to develop even stronger relationships with our referrers and partners, both National Health Service and private.

## **Key activities**

There have been a number of key activities this year.

**Working with the East and North Hertfordshire NHS Trust's Mount Vernon Cancer Centre, we have installed an additional MRI machine to strengthen our partnership and to provide improved cancer treatment, monitoring and planning.**

We have also continued to upgrade our information technology services so that, whilst maintaining information security and patient confidentiality, we can make information on patients available more easily and promptly to those in the medical profession who need it.

We're delighted to report that our certification with the Imaging Services Accreditation Scheme (ISAS) has been renewed, thanks to the hard work of everyone at Paul Strickland Scanner Centre. We plan to maintain accreditation in the future.

As well as providing diagnostic services to medical expert referrers in our local area, we pursue research programmes using our equipment and expertise. Our radiologists, radiographers and scientists take part in this research, usually in conjunction with other organisations and researchers outside Paul Strickland Scanner Centre.

Our understanding and expertise particularly in the area of whole-body MRI have recently been recognised with a Pharmaceutical Industry Network Group (PING) Innovation Award and we congratulate all of those involved in achieving this prestigious award.

### **Employee development**

To maintain and improve our high quality services and research wherever possible, it is important not only to maintain our ISAS standard but also to develop our employees through in-house and external training programmes. The board is very pleased that our CEO and her team are pursuing a culture of continuous personal development for Paul Strickland Scanner Centre employees.

We believe that it is important to ensure that our facilities are the best we can provide. We continue to work with our landlord, The Hillingdon Hospitals



## CHAIRMAN'S REPORT

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 we hope that this will be implemented soon. Fundraising is of course very important to us and a key part of maintaining our future. We thank our many generous donors and are very grateful to all of those who make legacy and regular donations to our appeals fund. Thank you also to our volunteers who give so much time and generate so much enthusiasm for us.

**On behalf of the Board of Trustees, I would like to thank the whole team at Paul Strickland Scanner Centre, employees and volunteers, for their hard work and dedication during this year, as well as for their flexibility as we push ahead with developing our future.**

Concerning the future, the Board has continued to be fully involved in all stages of developing strategic plans and monitors progress regularly. I thank all of my fellow trustees for their voluntary donation of time and their dedication to help deliver on plans to improve patient care, pursuing the objectives of our charity.

### **A positive year**

It is always very satisfying to be able to review a positive year. We have maintained the financial stability of Paul Strickland Scanner Centre, with an increasing workload and on-going, very positive patient and referrer feedback; as detailed elsewhere in this report.

We look forward to a continuously exciting and successful future, and to continuing the work of our founder Dr Paul Strickland.



Dr Terence R. Wright

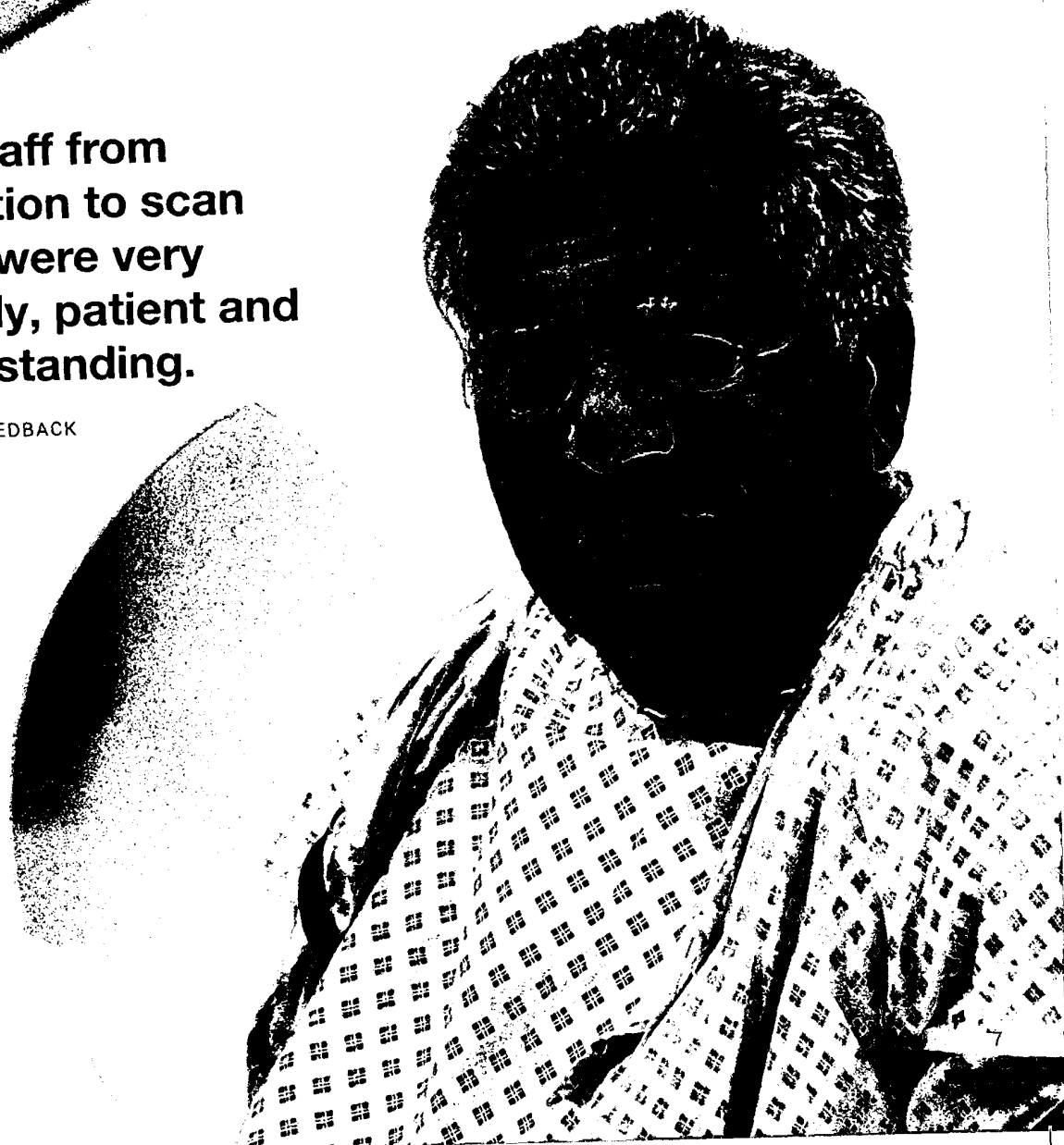
**Chairman of the Board of Trustees**

*April 2019*



**The staff from  
reception to scan  
room were very  
friendly, patient and  
understanding.**

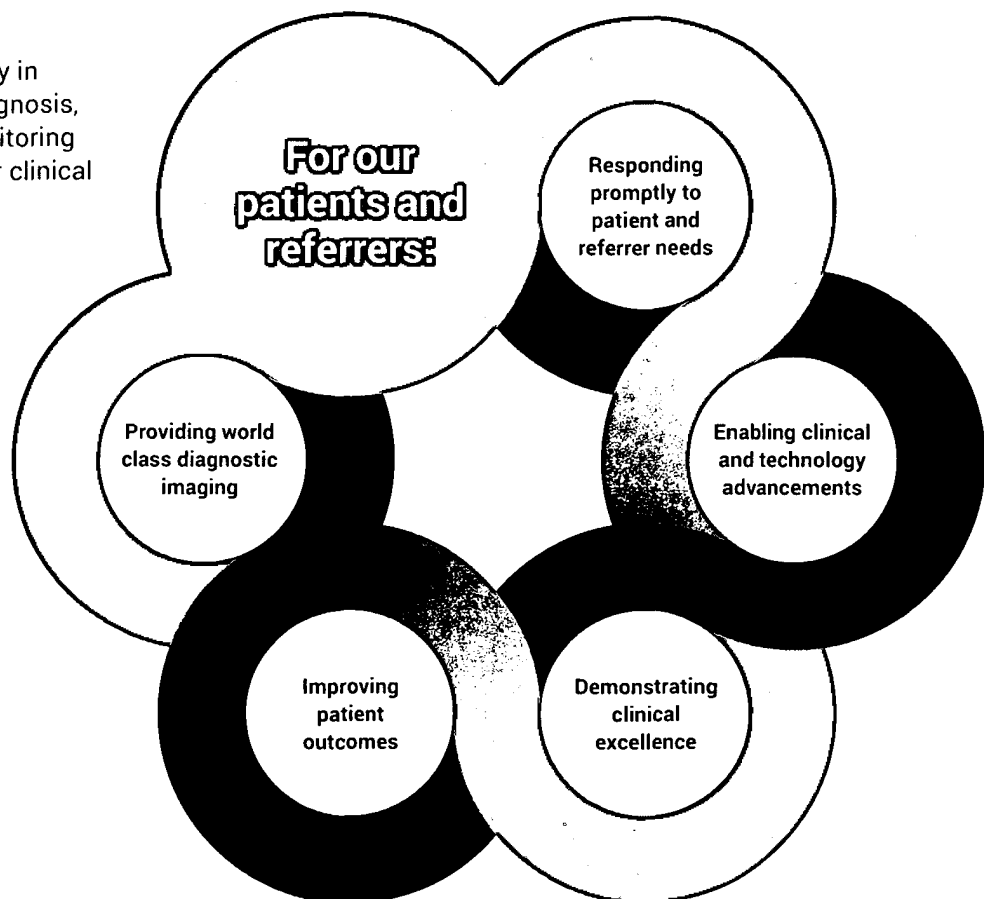
PATIENT FEEDBACK



TRUSTEES' ANNUAL REPORT  
(INCLUDING DIRECTORS' REPORT AND STRATEGIC REPORT)

# Trustees' report

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



*For the  
year ended  
30 September 2018*



# About us

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

We serve both NHS and private patients who need Magnetic Resonance Imaging (MRI), Computed Tomography (CT), and Positron Emission Tomography – Computed Tomography (PET-CT) scans.

Most patients are from North West London and Middlesex, Hertfordshire, Buckinghamshire and Bedfordshire. The scans are mainly used to diagnose and monitor cancer, but also other serious conditions (such as dementia). We also support life-changing medical research.

As an independent medical charity, we receive no government funding and rely heavily on donations from our supporters – including family, friends and colleagues of patients who have been treated at the centre.

## Public benefit

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

# We work as a team

Our staff team is led by Claire Strickland, our Chief Executive. She reports to our Board of Trustees, which is chaired by Dr Terry Wright. We are hugely grateful to a number of very dedicated volunteers who support our charity.



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

## Research

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



“

**I was very anxious,  
so the staff's behaviour  
towards me made me less  
nervous and the whole  
experience more pleasant.**

PATIENT FEEDBACK

# Our founder Paul Strickland OBE

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

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

## Founding the centre

In the 1970s, two British Nobel Laureates developed the CT and the MRI scanner. Dr Strickland quickly realised the importance of these in facilitating the early diagnosis of cancer which would improve the patient's chance of recovery. In 1982, in the midst of a recession, he became Vice Chairman of the appeal to obtain a CT scanner for Mount Vernon. A friend remarked: "He was an absolute dynamo. He really drove everybody."

The Appeal was launched in February 1983, aiming to reach £1,250,000 in 3 years. In just two years, by March 1985, £1,700,000 was raised, enough to fund a CT and an MRI scanner and the building to house them, which became Paul Strickland Scanner Centre. The result is a world class centre which attracts the highest calibre Consultant Radiologists and staff.



**He was an absolute dynamo.  
He really drove everybody.**



Dr Paul Strickland (right) at the cutting of the first sod to start construction of Paul Strickland Scanner Centre.

# Objectives and activities

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

## Our objectives

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

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

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

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

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

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



**Patient safety is our top priority at Paul Strickland Scanner Centre, and ensuring our team members continuously receive the necessary training and support helps to make sure they are able to provide the best care.**

CLAIRE STRICKLAND, CHIEF EXECUTIVE



# ISAS accreditation

Paul Strickland Scanner Centre fully complies with the demanding standards set by the UKAS Imaging Services Accreditation Scheme (ISAS).

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

"The service has consolidated and built on the service development that was apparent at the initial assessment, and continued participation in accreditation ensures that quality improvement is embedded in all areas.[...] All staff encountered on the site visit were enthusiastic and knowledgeable about their area of the service."

ISAS INSPECTION REPORT, DECEMBER 2017



# Quality audits

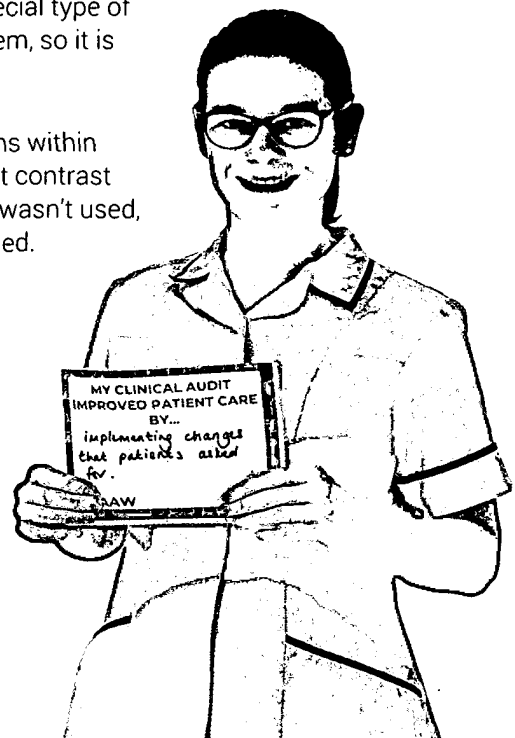
We firmly believe the quality of patient care and outcomes can be improved through clinical audits, which are carried out regularly by the centre's clinical audit team.

