



PAUL
STRICKLAND
SCANNER
CENTRE

CANCER IMAGING EXPERTS

Adding value to **Mount Vernon**

Annual Report and Financial Statements 2020-21





I have been coming here for over two years and always had excellent treatment.

PATIENT COMMENT

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



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

Chair's report

This year there have been changes to the Board of Trustees; both the Chair and Treasurer retired from the Board. I was elected to the position of Chair and Daniel Ross as Treasurer. In addition, by the end of the reporting period we had appointed four new Trustees who bring a diversity of experience, skills and viewpoints which will be crucial as we navigate the next few years.

In small ways and large, Covid-19 affected everything that the Centre did during the year. Staff absences due to illness, and isolation requirements were inevitable but the dedication and unstinting effort of the workforce ensured that we were not only able to maintain our service, but carried out 7% more scans than last year. Measures to deal with the pandemic, as well as supply-chain issues resulting from it, had the effect of pushing up costs while downward pressures on scan prices continued; despite this, the Centre had a generally positive year.

Our focus on patient care and service quality were maintained: we were once again awarded the prestigious Quality Standard for Imaging (QSI) accreditation for a further year. We also worked to further develop the service that we can offer to patients, with dedicated Service Improvement Groups helping to focus our efforts.

The new PET-CT service at the Lister Hospital in Stevenage (operated with our partners, InHealth Group) is fully operational two days a week, allowing an additional 36 patients each week to receive this specialist scan at their local hospital. Back at our main PET-CT site, meanwhile, we bought and introduced the Posijet, an automatic injector for PET-CT patients. This optimises doses of radioactive tracer for patients while at the same time reducing the radiation dose received by staff working with the tracer.



Our focus on patient care and service quality were maintained: we were once again awarded the prestigious Quality Standard for Imaging (QSI) accreditation for a further year.

MRS CATHY WILLIAMS



The CT department formed a partnership with Herts Valley CCG for the Vague Symptoms Pathway pilot. The aim is to benefit patients who are displaying vague or non-specific symptoms by diagnosing cancers at an early stage. The pilot has been extended beyond the initial year due to the success of the pathway.

Our MRI staff worked with the Mount Vernon Cancer Centre's radiotherapy department, focusing on the exciting area of MRI-based radiotherapy planning. This is pioneering a new technique for radiotherapy planning with more accuracy than with conventional CT planning.

Existing research relationships have been strengthened and new ones built. We are pleased to see a growing number of patients taking part in new studies as older studies continue.

Part of our mission has always been to share our knowledge and expertise, and this year saw our second two-day Oncological Imaging Course, co-hosted with Mount Vernon Cancer Centre. Many of our radiologists and senior radiographers presented at this course, held virtually on this occasion. The positive feedback from course participants was outstanding.

The strategic leadership team, supported by the Trustees, has continued to take the development and well-being of the staff very seriously. It was rewarding to see a wider range of staff submitting papers to conferences than has historically been the case and, even with the necessary restrictions, a higher number of staff attended external courses than at any time in the Centre's history. We also continued our regular Quality Improvement afternoons for all staff, each providing an opportunity for a detailed look into one specific area of the Centre's operations.

As well as promoting training, we've been all too aware of the unusual pressures that everyone is working under and have been looking to actively support staff. Initiatives have included an expansion of homeworking, the development of trained well-being champions among the staff, and ensuring that all staff have had easy access to a variety of mental-health and general well-being resources when needed.

Staff have also been working hard on shaping the Centre's future, having completed the planning stages of major upgrade and improvement projects. Two state-of-the-art MRI scanners will enable faster imaging with fewer safety constraints and a wider patient tunnel – thus increasing comfort during the scan as well as giving diagnostically superior images.

The new PET-CT scanner will also reduce the scanning times, and advances in technology mean that patients will receive a significantly lower dose of radiation. The IT team are going to be installing a new Picture Archiving and Communications System (PACS), which will bring exciting new capabilities to enhance the diagnostic process. It will also make it easier to share our images and clinical reports with external clinicians, giving the most up-to-date information to Multidisciplinary Teams (MDTs), thus enhancing the patient pathway and treatment planning.

As part of the PET-CT scanner replacement, we will be carrying out a significant rebuild of the Centre. This will streamline the flow of patients through the Centre and will help make the Centre an even more welcoming place – for patients and staff alike! As always, much of this would not be possible without the efforts of our in-house fundraising team. I would like to take this opportunity on behalf of the Board to thank our volunteers who have generously given their time to help raise funds for our projects, and the numerous individuals who have been kind enough to give donations or to leave legacies to the Centre.

As mentioned in last year's report, the NHS is reviewing the services provided at Mount Vernon Cancer Centre (MVCC). As part of this review, we have held regular virtual meetings during the reporting period with both NHS England and University College London Hospitals NHS Foundation Trust (UCLH) to explore the implications for Paul Strickland Scanner Centre.