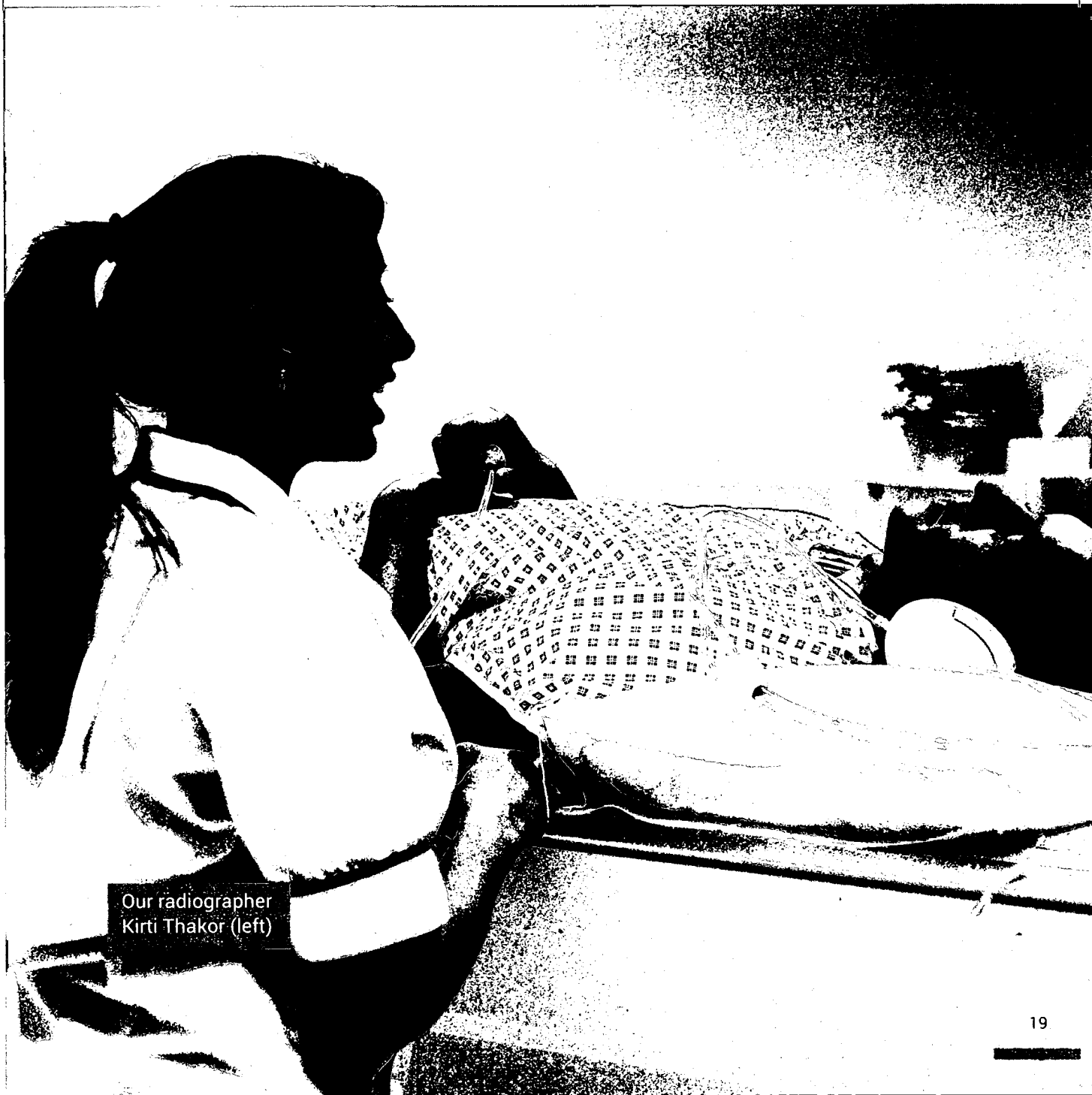
One audit undertaken this year compared the detection rate of melanoma metastases with and without contrast enhancement in MRI scanning. Malignant melanoma is a type of skin cancer and it develops in the cells that contain pigment; in some patients with advanced disease it can spread to the brain and is referred to as metastases. These patients have regular MRI brain scans to keep an eye on any spread of the disease. If small tumours do spread to the brain, a special type of radiotherapy called a Cyberknife® can be used to remove them, so it is important to detect them as soon as they develop.

A review of patients with melanoma who had MRI brain scans within one calendar year involved looking at scans with and without contrast enhancement in each patient. When contrast enhancement wasn't used, three quarters of the tumours in the brain couldn't be identified.

**The results of this audit demonstrate that the use of contrast enhancement in this group of patients is essential.**

Our radiographer Kirti Thakor presented this audit at the European Congress of Radiology 2018 in Vienna.

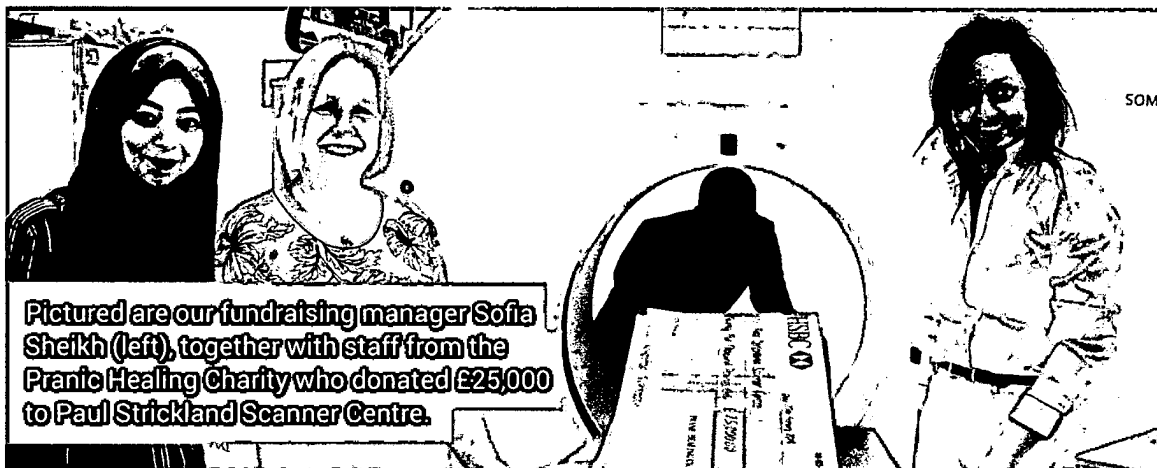




Our radiographer  
Kirti Thakor (left)

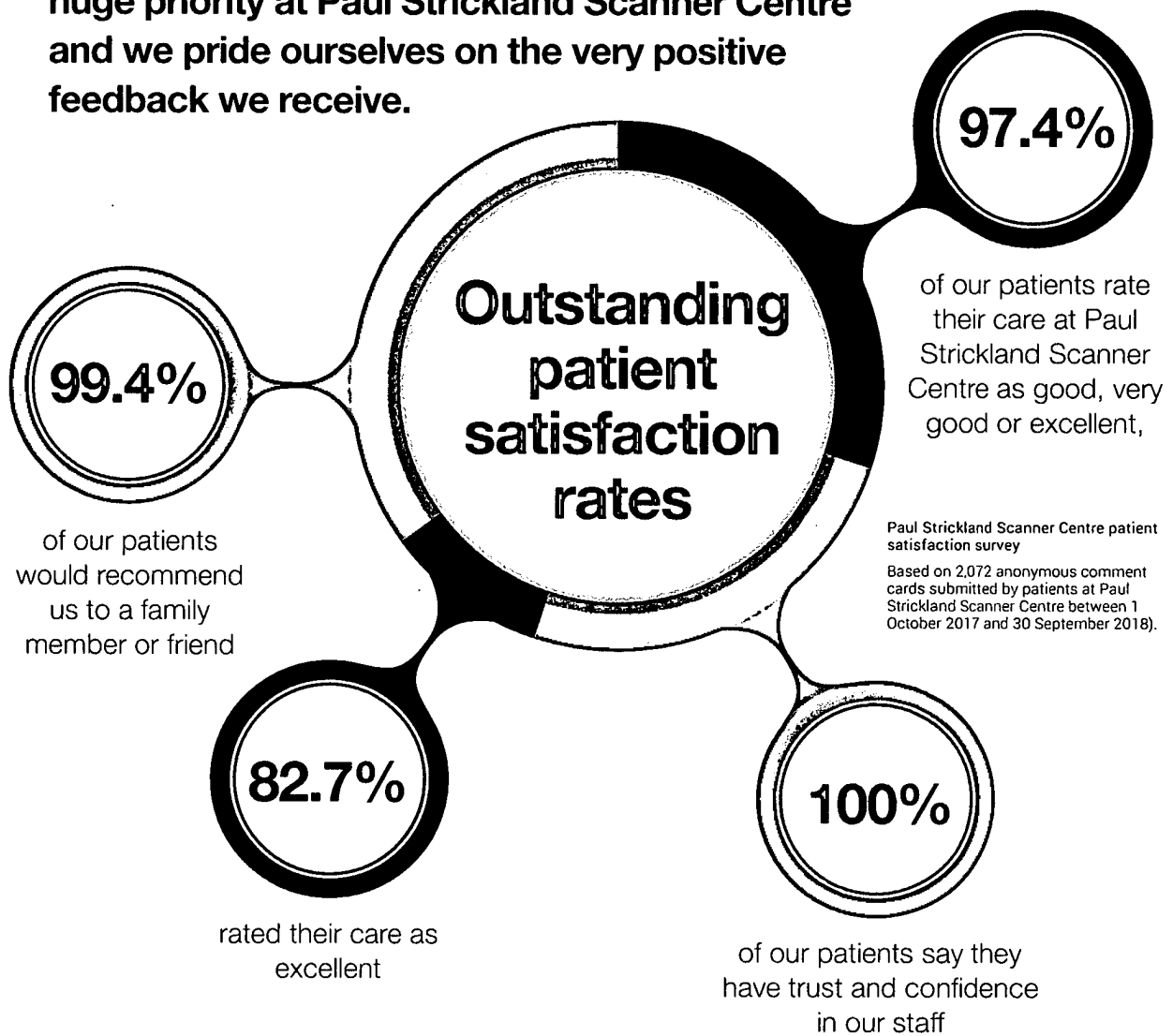
# Fundraising for new and better equipment

Thanks to the generosity of our donors, our fundraising team was able to raise nearly £500,000 last year, which paid for life-changing medical equipment, ranging from an MRI compatible wheelchair and trolley to a Positron Emission Tomography (PET) dispensing pot, which is used in (PET-CT) scanning.



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

**Customer service and patient satisfaction are a huge priority at Paul Strickland Scanner Centre and we pride ourselves on the very positive feedback we receive.**





“

Were it not for Paul Strickland Scanner Centre, I would certainly not have had the peace of mind I have enjoyed since my diagnosis.

ANNIE PAUL, STRICKLAND SCANNER  
CENTRE PATIENT

# Referrer satisfaction rates

"Prompt and quick scanning as well as reporting. Having worked at other cancer centres of excellence, I am extremely impressed by the exceptionally high level of service and expertise you provide."

REFERRER FEEDBACK

**91%**

would rate our service as 'excellent' or 'good', with the remaining 9% rating us as 'satisfactory'.

**100%**

of referrers would recommend us to their colleagues.

*PET-CT referrers satisfaction survey, November 2017*



# The Quality Improvement team

We have a dedicated Quality Improvement (QI) team which focusses on improving patient experience. The team brings together key staff members from across the organisation, including clinical staff and patient-facing service staff.

The team has developed and is following a multi-year Patient and Carer Experience Strategy to guide and underpin our work. The strategy has 3 main aims:

Improve the experience of our patients and carers from their first contact with us, through to their safe discharge

Improve information we provide to enhance communication between our staff, patients and carers

Meet our patients' physical, emotional and spiritual needs while they are using our services, recognising that every patient is unique

As part of this programme, the team put on regular and intensive Quality Improvement afternoons, which are well attended by staff from across the organisation. During one session in September 2018, for example, the team participated in an interactive workshop which was hosted by the Head of Quality and Patient Safety at East and North Hertfordshire NHS Trust, Jacqui Evans.



“

Without the research and dedication from Paul Strickland Scanner Centre, I do not believe I would be as well as I am today.

Their work in whole-body MRI means that my regular scans monitor whether my secondary breast cancer treatment is working and informs on changes immediately.

• This allows my consultant to change my treatment plan accordingly – amazing people and I would like to thank them so much.

SARAH, PAUL STRICKLAND  
SCANNER CENTRE PATIENT

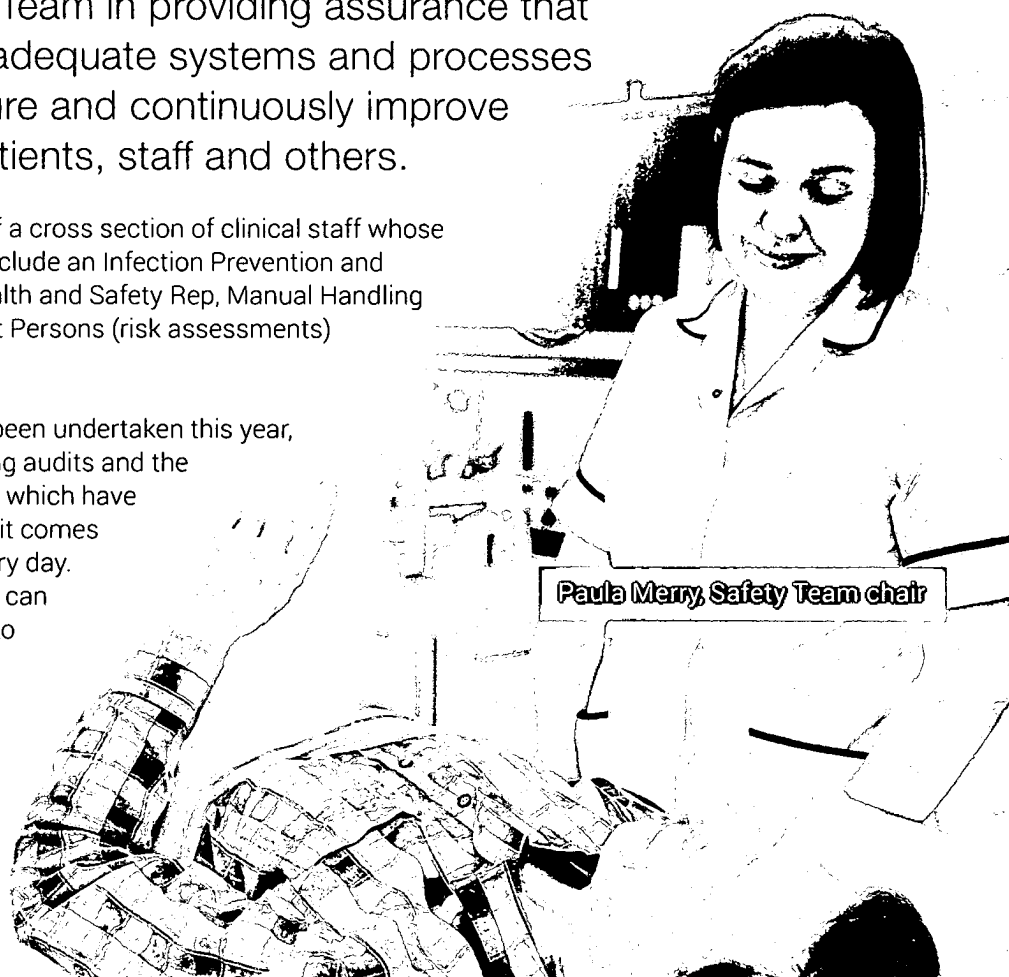
To consolidate services and **enhance** local access to specialist services in order to deliver **high quality, safe, seamless, innovative and integrated services** which are **sustainable.**

# Safety Team

"Our role is to promote a Safety Culture throughout the organisation whilst supporting the Leadership Team in providing assurance that the centre has adequate systems and processes in place to ensure and continuously improve the safety of patients, staff and others.

"The team is made up of a cross section of clinical staff whose specialist safety roles include an Infection Prevention and Control Link person, Health and Safety Rep, Manual Handling Co-ordinator, Competent Persons (risk assessments) and Fire Warden.

"A variety of audits has been undertaken this year, such as the handwashing audits and the patient feedback survey, which have raised awareness when it comes to things that we do every day. It demonstrated that we can tweak things ourselves to modify our established techniques.



Paula Merry, Safety Team chair

"The team has worked to improve the 'response to a deteriorating patient' scenario which has facilitated the training of three more staff to Intermediate Life Support level.

"The team continues actively to contribute to the ISAS accreditation process by taking ownership of the specific statements which apply to safety."

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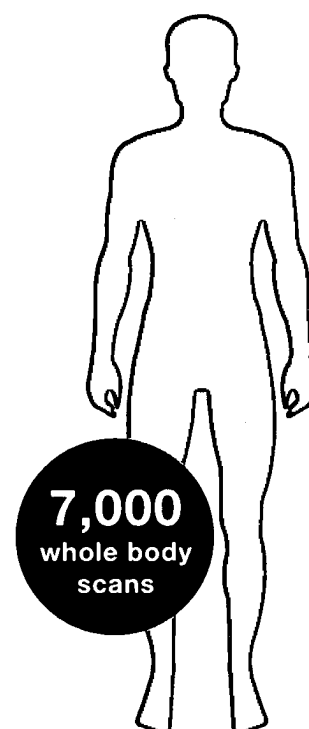
## Sharing our expertise in whole-body MRI

Paul Strickland Scanner Centre has done over 7,000 whole-body MRI scans – more than any other centre in the world.

We've shared our unique approach to whole-body MRI with professionals worldwide by publishing it online via a video tutorial "how to" guide. Will McGuire, our Deputy Superintendent MRI Radiographer, said: "It's important to us that cancer patients across the world can benefit from techniques developed here at the centre."



In May 2018, we received the annual Pharmaceutical Industry Network Group (PING) Innovation Award in recognition of our ground-breaking work in whole-body MRI. Whole-body MRI can be particularly useful in monitoring disease and response to treatment in patients where cancer has spread to the bone.



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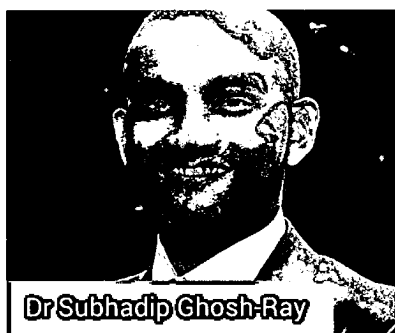
Top quality. Very friendly  
and made me feel extremely  
comfortable and relaxed.

PATIENT FEEDBACK



# Our contribution...

to head and neck cancer multidisciplinary team (MDT) meetings



**Dr Subhadip Ghosh-Ray**

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.

As well as being a consultant radiologist and the head and neck specialist 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 demonstrates 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 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.

CASE STUDY

# Working together to ease the burden on cancer patients

Our base at Mount Vernon Hospital gives us the opportunity to share care for the benefit of patients and the NHS.

Having to attend multiple scan appointments while unwell can be a huge burden. But what if more than one scan could be combined into one session, boosting patient outcomes and convenience?

This may very well be the upshot of an innovative collaboration on radiotherapy treatment planning between Paul Strickland Scanner Centre and Mount Vernon Cancer Centre that could have national implications. The work forms part of the service development commitments at Paul Strickland Scanner Centre, aimed at continuously improving the quality of patient care. The project is only one example of how staff at the charity work very closely with colleagues at the cancer centre.

Dr Bal Sanghera from Paul Strickland Scanner Centre said: “The work started during 2017, when we began offering clinicians at Mount Vernon Cancer Centre the opportunity to incorporate PET-CT scanning into radiotherapy treatment planning.



"Most of the time people will plan radiotherapy treatment on patients using a CT scan. CT scans are great and they give you superb image quality, but they don't show you lots of other things, for example how a cancer is working or possibly how far it's spread. It can be particularly important in radiotherapy, as sometimes a PET-CT scan will reveal radiotherapy may actually not be the best option. Having to attend multiple scan appointments while unwell can be a huge burden. But what if more than one scan could be combined into one session, boosting patient outcomes and convenience?"

Combining PET-CT scans with radiotherapy CT scans might sound straightforward, but there are a number of things to think about, including such details as whether someone is scanned on a flat bed as opposed to a normal scanning couch, to ensure there is no bending of the body which could compromise treatment accuracy.

The key is the "CT" component of a PET-CT scan. Dr Sanghera said: "Normally they do a separate high-quality diagnostic CT scan for radiotherapy elsewhere at another time. In PET-CT we can also do the same highly quality CT scan following the standard PET-CT scan thereby reducing the number of visits required and inconvenience. The PET-CT scan session can then be used to plan radiotherapy treatment. The added benefit

**Dr Wai Lup Wong****Dr Bal Sanghera**



“

I would like to thank  
them all and give  
them all a 10+.

PATIENT FEEDBACK

is that the PET part of the scan can show you disease much more easily and accurately than a CT scan; especially if cancer has spread.”

We’ve had encouraging results in lymphoma, a type of cancer typically spread throughout the whole body (sometimes in multiple pockets). We’ve proven that with lymphoma you get good quality images that inform treatment of patients with radiotherapy. Next we’re going to look at head and neck cancer and other cancers where images may also be equally informative for treatment.

#### **How does this work in practice?**

“If you’re a patient, you may come in and have a PET-CT scan as a routine. Your doctor might not be sure where your disease is and would want you to have a PET-CT scan to find out. You fast for a number of hours, come in for your appointment, have your injection, wait 60 minutes, and have your scan.

“However, if you’re going to be treated with radiotherapy, the radiotherapy consultant will refer you for a radiotherapy scan – this time a CT scan which is compatible with radiotherapy – to show where disease is, to guide your treatment. In practice, your consultant might be looking at the PET-CT scan and the CT scan for radiotherapy on separate screens and draw their conclusions. If you do the PET-CT scan in a way that is compatible with radiotherapy treatment planning and adapt the CT part of the scan accordingly, your consultant will be able to use the results from one scan appointment for both radiotherapy treatment planning and diagnostic scanning.

**“It’s much easier for the patient. We give more information to the consultant, with fewer visits to Paul Strickland Scanner Centre – like a one-stop shop. Going forward, it may also be possible to reduce the overall radiation to patients.**

“Of course there are challenges over logistics, not least because radiotherapy PET-CT scans are more complicated and therefore more expensive, but those can be dealt with. The number of patients who could benefit from this change in practice could be limitless. On the whole I think

everybody agrees that PET-CT and radiotherapy is a good thing. Most clinical studies have found PET-CT radiotherapy planning to be positive, depending on the patient, the type of cancer they've got, and workflows."

Dr Sanghera is currently involved in a project looking at how PET-CT could be integrated into radiotherapy at a national level together with our lead consultant for PET-CT, Dr Wai-Lup Wong. "It's a really big thing. If we convince NHS England that it's worth doing and it saves patients time and the government money, it could change how things are done across England."

*Dr Bal Sanghera is medical physicist for PET-CT at Paul Strickland Scanner Centre. He also has a national role as the Chief Scientific Officer's Knowledge Transfer Partnership Associate.*





“

Highly impressed.

PATIENT FEEDBACK

CASE STUDY

# Dual energy CT imaging

Dr Andrew Gogbashian explains how a dual-energy CT scan, available at Paul Strickland Scanner Centre, could give your doctor crucial additional information.

Computed Tomography (CT) scans were first pioneered in the 1970s by Sir Godfrey Hounsfield at the EMI research facility in Middlesex, not far from Paul Strickland Scanner Centre. CT scans provided huge advances in the ability to monitor and diagnose cancer. But now, thanks to advances in technology and computer processing that would have sounded like science fiction back then, "dual-energy" CT scans can give doctors even more information about your cancer. This could help detect some types of cancers better, how cancer is responding to treatment – or even how some types of cancer might respond to chemotherapy. Apart from Paul Strickland Scanner Centre, only a select group of centres offers this type of CT scan, with most hospitals only able to offer patients standard CT scans.

Dr Andrew Gogbashian, our lead consultant radiologist for CT, said:  
"Sir Godfrey Hounsfield's original intention was to scan with dual-energy CT scanning, but he and his colleagues didn't have the technology or computing power.

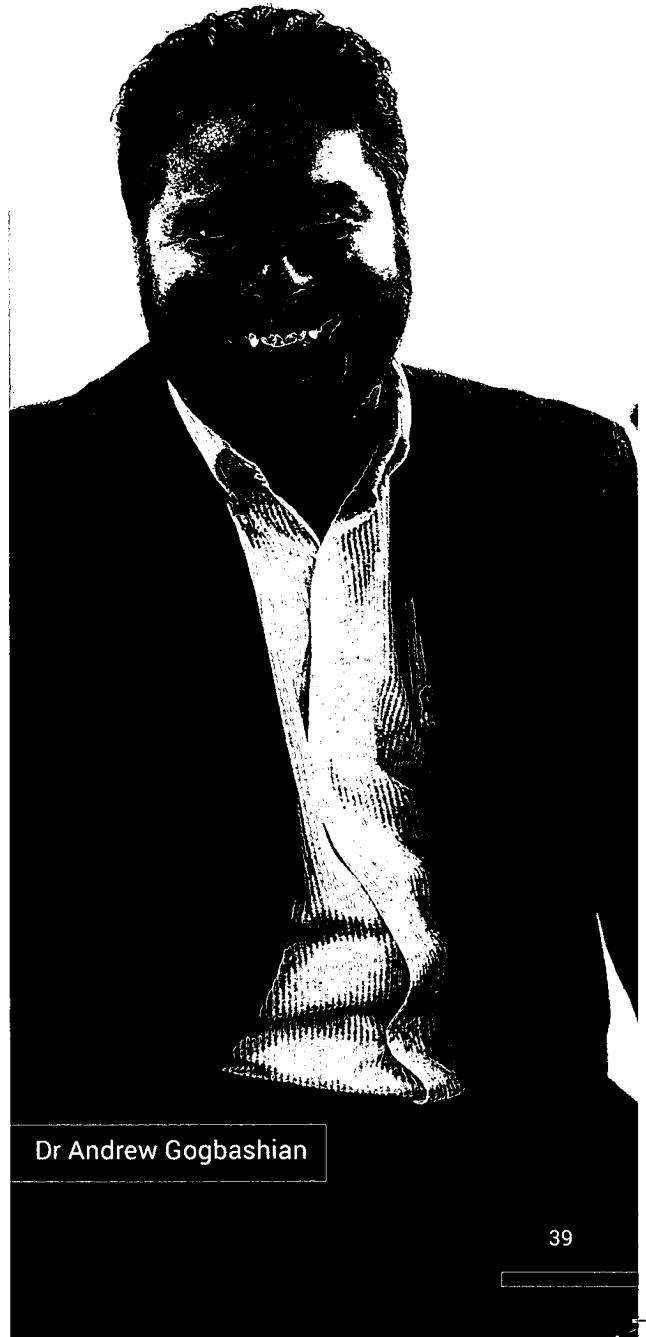
"The concept is to use two energy sources to image the patient. A normal CT scanner uses one X-ray tube, but by using two energy sources simultaneously we can get more information from

the body that could be important in diagnosing a patient or planning their treatment. The computing power can nowadays handle that double information quickly. What's more, with the scanner we've got the radiation dose is the same as with a standard scanner and is considered 'dose neutral'.

"By doing the scans in a dual-energy mode we get extra information from body tissues that can help us better detect certain types of cancer. Research into melanoma (an aggressive type of skin cancer) has shown that dual-energy can be better in detecting metastases, which is when cancer has spread to multiple parts of the body. More and more research is confirming the usefulness of dual-energy CT in other types of cancer as well."

CT scans are the most rapid tool for assessing tumour staging, and the dual-energy CT scan time is exactly the same as for a normal CT scan.

Dr Gogbashian said: "Dual-energy could help your radiologist identify a cancer or metastasis that was harder to see using the conventional technique. With the dual-energy technique we can produce colour coded maps that help in the detection process. With routine CT, colour maps are not produced, and it's been shown that the colour maps can be useful for detecting more metastases, some of which are otherwise very difficult to see on black and white images."



Dr Andrew Gogbashian

**"We mainly scan patients with cancer and it helps us detect treatment responses in new ways that aren't possible with standard scanners. We've been using dual-energy CT as a routine clinical tool for about two years now. You need a more advanced scanner that is more expensive and many hospitals could find it difficult to afford them.**

"Because our charity supports cutting-edge technology and we have incredibly generous donors, we're able to buy very advanced scanners for our patients and deliver the best technology available."

According to Dr Gogbashian, there is growing interest in dual-energy CT amongst researchers. He said: "There's more and more research happening with dual-energy and we hope that in the future there will be other breakthroughs.

**"Research is increasingly showing that dual-energy CT can detect response to certain treatments earlier – which conventional CTs cannot predict. Sometimes a tumour may not change in size but it may change in blood flow and we can use dual-energy to help assess blood flow indirectly.**

"Doctors are very interested in our ability to carry out dual-energy scans and have approached us for research projects as a result."

#### **Other uses**

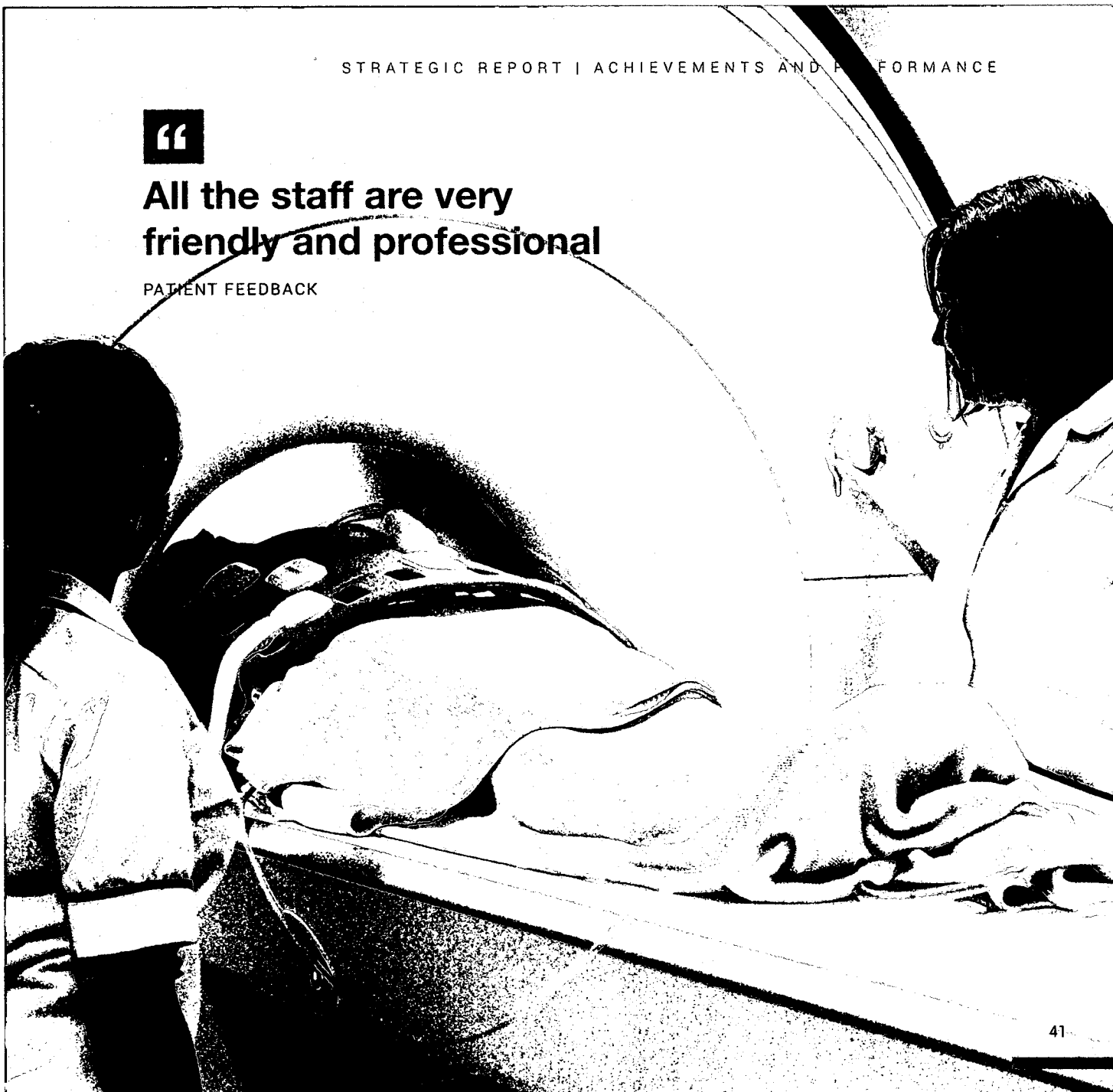
Dual-energy CT scanning is not just useful in cancers. Dr Gogbashian said: "It can, for example, help a patient with kidney stones avoid surgery by identifying whether they have a type of stone that is suitable to be treated with medication alone. It can also be used to identify subtle fractures in the bone marrow (which become more common as people become older), reducing the imaging artefacts that can occur when there is metal-work in the body, and it has become the gold-standard imaging assessment in identifying gout."