Our future remains closely tied to that of MVCC. The recent Clinical Review emphasised the imperative for a local oncology specialist centre for the patients of this extensive area. Paul Strickland Scanner Centre was recognised as playing a critical role as the key provider of diagnostic imaging for patients by University College London Hospitals NHS Trust (UCLH). We cannot know how the shape of MVCC will change over the coming years but one thing appears certain: a future for the Centre is assured, a future in which we continue to support the provision of high-quality diagnostic scanning services to oncology patients, while developing and promoting better options as they become available. The legacy of Dr. Paul Strickland is assured.



Mrs Cathy Williams

Chair of the Board of Trustees, April 2022

Trustees' report

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

For our patients and referrers:



For the year ended 30 September 2021



“

**I come every six months.
Staff are always friendly and
explain what is going to
happen thoroughly.**

PATIENT COMMENT

About us

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

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

Public benefit

When reviewing the aims and objectives and planning future activities, the Trustees of the Charity have referred to, and believe they have complied with, the duty of section 17 of the Charities Act 2011. This relates to having due regard to the Charity Commission's published general guidance on public benefit.

Cancer imaging pioneer

Paul Strickland OBE

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

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

Scanning for opportunities

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

In 1982, in the midst of a recession, he became Vice Chairman of the appeal to obtain a CT scanner for Mount Vernon. A friend remarked: "He was an absolute dynamo. He really drove everybody." The Appeal was launched in February 1983, aiming to reach £1,250,000 in 3 years. In just two years, by March 1985, £1,700,000 was raised, enough to fund a CT and an MRI scanner and the building to house them, which became Paul Strickland Scanner Centre. The result is a world-class centre which attracts the highest calibre radiologists and radiographers.

Dr Strickland was amongst the very first to be convinced of the importance of medical imaging in the accurate diagnosis and subsequent treatment of patients with cancer and other serious diseases.

Dr Strickland with an early PET-CT scanner at Paul Strickland Scanner Centre in the early years of the century



Dr Strickland with our patron, the Duchess of Kent, during the opening of Paul Strickland Scanner Centre in 1985



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

When Dr Paul Strickland launched his fundraising drive to buy the first scanner for Mount Vernon Hospital, nobody expected that a world-leading, independent cancer imaging centre bearing his name would be thriving on the same spot three-and-a-half decades later.

The first diagnostic imaging unit for NHS and private patients in the UK, it opened in 1985 with one CT and one MRI scanner. The first CT and MRI patients were scanned the same year, and both original scanners underwent the first of many upgrades and replacements in the early 1990s, thanks to the generosity of our supporters.