**All the staff are very  
friendly and professional**

PATIENT FEEDBACK



# Sustainability

"Paul Strickland Scanner Centre has performed strongly during the reporting period of 2017/18. Our strategic priorities will continue to evolve into 2019 as we focus on how we can better and more efficiently serve our patients. Our sustainability will be maintained through ongoing investment in new scanning equipment, the development and professionalism of our staff and the prudent management of our finances, risks and regulatory agenda."

– Paddy Kelly, Treasurer

“

**Paul Strickland  
Scanner Centre  
has performed  
strongly during  
the reporting  
period**

**PADDY KELLY**



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

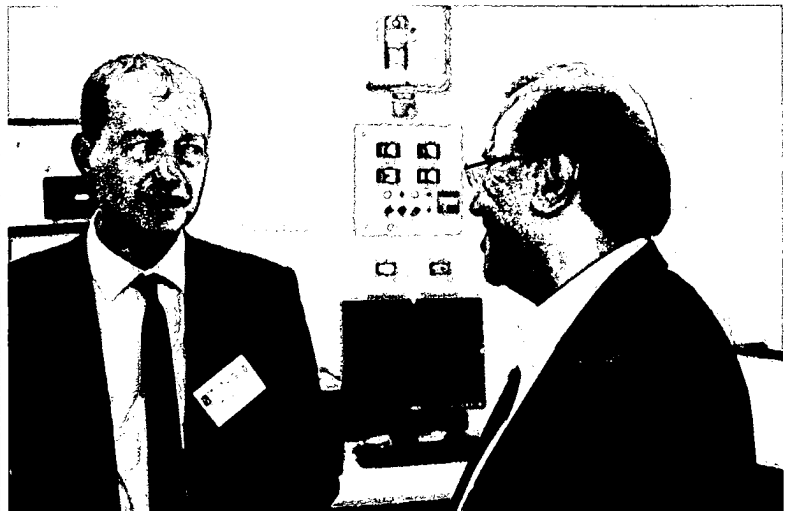
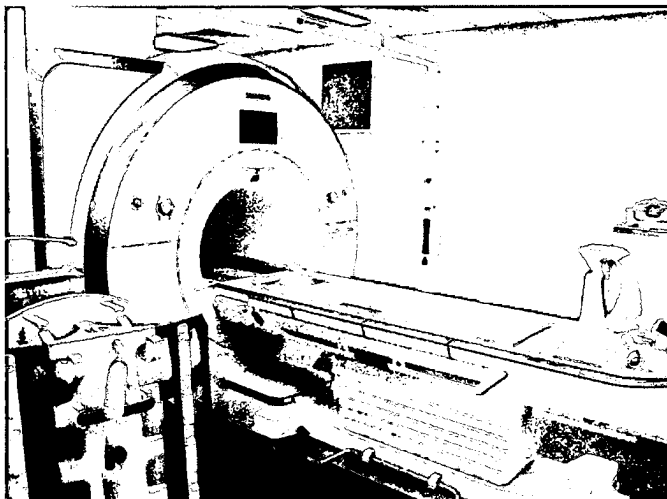
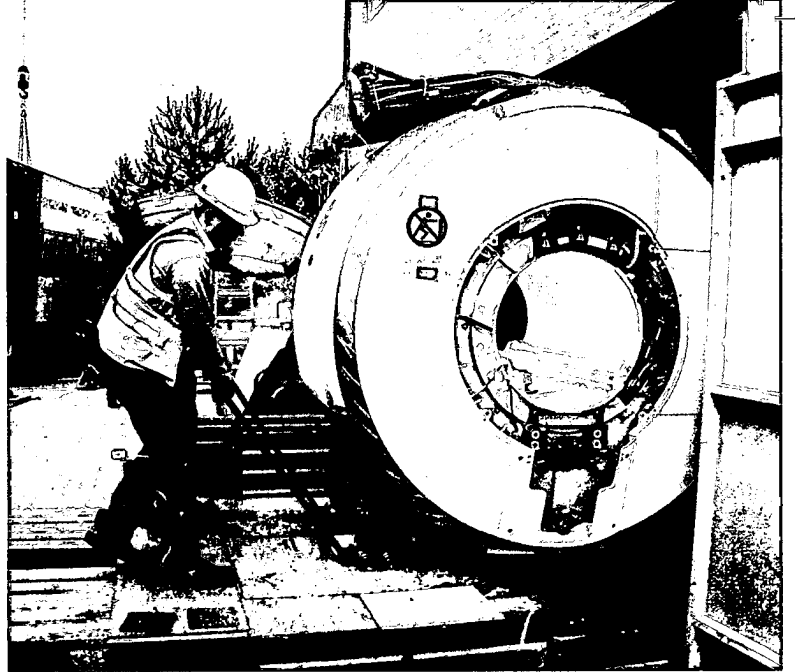
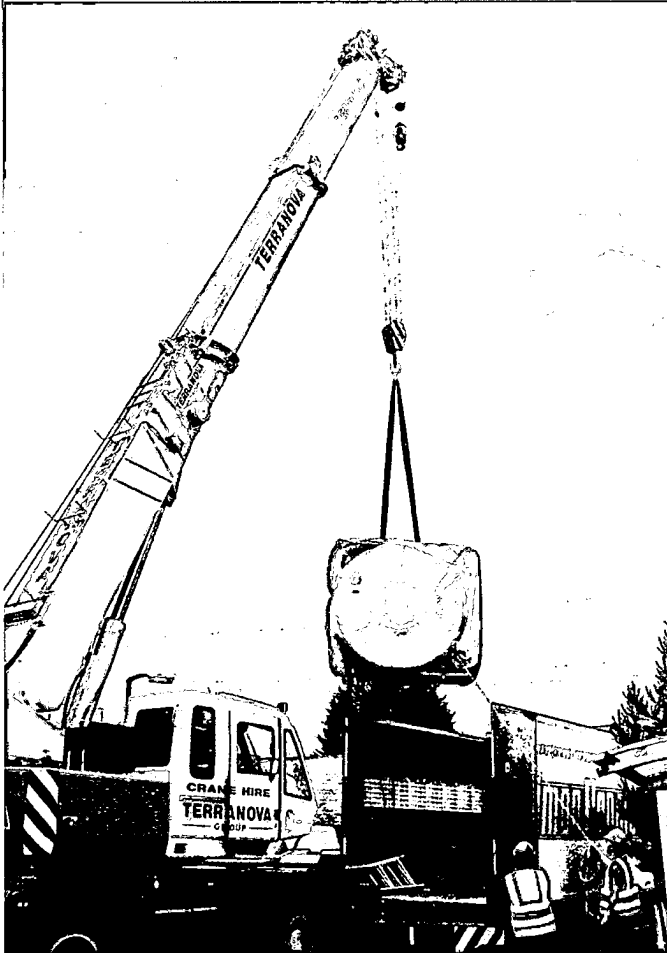
# A new MRI scanner for Mount Vernon Cancer Centre

We've successfully completed a project to install a brand new MRI scanner at Mount Vernon Cancer Centre, which brings a multitude of benefits to patients.

The project, funded by Paul Strickland Scanner Centre (PSSC), enables us to work even more closely with Mount Vernon Cancer Centre (MVCC), part of East and North Hertfordshire NHS Trust. It allows staff from both organisations to learn from each other and find new and better ways of improving care and treatment for local patients. The cancer centre contributes its expertise in radiotherapy, as well as the scanning room. The scanner is operated jointly by PSSC and MVCC staff and is a significant upgrade to the scanner currently being used at the cancer centre.

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

Our CEO, Claire Strickland, said: "We're very proud that, thanks to the support of our fundraisers and donors, we were able to help make treatment even better by deepening our partnership with Mount Vernon Cancer Centre, which directly benefits local people affected by cancer and other serious conditions".



**Tim Farron MP, chair of the All-Party Parliamentary Group (APPG) on Radiotherapy, officially opened the new MRI scanner in September.**

CASE STUDY

# Helping to tackle pancreatic cancer

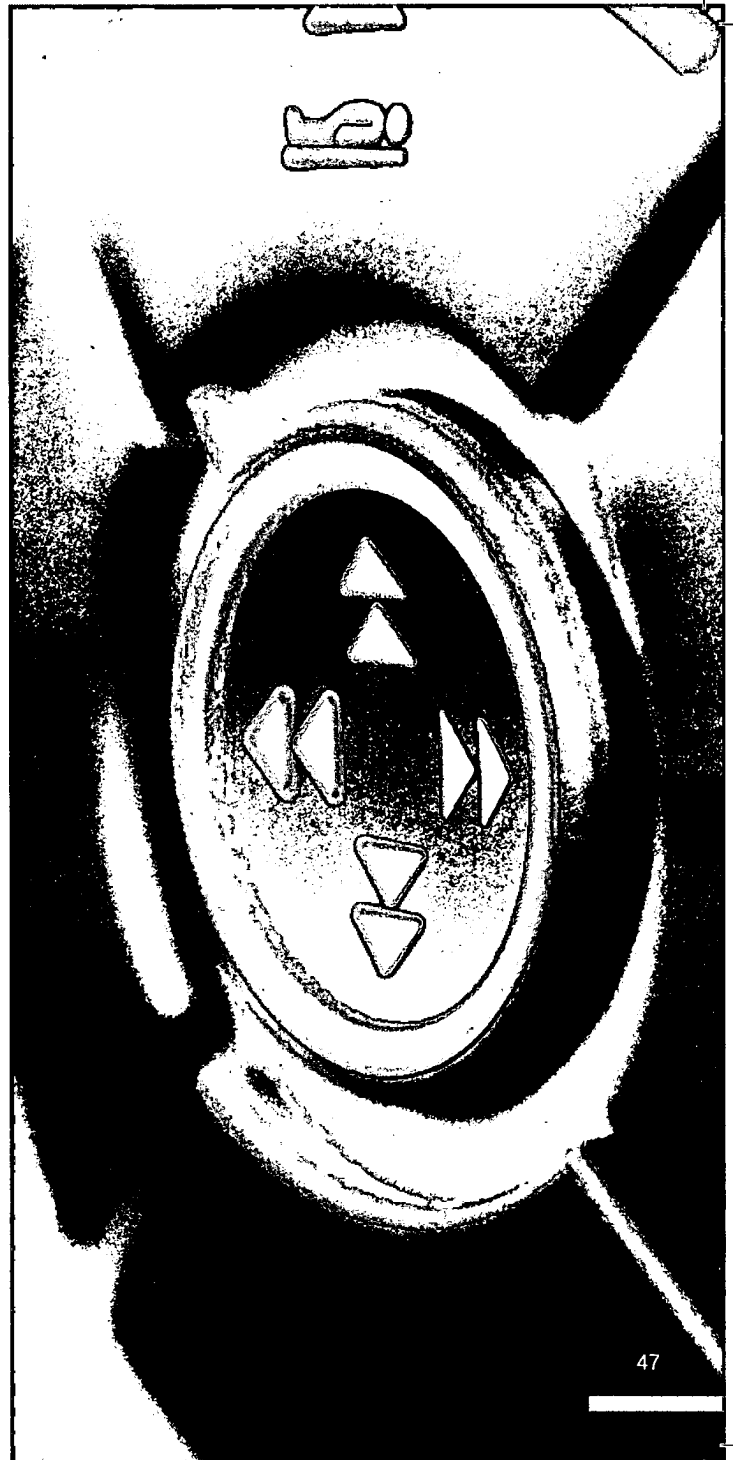
Pancreatic cancer patients could benefit from the results of a major national study in which Paul Strickland Scanner Centre played a key role, according to an NHS Health Technology Assessment that was published in early 2018.

The PET-PANC study, funded by the National Institute for Health Research (NIHR), looked at how PET-CT scanning could improve diagnosis and staging of pancreatic cancer.

"Conventionally many patients will have CT scans. What's important for us to know is how PET-CT could augment that knowledge," says our lead consultant for PET-CT, Dr Wai-Lup Wong. He is one of the top co-authors of a recently published Health Technology Assessment of the study. Dr Bal Sanghera, as centre PET-CT physicist, is another contributor. Dr Wong said: "CT gives anatomical information about changes in organs in the body, whereas PET-CT tells us how it is working. When someone has pancreatic cancer, early diagnosis and knowing precisely where the disease has spread to in the body is key to improving life expectancy. A PET-CT scan can more accurately diagnose cancer and will tell more accurately where the disease has spread to. Your doctor can then use the information provided by the PET-CT scan to plan the most appropriate treatment for you. The PET-PANC study looked at what benefit a PET-CT scan might have for pancreatic cancer patients who normally have an ultrasound scan and a CT scan, and found that the PET-CT scan is more likely to tell you whether any changes were really down to cancer and more accurately where disease has spread, compared with a CT scan."

Paul Strickland Scanner Centre played a key role in the study by acting as its national core lab, providing both physics and consultant support. Scans from multiple centres across England were all sent here and were checked for image quality by Dr Wong, who also interpreted them for disease.

The results were then sent to the University of Liverpool for statisticians to analyse. Find out more about the study at <https://www.ncbi.nlm.nih.gov/books/NBK481467>





# Research snap shot



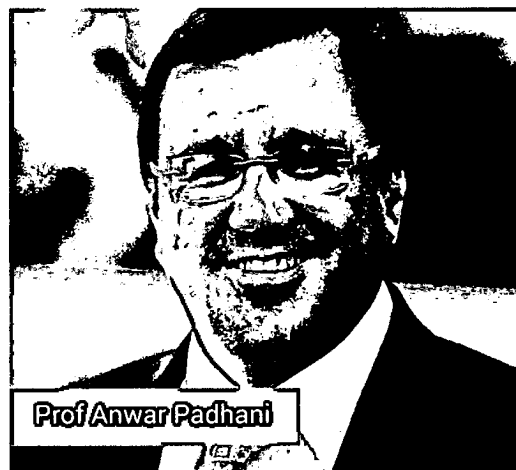
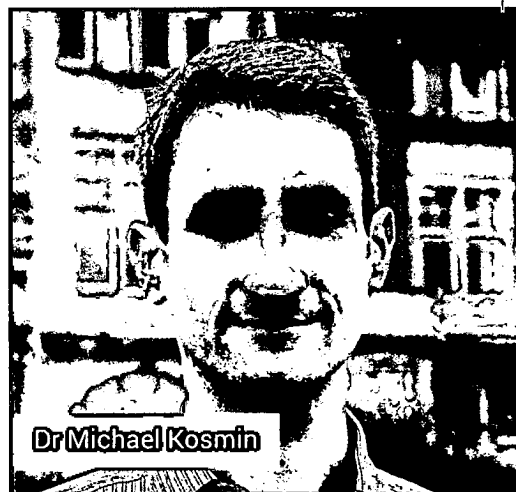
# Pushing for better breast cancer survival rates

Michael Kosmin, Anwar Padhani, Heminder Sokhi.

In metastatic breast cancer, tumour cells spread from where they are first formed and travel through the body via the blood and lymph systems forming new tumours called metastases. Our research fellow Michael Kosmin, as well as our consultant radiologists Anwar Padhani and Heminder Sokhi, have been analysing whole-body MRI scans carried out to measure response to treatment. They have been investigating how uniform a tumour is when it appears on the scan and they have discovered that patients with uniform tumours during their first response scan after hormonal therapy have a better chance of survival without the disease progressing.

After reviewing MRI scans of patients with metastatic breast cancer, Michael Kosmin, Anwar Padhani and Heminder Sokhi were able to identify patterns of disease progression which is helpful to measure disease in patients receiving systemic anti-cancer therapy. They now recommend that patients with metastatic breast cancer have regular imaging assessments as well as clinical examinations to give a more accurate information about the response to therapy.

Anwar Padhani presented a Symposium on 'the progress on whole-body MRI use for advanced breast cancer' at the European Congress of Radiology 2018 in Vienna.



## Standardising MRI use and reporting

Whole-body MRI scans are increasingly recommended for assessing bone and soft tissue disease and for checking on response to therapy in prostate cancer. Prof Anwar Padhani has been working on standardising the scanning, interpretation and reporting of whole-body MRI scans with advanced prostate cancer which has spread in the body so scans are consistent for baseline and follow-up after treatment. Prof Padhani has been involved with the development of a robust system (metastasis and data system) to produce reports on these patients. He has written several articles and spoken at conferences so reporters at other centres are aware of best practice and how to achieve consistent monitoring of patients during their treatment.

Active surveillance is a way of monitoring prostate cancer that hasn't spread outside the prostate gland, rather than treating it straightaway. Prof Padhani has been working with a group of clinicians to see if any features on MRI scans indicate which patients are suitable for active surveillance. The Prostate Imaging Reporting and Data System (PI-RADS) guidelines help doctors report MRI scans for prostate cancer diagnosis, which can determine which patients might need active surveillance.

## Health technology assessment

Dr Wai-Lup Wong, our clinical lead for PET-CT, has been involved with health technology assessments for head and neck cancer and pancreatic cancer (see case study earlier on). The National Institute for Health Research funds research to determine the clinical effectiveness and cost of scanning patients with cancer to see if there is a direct benefit for NHS patients. The team Dr Wong worked with determined if PET-CT was a useful imaging modality for scanning patients with advanced head and neck cancer and they concluded that patients who had active



“

They treated  
me with respect  
and dignity.

PATIENT FEEDBACK

surveillance with PET-CT scans had similar survival to those who had surgery on their neck to determine the extent of the disease.

## Joint MRI innovation, research and development group

Since installing the new MRI scanner at Mount Vernon Cancer Centre, we've started a joint MRI innovation, research and development group in order to support new work on the scanner.

The group consists of radiographers, clinical scientists, clinicians and operational managers from both centres. The key priorities and ambitions of the group are to identify and facilitate ways to improve radiotherapy treatment and diagnosis of cancer. There are two sessions of dedicated research time on the scanner each week; the group looks at research project proposals for the new scanner and allocates time for research on the scanner.

## Sharing our knowledge

### **Presentations at conferences:**

**International Cancer Imaging Society – Berlin – October 2017**

**Radiological Society of North America (RSNA) - Chicago - December 2017**

**European Congress Radiology (ECR) 2018 – Vienna – February 2018**

**Annual PET-CT meeting: the practice in oncology – London – March 2018**

**British Nuclear Medicine Society annual meeting 2018 – Birmingham – April 2018**

**International Society for Magnetic Resonance in Medicine (ISMRM) joint annual meeting – Paris – June 2018**

**UK Radiology Conference – Liverpool – July 2018.**

## Radiographers in research

Four radiographers attended the European Congress of Radiology 2018 in Vienna to present their work, one winning an 'invest in youth' award and another a 'shape your skills' award. Four radiographers presented posters or gave talks at the UK Radiology Conference 2018.

Dejakopn, London/UNITED KINGDOM Jorge Abreu, Bogotá/COLOMBIA Alireza Abrishami, Tehran/IRAN Irina Adomaitiene, Vilnius/LITHUANIA Miraude Adriacsi, Vienna/AUSTRIA Aleksandra Aracki-Trakic, Nis/SERBIA Babatunde Arcmu, Ilorin/NIGERIA Gianluca Argentieri, Lugano/SWITZERLAND Ben Ariff, London/UK Svetlana Balyashnikova, Moscow/RUSSIA John Amidele, Ilorin/NIGERIA Anna Baraszek, Wroclaw/POLAND Ardi Bardhi, Tirana/ALBANIA Mustafa Baris, Izmir/TURKEY Riga/LATVIA Ivana Blazic, Mladena/SERBIA Danyale, The Netherlands Reinoud Maurits Blom, Edegem/BELGIUM Jasmina Bojapoca/ROMANIA Alessandro Campari, Milan/ITALY Carwina, Romania Marco Cañete, Madrid/SPAIN Filippo Caporilli Razza, Rome/ITALY Li a Turzii/ROMANIA Fotis Constantinidis, Athens/GREECE Dan Costache, Romania Lara Cristiano, Rome/ITALY Réka Csernus, Budapest/HUNGARY IN María Díez Blanco, Santander/SPAIN Allina Dimopoulou, Ipswich/UK Dimitz de Paula, Brasília/BRAZIL Montserrat Domingo Ayllón, Nancy/France Xiang-Ming Fang, Jiahasu/CHINA Zhiya Fang, Chengdu/CHINA Francesca, Italy Noham, EIMINY, Catriona Farrell, Cheshire/UK id/SPAIN Chiara, Parma/ITALY Enrique Francisco, Madrid/SPAIN María, Morilla, Josep Garcia-Bennet a Ludovica Gramiccia, Italy Grigoriy, United Kingdom Natalia Grondacka, and Ulric bingen/GERMANY Ilya Gub an Hrusca, Cluj-N MANIA du/CHINA Dlena Hural, Lviv/ esca Iac ITALY Kyriakos Iliadis, EECE Anastasia, GREECE Kalug, Stavropol/RUSSIA Baden Kaposi, Budapest/HU Zsuzsanna Knos, Athens/GREECE Kooraki, Tehran Jelena Kostic, Belgra Rosales, Hospitalet, Czech Republic And sip Marjan, Spain Rishi Math, Oxford/UNITED KINGDO vi Mintzop, South Africa Maya, Ibrahim Oz, Zonguld obodanka Pena Karan, Vienna/AUSTRIA Germany Rabi, Roman Rubtsov, Germany Va na Snol, Ljubljana/SLOV Ana Weiró Pcternac, Greece Lora Tsv Histo Viazmatte, Kau Poland Julia Wied

From left: Our radiographers Teresa Letchford, Kirti Thakor, Rachel Bowie and Hannah Bergman at the European Congress of Radiology 2018.

# A simple blood test for cancer

A research study supported by Paul Strickland Scanner Centre could one day lead to a blood test being able to establish whether someone has cancer – as well as predict which treatment could be most effective.

What if, 5 to 10 years from now, a simple blood test could not only be used to detect cancer but even to tell your doctor which treatment would work best for you? This could be the result of a research study which is being supported by Paul Strickland Scanner Centre.

Using the numbers of circulating tumour cells and/or white blood cells, or the expression or activation of certain genetic information in these cells, the CICATRIx study aims to see whether it's possible to detect what is likely to happen to a patient's cancer earlier, and more accurately, than currently.



The study focusses on advanced rectal cancer, a type of cancer affecting the bottom of the bowel.

"The research pulls together three great institutions – Mount Vernon Cancer Centre, where lots of patients are being treated, Paul Strickland Scanner Centre (where patients are

According to Dr Tom Smith, the accuracy and detail doctors can get from Paul Strickland Scanner Centre scan images can give them more information than they can get from a standard scan.

being scanned), and Brunel University – who do the blood work for the study,” said Dr Tom Smith, senior Clinical Research Fellow at Mount Vernon. The funding for Dr Smith’s post is jointly provided by Paul Strickland Scanner Centre and Mount Vernon Cancer Centre.

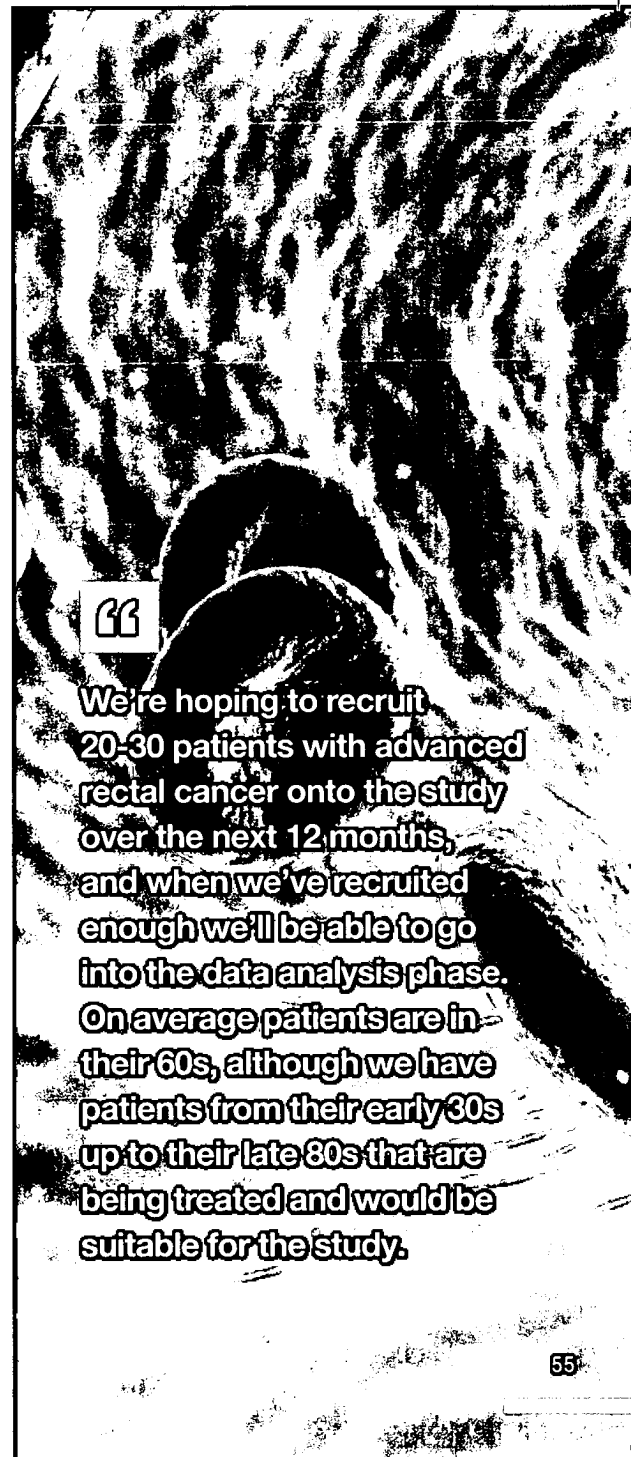
### **The link to imaging**

“The research is very much about linking the blood work to the imaging and trying to see what the relationship is between those two.

“Some of the newer scanning techniques and sequences offered by Paul Strickland Scanner Centre give us more information about what’s happening to the cancer during a particular treatment. We hope this will allow us to better select which patients have had a good response to treatment – in particular where the cancer has disappeared – allowing us to better select which patients might benefit from which treatment in the future. Alongside that, we’re also doing some blood work, so these patients are having blood tests during their treatment.

“A lot of these patients have their scans done at their local hospital at the moment; however the scans and the scanning sequences aren’t always done to the standards that the research team need. We’re looking to recruit patients who are having their treatment here, in order to get them to Paul Strickland Scanner Centre for the high quality, contrast-enhanced MRI scans that we need.

“The accuracy and detail we can get from Paul Strickland Scanner Centre can give doctors more information than you can get on a standard scan.”



**We're hoping to recruit 20-30 patients with advanced rectal cancer onto the study over the next 12 months, and when we've recruited enough we'll be able to go into the data analysis phase. On average patients are in their 60s, although we have patients from their early 30s up to their late 80s that are being treated and would be suitable for the study.**



# What is Cicatrix?



In some cancers, blood samples can show what response a patient may be having to their treatment. This can be achieved through looking at the levels of certain proteins in the blood that are produced in excess in patients with advanced cancer.

The level of the protein is a "marker" for the number of active cancer cells in your body. CA125 is one example of this type of "marker"; Prostate Specific Antigen (PSA) is another, more commonly known, one.

Recently, techniques have been developed that allow the examination of the actual circulating cancer or tumour cells (CTCs), or sometimes just "free" DNA in the blood. The study explores the feasibility of examining blood for such circulating cancer cells and DNA using a new technique. In addition to this, it is planned to examine the CTCs for the expression of certain genes in order to evaluate if this could determine treatment outcomes earlier.

**There is some evidence that immunity might be suppressed by cancer, and restoring this might allow a patient's cancer to be controlled in the longer term.**

Examining the white blood cells in cancer patients could help explore this concept further, as it's possible that the white cells change in response to cancer and help the cancer cells to spread and grow.

These changes may be altered by treatments. If these changes are predictable, this may help doctors identify new ways to treat or control cancer in the future.

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

# A committed staff team

We're fortunate to have an enthusiastic and committed staff team at Paul Strickland Scanner Centre.

We work hard to support staff development and a number of staff undertook master's, doctoral and other postgraduate studies during the reporting period, in addition to colleagues attending training courses and conferences.

## Action learning

During 2017/18 we continued our programme of "action learning" workshops, delivered by Amy Page, Healthcare Improvement Consultancy. Action learning is an approach to solving real-life problems and involves taking action and reflecting on the results. This helps improve the problem-solving process as well as simplify the solutions developed by the team.





“ Amy Page (third from left) and Cheryl Brooker of Amy Page Consultancy Ltd are delighted to have continued their support for Paul Strickland Scanner Centre, providing a combination of senior team leadership development and organisational development. This is an important area of staff development, which enables staff to review their service delivery model, ensuring patient experience and the effectiveness of their service are at the heart of care and diagnostics the team provides. AMY PAGE

# Staff satisfaction rates **2017/18**

How happy are you working at Paul Strickland Scanner Centre?



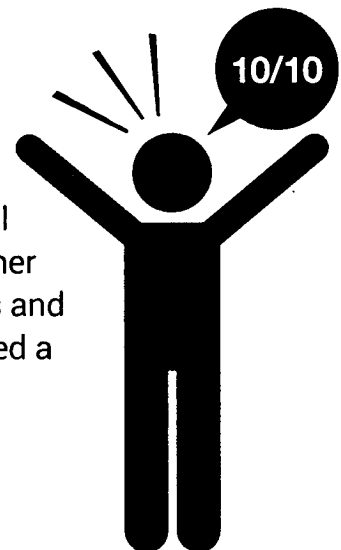
Happy or extremely happy: 8/10



Neutral: 2/10

Would you recommend Paul Strickland Scanner Centre to friends and family if they need a scan?

Likely or extremely likely: 10/10



How likely are you to recommend Paul Strickland Scanner Centre to your friends and family as a place to work?



Likely or extremely likely: 8/10



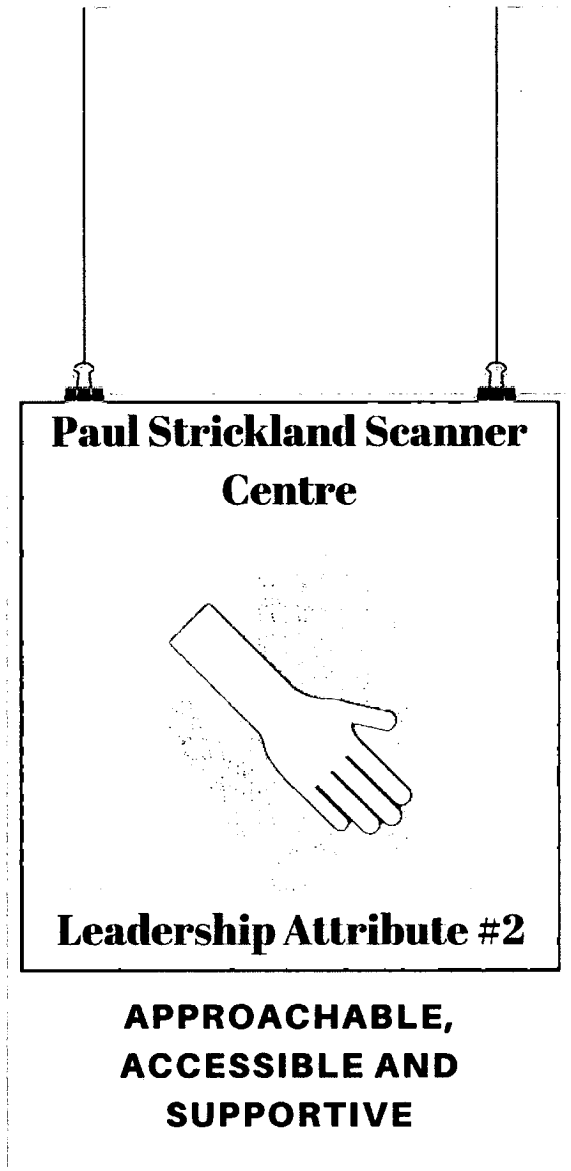
Neutral: 2/10

# Staff engagement group

Our multidisciplinary staff engagement group (SEG) works to improve internal communication. The group also develops and executes initiatives for staff to work better as a team and illustrates the centre's values, leadership attributes and unique identity as a charity.

During 2018, the team achieved a variety of successes, including a poster campaign to raise awareness of the Paul Strickland Scanner Centre leadership attributes and started work on an ambitious project to launch a Paul Strickland Scanner Centre intranet.

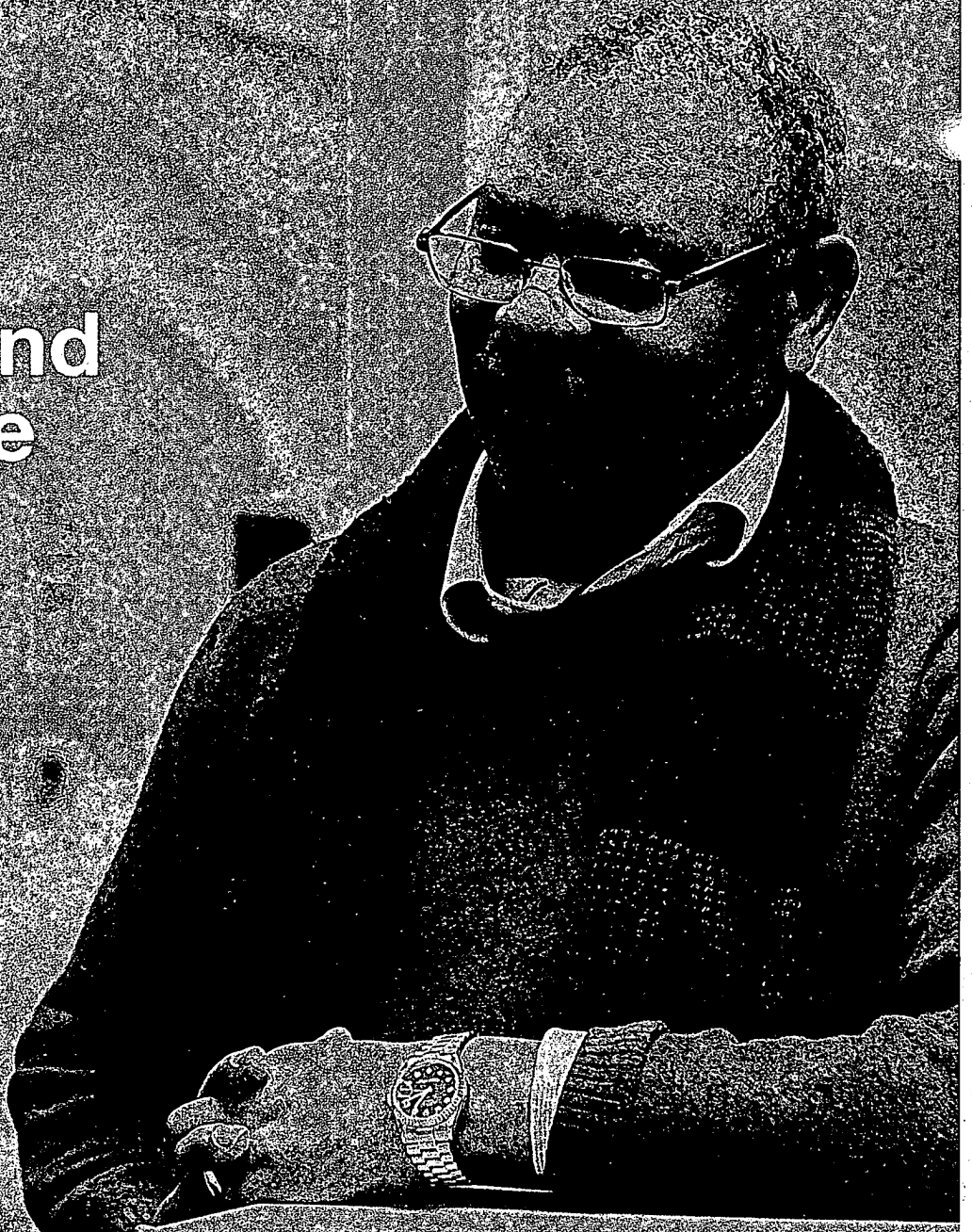
Members of the staff engagement group, as well as other staff from the centre, gave up their Saturday during the Spring Bank Holiday weekend to spread the word about the importance of medical imaging and raise funds for the charity.



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# Great staff and service

PATIENT FEEDBACK





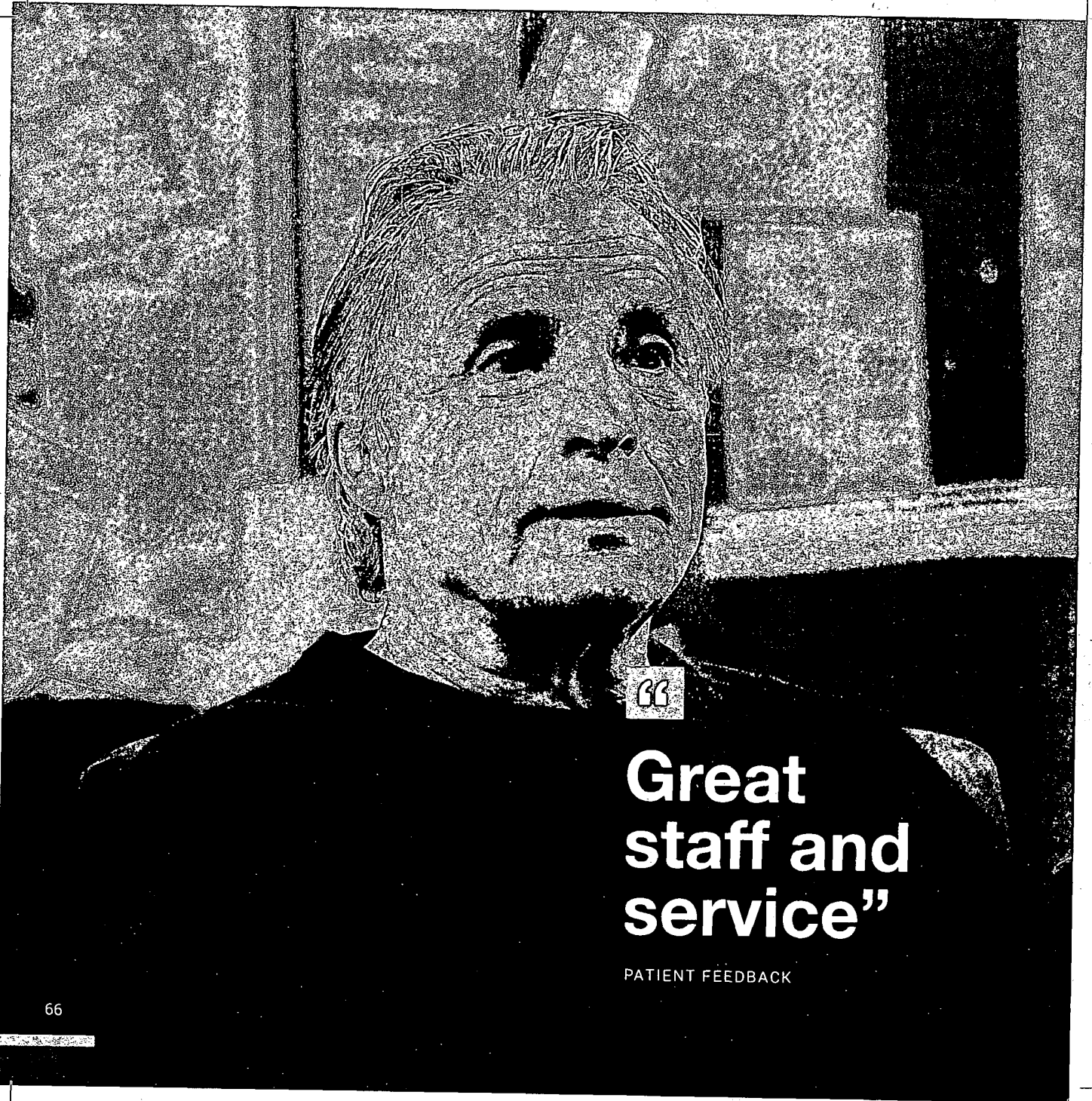
# Our plans for the future

Paul Strickland Scanner Centre has ambitious plans for the future and our Board of Trustees has just agreed a new multi-year strategy that will ultimately lead to the charity being perceived as a cancer imaging centre of national significance, attracting high-calibre staff, high-profile research projects and increased private referrals as a result.

The strategy aims to ensure:

- ✓ Our business model and processes are strong enough to strengthen our financial base and generate new revenue
- ✓ We put our patients at the centre of all decisions made and services delivered
- ✓ We have a competent, effective workforce able to deliver our future strategy
- ✓ We develop an IT infrastructure which enables growth and change, underpinning the centre's ambitions for the future
- ✓ The centre is at the forefront of technological advances in imaging
- ✓ The centre enables participation in world-class medical research

We'd like to work even closer with partners in the years ahead and are particularly passionate about investing in and contributing to programmes that will benefit prostate cancer patients in the region and beyond. We also plan to play to our strengths in the area of whole-body MRI.



“

**Great  
staff and  
service”**

PATIENT FEEDBACK

# How we manage principal risks and uncertainties

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

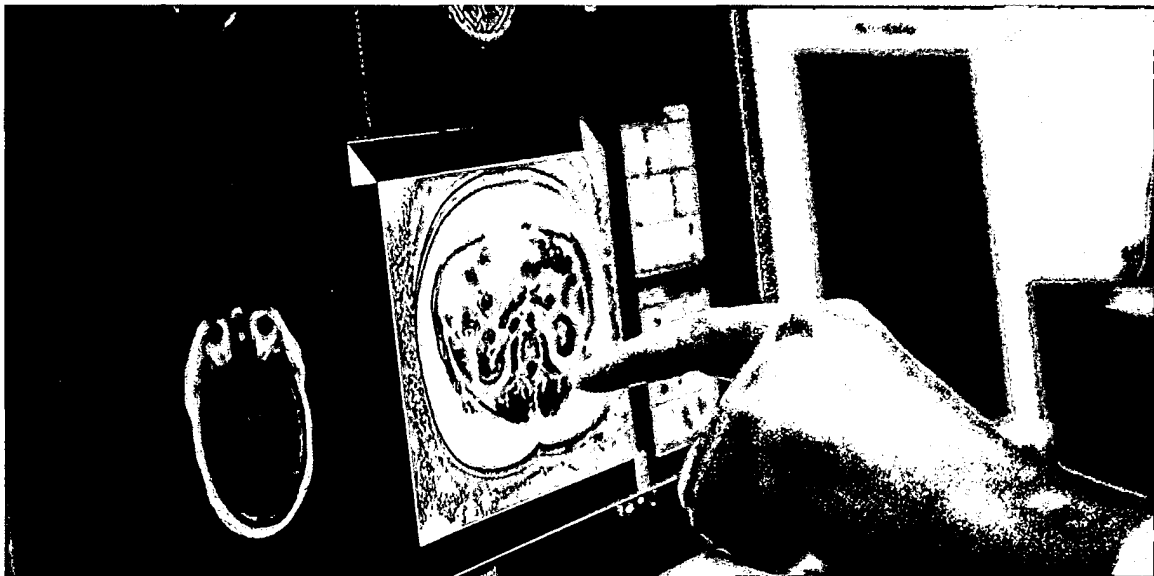
During the year the Audit and Risk Committee, a sub-committee of the Board of Trustees, has met on three occasions. The work of the sub-committee is reported to the Board of Trustees. The key areas the sub-committee has reviewed include budgetary control, fundraising, the charity's investment policy, health and safety, premises, IT, as well as contractual issues and operational activities relating to new contracts. The Audit and Risk Committee updates the risk register after each meeting, which the board then annually reviews.

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

## STRATEGIC REPORT – PRINCIPAL RISKS AND UNCERTAINTIES

also facilitate individual and collective learning. Reviewing and learning from discrepancies and correct identifications of disease or otherwise, provides a forum for learning and forms a body of evidence of reflective practice to support annual appraisals and revalidation.

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. Through appraisals, reporters also personally reflect on points learned and actions taken. PSSC have a reciprocal peer review arrangement with University College London Hospitals (UCLH) for PET-CT scan reports, which promotes communication, collaboration and learning.



# Financial review

Full details of the charity's finances during the year are set out in the financial statements. The total income of £8.129m is higher than the previous year's figure (£7.559m) by £569.6k (7.5%). Total income from charitable activities was £7.436m (2017: £7.063m), a rise of 5.3%.

There was a 3.2% increase in the total number of scans conducted in the year, rising to 17,915 from 17,358. The mix of scans conducted has a bearing on revenue achieved. Total scan numbers in recent years are as follows. Financial year ending:

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

Investment income rose to £195.9k (2017: £167.5k), but continues to reflect the low market returns achievable on cash deposits at this time. There was a minor rise in interest rates which enabled slightly better returns than previously on term deposits. Income from donations and legacies rose substantially to £497.2k (2017: £328.6k), an increase of 51.3% (2017: reduction of 3.3%); within this total legacy income was £196.2k (2017: reduction of £121.0k), a rise of 62% on the previous year. Uncertainty is the predominant issue with fund raising.

Total expenditure rose from £6,960k to £7,324k. Costs rose sharply in some areas, albeit offset by reductions elsewhere. Costs in respect of repairs and renewals, maintenance contracts and medical and surgical supplies were significantly higher and this was the first year in which the Centre had faced a charge for rent. Whilst pure payroll costs rose (see Note 7) the overall costs of staffing were lower, in particular due to a significant reduction in agency fees. The new Aera MRI scanner which

## STRATEGIC REPORT – FINANCIAL REVIEW

was introduced during the year does, of course, bring with it a substantial increase in depreciation charges. The variable nature of many of the charity's costs means that increased activity will contribute to the overall rise in costs.

Given the uncertainty prevailing during the year, particularly in respect of the PET-CT contract, the overall surplus of £804.4k (2017: £599.7k) which was generated is considered to be a good achievement. The charity needs to generate a surplus, year on year, to enable it to continue to invest in new scanners, associated equipment and other advanced technology as well as provide the services which are in such demand. In the year under review the charity invested £1.36m in its new MRI scanner and £34.5k in miscellaneous equipment.

The position shown in the balance sheet continues to improve, with total net assets of £12.46m (2017: £11.66m). Despite the surplus which was generated, referred to above, cash holdings decreased by £919.7k to £5.009m (2017: £5.929m); this was due to the cost of the new scanner and the re-designation of £1.5m of cash as Investments.



# Structure, Governance and Management

## **Trustees and their interests**

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

## **Statement of trustees' responsibilities**

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

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

- ✓ Observe the methods and principles in the Charities SORP 2015 (FRS 102);
- ✓ Select suitable accounting policies and then apply them consistently;
- ✓ Make judgements and accounting estimates that are reasonable and prudent;
- ✓ State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- ✓ Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.



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

### **How we work**

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

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

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

### **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 £12,460,258 of which £22,769 represents restricted funds; £4,500,000 is held in designated funds and general unrestricted funds total £7,937,489.

The Trustees of the charity recognise that the operational life of the scanning equipment in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment. The General Fund of the charity represents its investment in fixed assets and working capital.

### **Staff pay and conditions**

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

### **Criteria or measures used to assess success in the reporting period**

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

### **Fundraising compliance**

The fundraising team at Paul Strickland Scanner Centre organises events and other fundraising activities in and around Mount Vernon Hospital. Paul Strickland Scanner Centre does not involve commercial partners or external fundraising professionals.

Paul Strickland Scanner Centre has signed up to the Fundraising Regulator's Code of Fundraising Practice. The team has strong links with the Institute of Fundraising, who are regularly contacted for advice to help support fundraising activities.

In advance of the General Data Protection Regulation being introduced in May 2018, we reviewed how we managed donors' details to ensure we are compliant with the new legislation. We regularly cleanse our database to ensure we remain compliant. Volunteer fundraisers are given a briefing by the Information Governance lead before they raise funds for Paul Strickland Scanner Centre.

All direct marketing is undertaken by the fundraising team to ensure that it is not unreasonably intrusive or persistent. Contact is made through direct marketing four times a year with our supporter magazine, as well as through relevant emails to those who have consented to receiving email. We closely follow GDPR guidelines. All marketing material contains clear instructions on how a person can be removed from mailing lists. No complaints were received by the department in this period.

### **BOARD OF TRUSTEES**

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

Dr Terence Wright (Chairman of the Board of Trustees)  
Mr Patrick (Paddy) Kelly (Treasurer)  
Mrs Cathy Williams (Secretary)  
Mrs Palvi Shah  
Mr Daniel Jonathan Ross  
Dr Roberto Alonzi  
Mr Dilip Manek  
Ms Lynn Roberts (resigned 28 September 2018)

TRUSTEES' ANNUAL REPORT  
(INCLUDING DIRECTORS' REPORT AND STRATEGIC REPORT)

**Other administrative details**

Company Number: 02033936

Charity registration number: 298867

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

Principal Bankers: Barclays Bank plc

Solicitors: Veale Wasbrough Vizards

**Auditors**

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

**RELATED PARTIES**

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

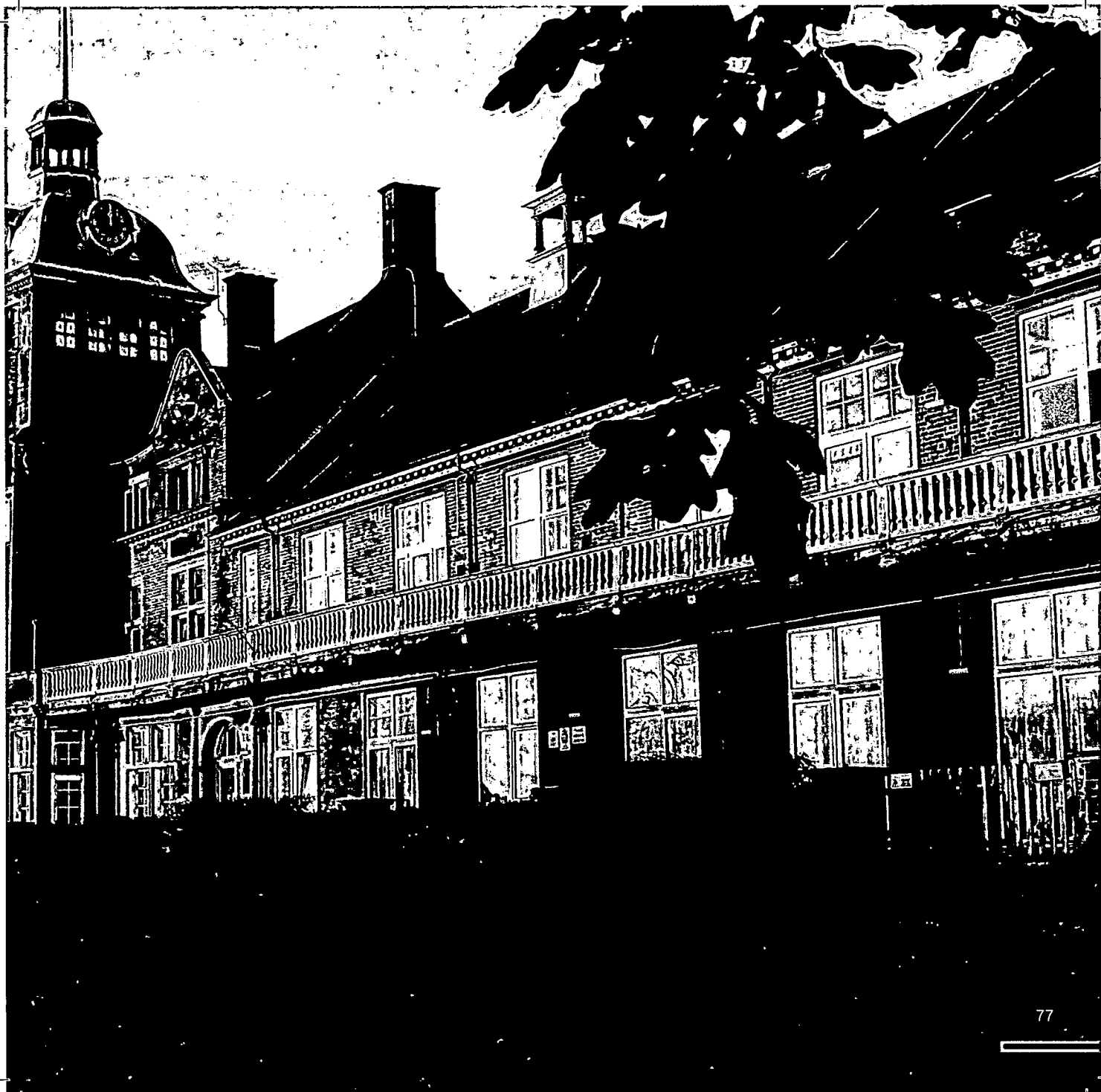
**STATEMENT OF DISCLOSURE TO THE AUDITORS**

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

On behalf of the Board of Trustees

*Terry Rungbo*

Dr. T. R. Wright,  
Chairman, Dated: 5 April 2019



# Independent Auditors' Report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

## OPINION

We have audited the financial statements of Paul Strickland Scanner Centre (the 'charitable company') for the year ended 30 September 2018 which comprise the statement of financial activities, the balance sheet, cash flow statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2018 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

## INDEPENDENT AUDITORS' REPORT

responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### CONCLUSIONS RELATING TO GOING CONCERN

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

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

### OTHER INFORMATION

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

### OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the Trustees' Report (incorporating the Strategic Report and the Directors' Report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic Report and the Directors' Report have been prepared in accordance with applicable legal requirements.

## INDEPENDENT AUDITORS' REPORT

### **MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION**

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

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

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

### **RESPONSIBILITIES OF TRUSTEES**

As explained more fully in the Statement of Trustees Responsibilities set out on pages 72-73, 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.



## INDEPENDENT AUDITORS' REPORT

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

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



**Tom Lacey (Senior Statutory Auditor)**

for and on behalf of Nunn Hayward LLP, Statutory Auditor

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

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

Date: 5 April 2019

# Statement of financial activities (including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2018

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2018 £	Total 2017 £
<b>INCOME</b>						
Donations and legacies	3	490,195	-	7,000	497,195	328,637
<i>Income from charitable activities:</i>						
Clinical services	3	7,252,966	-	-	7,252,966	6,829,917
Research	3	182,784	-	-	182,784	233,189
Investment income	3	195,896	-	-	195,896	167,494
<b>TOTAL INCOME</b>	17	8,121,841	-	7,000	8,128,841	7,559,237
<b>EXPENDITURE</b>						
<i>Costs of raising funds:</i>						
Costs of generating voluntary income	5	186,142	-	-	186,142	123,104
Charitable activities	6	7,138,271	-	-	7,138,271	6,836,428
<b>TOTAL EXPENDITURE</b>	17	7,324,413	-	-	7,324,413	6,959,532
<b>NET INCOME</b>		797,428	-	7,000	804,428	599,705
<b>TRANSFER BETWEEN FUNDS</b>						
		(1,493,000)	1,500,000	7,000	-	-
<b>NET MOVEMENT IN FUNDS FOR THE YEAR</b>		(695,572)	1,500,000	-	804,428	599,705
<b>RECONCILIATION OF FUNDS</b>						
<b>FUNDS BROUGHT FORWARD</b>	16,17	8,633,061	3,000,000	22,769	11,655,830	11,056,125
<b>FUNDS CARRIED FORWARD</b>	16,17	7,937,489	4,500,000	22,769	12,460,258	11,655,830

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 87-105 form part of these financial statements.

# Balance sheet

AS AT 30TH SEPTEMBER 2018

	Notes	2018 £	2017 £
<b>FIXED ASSETS</b>			
Tangible assets	8	2,647,717	2,343,443
Investments	9	4,500,000	3,000,000
		<u>7,147,717</u>	<u>5,343,443</u>
<b>CURRENT ASSETS</b>			
Debtors	10	2,585,780	2,362,759
Cash at bank and in hand	9	5,009,400	5,929,136
		<u>7,595,180</u>	<u>8,291,895</u>
<b>CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR</b>			
Creditors and accruals	11	2,282,639	1,854,592
<b>NET CURRENT ASSETS</b>		<u>5,312,541</u>	<u>6,437,303</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>12,460,258</u>	<u>11,780,746</u>
<b>CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR</b>	12	-	124,916
<b>TOTAL NET ASSETS</b>		<u>12,460,258</u>	<u>11,655,830</u>
<b>FUNDS:</b>			
Unrestricted funds:			
- General funds	17	7,937,489	8,633,061
- Designated funds	17	4,500,000	3,000,000
Total unrestricted funds		<u>12,437,489</u>	<u>11,633,061</u>
Restricted funds	17	22,769	22,769
		<u>12,460,258</u>	<u>11,655,830</u>

FINANCIAL STATEMENTS

## Balance sheet continued

AS AT 30TH SEPTEMBER 2018

These financial statements were approved at a meeting of the Trustees held on 5 April 2019.

TRUSTEES



**Dr. T. R. Wright, Chairman**

Date: 5 April 2019



**Mr P. Kelly, Treasurer**

Company number: 02033936

Registered Charity number: 298867

The notes on pages 87-105 form part of these financial statements.



# Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2018

	Notes	2018 £	2017 £
<b>CASHFLOWS FROM OPERATING ACTIVITIES</b>			
Net cash provided by operating activities	1	2,086,065	1,846,584
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Interest received on deposits held		21,255	22,498
Purchase of tangible fixed assets		(1,392,420)	(94,298)
Net cash provided by investing activities		(1,371,165)	(71,800)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayments of finance lease		(124,916)	(124,896)
Interest paid on finance leases		(9,720)	(9,720)
Net cash used in financing activities		(134,636)	(134,616)
<b>INCREASE IN CASH AND CASH EQUIVALENTS</b>		580,264	1,640,168
<b>CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR</b>		8,929,136	7,288,968
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	2	9,509,400	8,929,136

# Notes to the cash flow statement

**FOR THE YEAR ENDED 30TH SEPTEMBER 2018**

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

	2018	2017
	£	£
Net movement in funds for the year (as per the Statement of financial activities)	804,428	599,705
Adjustments for:		
Depreciation charges	1,088,146	1,042,376
Interest received	(21,255)	(22,498)
Interest paid	9,720	9,720
(Increase)/decrease in debtors	(223,021)	981,336
Increase/(decrease) in creditors	428,047	(764,055)
Net cash provided by operating activities	2,086,065	1,846,584

## 2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2018	2017
	£	£
Fixed asset investments - term deposits	4,500,000	3,000,000
Cash at bank and in hand	5,009,400	5,929,136
	9,509,400	8,929,136

# Notes to the financial statements

**FOR THE YEAR ENDED 30TH SEPTEMBER 2018**

## 1. STATUTORY INFORMATION

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

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

## 2. STATEMENT OF ACCOUNTING POLICIES

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

### 2.1 Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on 16 July 2014 (as updated through Bulletin 1 published on 2 February 2016, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

Paul Strickland Scanner Centre meets the definition of a public benefit entity under FRS 102. 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.

## NOTES TO FINANCIAL STATEMENTS

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 2018 has been accrued for in these financial statements.

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

Investment income is recognised on a receivable basis.

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

### **2.3 Donated services**

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

### **2.4 Expenditure**

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

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

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

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



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

### **2.5 Tangible fixed assets**

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

**Land and buildings leasehold:** over the length of the lease

**Property improvements:** over the length of the lease

**Scanners:** between 5 - 7 years straight line

**Scanner upgrades:** between 4 - 6 years straight line

**Equipment:** 25% straight line

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

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

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

### **2.6 Investments**

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

## NOTES TO FINANCIAL STATEMENTS

### **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.



NOTES TO FINANCIAL STATEMENTS

**3. INCOME**

**Donations and legacies**

	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
Donations, gifts and funds raised	275,911	188,698
Legacies	196,209	121,069
Income tax recoverable on donations	25,075	18,870
	<u>497,195</u>	<u>328,637</u>

**Income from charitable activities**

	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
Fees from patients and health authorities	7,252,966	6,829,917
Research - general	175,050	200,375
Research grants	7,734	32,814
	<u>7,435,750</u>	<u>7,063,106</u>

**Investment income**

	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
Royalties receivable	29,645	-
Cyclotron rental income	144,996	144,996
Bank interest receivable	9,014	9,251
Bank treasury deposit interest receivable	12,241	13,247
	<u>195,896</u>	<u>167,494</u>

## NOTES TO FINANCIAL STATEMENTS

### 4. NET INCOME

	2018 £	2017 £
<i>Net income is stated after charging:</i>		
Operating lease rentals	50,597	71,925
Auditors' remuneration - audit	10,000	10,000
Auditors' remuneration - accountancy services	5,000	5,000
Depreciation	1,088,146	1,042,376

### 5. COSTS OF RAISING FUNDS

	2018 £	2017 £
Fundraisers' salaries and assistance	141,595	94,408
Event costs	25,483	8,995
Printing and mailing	8,603	12,259
General expenses	10,461	7,442
	186,142	123,104

**6. ANALYSIS OF TOTAL RESOURCES EXPENDED**

	Direct Costs	Support Costs	Governance Costs	Total
	£	£	£	£
<b>2018</b>				
<b>Costs of generating funds:</b>				
Fundraising and related activities	186,142	-	-	186,142
<b>Charitable activities:</b>				
Clinical services	6,295,823	810,641	19,100	7,125,564
Research	12,707	-	-	12,707
	6,308,530	810,641	19,100	7,138,271
	6,494,672	810,641	19,100	7,324,413

**2017 - Comparative information****Costs of generating funds:**

Fundraising and related activities	123,104	-	-	123,104
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**Charitable activities:**

Clinical services	5,929,527	805,310	19,100	6,753,937
Research	82,491	-	-	82,491
	6,012,018	805,310	19,100	6,836,428
	6,135,122	805,310	19,100	6,959,532

**SUPPORT COSTS****2018**

	Staffing Costs	Other Costs	Total
	£	£	£
Clinical services	249,647	560,994	810,641

**2017 - Comparative information**

Clinical services	231,807	573,503	805,310
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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.

## NOTES TO FINANCIAL STATEMENTS

### 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:

	2018 £	2017 £
Wages and salaries	2,400,595	2,201,282
Social security	262,694	240,856
Pension	216,054	198,115
	<u>2,879,343</u>	<u>2,640,253</u>

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

	2018 No.	2017 No.
£60,000 to £70,000	5	5
£70,000 to £80,000	3	2
£80,000 to £90,000	2	2
£90,000 to £100,000	1	-
£110,000 to £120,000	-	1
£120,000 to £130,000	1	1
£130,000 to £140,000	1	-

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

	2018 No.	2017 No.
Medical and radiographic	48	45
Clerical and administration	11	11
	<u>59</u>	<u>56</u>

Key management comprise the trustees and the leadership team. Remuneration of key management in the year was £1,269,733 (2017: £1,179,295). The cost of trustees' indemnity insurance borne by the charity was £1,706 (2017: £1,690). The trustees did not receive any remuneration or fees for their services to the charity during the year under review.



**8. TANGIBLE FIXED ASSETS**

	<b>Leasehold Land &amp; Buildings £</b>	<b>Property Improvements £</b>	<b>Scanners £</b>	<b>Equipment £</b>	<b>Total £</b>
<b>Cost</b>					
At 1 October 2017	2,091,883	944,630	5,036,442	1,731,809	9,804,764
Additions	-	-	1,357,892	34,528	1,392,420
Disposals	-	-	-	-	-
At 30 September 2018	2,091,883	944,630	6,394,334	1,766,337	11,197,184
<b>Depreciation</b>					
At 1 October 2017	2,091,883	737,827	3,398,233	1,233,378	7,461,321
Charge for the year	-	88,494	711,820	287,832	1,088,146
Disposals	-	-	-	-	-
At 30 September 2018	2,091,883	826,321	4,110,053	1,521,210	8,549,467
<b>Net book value</b>					
At 30 September 2018	-	118,309	2,284,281	245,127	2,647,717
At 30 September 2017	-	206,803	1,638,209	498,431	2,343,443

Included above are assets held under finance leases as follows:

	<b>Scanners &amp; Equipment £</b>
<b>Net book values</b>	
At 30 September 2018	115,310
At 30 September 2017	230,602
<b>Depreciation charge for the year</b>	
At 30 September 2018	115,292
At 30 September 2017	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.

## NOTES TO FINANCIAL STATEMENTS

### 9. CASH AND CASH EQUIVALENTS

	2018	2017
	£	£
Investments - cash at bank and on deposit	4,500,000	3,000,000
Cash at bank and in hand	5,009,400	5,929,136
<b>Cash and cash equivalents</b>	<b>9,509,400</b>	<b>8,929,136</b>

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

### 10. DEBTORS

	2018	2017
	£	£
Interest receivable	1,695	7,083
Fees receivable	2,031,115	1,996,868
Gift Aid recoverable on donations	-	18,870
Prepaid scanner maintenance costs	248,922	120,862
Other debtors	215,480	163,833
Prepayments	88,568	55,243
	<b>2,585,780</b>	<b>2,362,759</b>

Included in fees receivable is £1,308,953 (2017: £1,269,514) due from East and North Hertfordshire NHS Trust.

## NOTES TO FINANCIAL STATEMENTS

### 11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2018	2017
	£	£
Trade creditors	288,256	-
Accruals	391,762	379,474
Other creditors - East and North Hertfordshire NHS Trust	1,480,689	1,349,476
Value added Tax	16	746
Net obligations under finance leases	121,916	124,896
	<u>2,282,639</u>	<u>1,854,592</u>

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

	2018	2017
	£	£
Net obligations under finance leases	-	124,916
Amounts payable:		
Over one year but less than five	-	124,916

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

### 13. FINANCIAL INSTRUMENTS

	2018	2017
	£	£
Financial liabilities measured at amortised cost	<u>121,916</u>	<u>249,812</u>

## NOTES TO FINANCIAL STATEMENTS

### 14. FINANCIAL COMMITMENTS

At 30 September 2018 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2018	2017
	£	£
Operating and service contracts which expire:		
Less than one year	527,844	528,084
Over one year but less than five	267,360	695,227
Over five years	-	-
	<u>795,204</u>	<u>1,223,311</u>

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

### 15. CAPITAL COMMITMENTS

As at the date of this report, the charity has no contractual capital commitments. The Trustees regularly review the need to upgrade or replace scanners in order to maintain operational efficiency and offer up to date medical imaging to patients. To achieve these objectives, the Trustees expect £3.5m to be spent on scanner replacement and associated costs in the short term, of which £3m is expected to be incurred in 2018/19.

Further capital expenditure planned for 2018/19 includes the 'space project', for which costs are expected to be in the order of £800k, and IT and communications improvements of approximately £200k.

### 16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2018 Total funds	2017 Total funds
	£	£	£	£	£
<b>Fixed assets</b>	2,647,717	4,500,000	-	7,147,717	5,343,443
<b>Current assets</b>	7,572,411	-	22,769	7,595,180	8,291,895
<b>Creditors due within one year</b>	(2,282,639)	-	-	(2,282,639)	(1,854,592)
<b>Creditors due in more than one year</b>	-	-	-	-	(124,916)
<b>Net assets</b>	<u>7,937,489</u>	<u>4,500,000</u>	<u>22,769</u>	<u>12,460,258</u>	<u>11,655,830</u>

NOTES TO FINANCIAL STATEMENTS

17. MOVEMENT IN FUNDS

	Balance at 1 October 2017	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2018
	£	£	£	£	£
<b>General funds</b>	8,633,061	8,121,841	(7,324,413)	(1,493,000)	7,937,489
<b>Total general funds</b>	<b>8,633,061</b>	<b>8,121,841</b>	<b>(7,324,413)</b>	<b>(1,493,000)</b>	<b>7,937,489</b>
<b>Restricted funds</b>					
Restricted funds for Research:					
Brachytherapy study	1,400	-	-	-	1,400
General Research	21,369	-	-	-	21,369
Patient welfare - oncology chairs	-	7,000	-	(7,000)	-
<b>Total Restricted funds</b>	<b>22,769</b>	<b>7,000</b>	<b>-</b>	<b>(7,000)</b>	<b>22,769</b>
<b>Designated funds</b>					
Scanner Replacement Fund	3,000,000	-	-	500,000	3,500,000
The 'Space Project'	-	-	-	800,000	800,000
IT and Communications	-	-	-	200,000	200,000
<b>Total Designated funds</b>	<b>3,000,000</b>	<b>-</b>	<b>-</b>	<b>1,500,000</b>	<b>4,500,000</b>
<b>Total</b>	<b>11,655,830</b>	<b>8,128,841</b>	<b>(7,324,413)</b>	<b>-</b>	<b>12,460,258</b>

## NOTES TO FINANCIAL STATEMENTS

### 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 Trustees have assessed the cost of purchasing a new scanner plus installation costs and premises modifications to be approximately £3.5m. In addition to this amount, £800,000 has been set aside for the 'Space Project', which will upgrade the waiting and reception areas, and £200,000 has been set aside for IT and Communications improvements. The trustees therefore believe that the amounts set aside as designated funds as shown above are appropriate.

#### **Restricted funds**

##### **Brachytherapy**

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

##### **General Research**

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

##### **Patient welfare**

To fund equipment to improve patient welfare. In 2017/18 Paul Strickland Scanner Centre received £7,000 for the purchase of two Hanover oncology chairs and this was expended in full during the year.

### 18. RELATED PARTY TRANSACTIONS

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

NOTES TO FINANCIAL STATEMENTS

19. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2017

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2017 £
<b>INCOME</b>					
Donations and legacies	3	328,637	-	-	328,637
<i>Income from charitable activities:</i>					
Clinical services	3	6,829,917	-	-	6,829,917
Research	3	233,189	-	-	233,189
Investment income	3	167,494	-	-	167,494
<b>TOTAL INCOME</b>		<u>7,559,237</u>	<u>-</u>	<u>-</u>	<u>7,559,237</u>
<b>EXPENDITURE</b>					
<i>Costs of raising funds:</i>					
Costs of generating voluntary income	5	123,104	-	-	123,104
Charitable activities	6	6,836,428	-	-	6,836,428
<b>TOTAL EXPENDITURE</b>		<u>6,959,532</u>	<u>-</u>	<u>-</u>	<u>6,959,532</u>
<b>NET INCOME</b>		599,705	-	-	599,705
<b>TRANSFER BETWEEN FUNDS</b>		-	-	-	-
<b>NET MOVEMENT IN FUNDS FOR THE YEAR</b>		599,705	-	-	599,705
<b>RECONCILIATION OF FUNDS</b>					
<b>FUNDS BROUGHT FORWARD</b>		8,033,356	3,000,000	22,769	11,056,125
<b>FUNDS CARRIED FORWARD</b>	17	<u>8,633,061</u>	<u>3,000,000</u>	<u>22,769</u>	<u>11,655,830</u>

## NOTES TO FINANCIAL STATEMENTS

### 20. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2018		2017	
		£	£	£	£
<b>Income</b>					
Donations, gifts and funds raised		275,911		188,698	
Legacies received		196,209		121,069	
Income tax recoverable		25,075		18,870	
Bank interest receivable		9,014		9,251	
Bank treasury deposit interest receivable		12,241		13,247	
		<u>518,450</u>		<u>351,135</u>	
<b>Less: expenditure</b>					
Fundraisers' salaries and assistance		141,595		94,408	
Event costs		25,483		8,995	
Printing and mailing costs		8,603		12,259	
General expenses		10,461		7,442	
		<u>186,142</u>		<u>123,104</u>	
<b>Surplus - appeals fund</b>		<u>332,308</u>		<u>228,031</u>	
<b>Add:</b>					
Surplus - Scanner Centre	21	472,120		371,674	
<b>Surplus in year</b>		<u>804,428</u>		<u>599,705</u>	

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



NOTES TO FINANCIAL STATEMENTS

**21. ANALYSIS OF INCOME AND EXPENDITURE**

<b>SCANNER CENTRE</b>	<b>Notes</b>	<b>2018</b>		<b>2017</b>	
		<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Income</b>					
Fees from patients and health authorities		7,435,750		7,063,106	
Royalties receivable		29,645		-	
Cyclotron rental income		144,996		144,996	
		<u>7,610,391</u>		<u>7,208,102</u>	
<b>Less: expenditure</b>					
Radiologists and radiographers fees and salaries	2,793,005		2,894,622		
Other clinical services, management and administration salaries	688,017		684,961		
Other staffing costs	29,976		21,911		
Maintenance contracts and scanner repairs	564,473		527,432		
Repairs and renewals of equipment and building	106,951		72,229		
Lease charges on equipment	51,897		72,659		
Medical and surgical supplies, cryogenes and other consumables	1,101,167		957,118		
Rent	170,004		-		
Heat, light and facilities	245,385		263,302		
Printing, postage, stationery and telephone	59,209		62,796		
Auditors' remuneration	10,000		10,000		
Medical conferences and travel	17,435		12,228		
Miscellaneous expenses	11,496		19,687		
Bank charges	1,083		948		
Legal, professional and consultancy fees	106,189		101,396		
Insurance	84,118		83,043		
Interest on finance leases	9,720		9,720		
Depreciation	1,088,146		1,042,376		
		<u>7,138,271</u>		<u>6,836,428</u>	
<b>Surplus - Scanner Centre</b>		<u>472,120</u>		<u>371,674</u>	

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