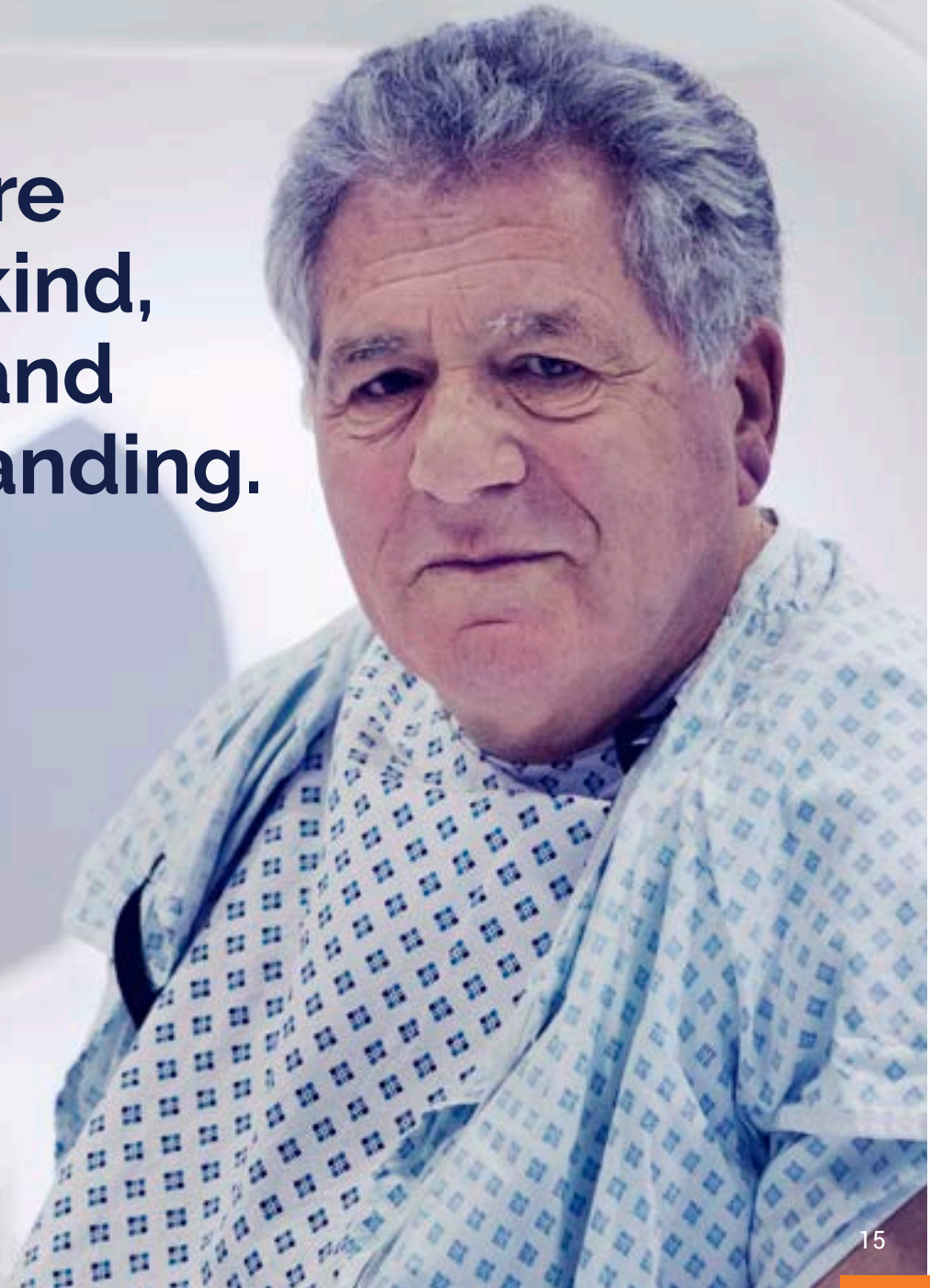
There have been enormous advances in technology over the years. Image quality has improved dramatically, allowing a much more accurate diagnosis, and scans are much quicker, meaning we can scan many more patients. Whole-body MRI scanning, which is the centre's speciality and particularly important for patients with metastatic cancers, would not have been possible back then.

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



**Staff were
all very kind,
patient and
understanding.**

PATIENT COMMENT



Our CEO and team

Our staff team is led by Claire Strickland, our Chief Executive. She reports to our Board of Trustees, which is chaired by Mrs Cathy Williams, who took over as Chair of Trustees in April following the retirement of Dr Terry Wright from the Board.

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.

Fundraising for equipment and research

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





Claire Strickland, Chief Executive

New Chair of Trustees appointed

Mrs Cathy Williams was appointed as the new Chair of the Paul Strickland Scanner Centre Trustee Board in April 2021, following the retirement of Dr Terry Wright.

Dr Wright served on the Board for almost 12 years, taking the centre through a period of growth and expansion.

Mrs Williams is a long-standing trustee of the centre and is the first woman to be appointed as Chair of the Centre's Trustee Board since the charity was founded in 1985.

A therapeutic radiographer by background, she worked in many roles at Mount Vernon Cancer Centre (MVCC) for much of her career including as General Manager and then Head of Radiation Services, before taking early retirement in 2015. She was at MVCC when Dr Strickland started the fundraising drive, which eventually led to Paul Strickland Scanner Centre.

Mrs Williams's appointment as Chair comes as four new trustees have joined the Centre's Board: Professor Shelley Heard, Mrs Joanne Langfield, Mrs Amy Page and Mrs Nimisha Jadeja were appointed earlier this year and bring with them extensive experience in healthcare management, leadership and medical innovation.

For the full list of trustees and how our Board works, see the Structure, Governance and Management section of this report.

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



Objectives and activities

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

Our objectives

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



OBJECTIVE 1

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

Quality standard for imaging

We are very proud to continue to have achieved our Quality Standard of Imaging accreditation for the 5th year in a row.

In meeting this standard, accredited by UKAS, we know that our quality management system exceeds the baseline requirements of regulators such as the CQC and the culture of quality is embedded across our organisation.

Ongoing accreditation enables the centre to continually develop quality improvements by building upon our existing experience. In meeting the standard, we are assuring our patients that they receive consistently high-quality services, delivered by skilled staff, within a safe environment.

UKAS manages the assessments and accreditation for QSI on behalf of the Royal College of Radiologists (RCR) and the College of Radiographers (SCOR).

Paula Merry, Quality and Governance Lead at Paul Strickland Scanner Centre, said: "Maintaining our accreditation is a testament to our staff who have sustained their passion for excellent patient care, despite the difficulties of the pandemic, through their continued professionalism."



*Paula Merry (left),
who has been
appointed as the
Centre's Quality and
Governance Lead*

Taking quality improvement and governance to the next level

Paul Strickland Scanner Centre has strengthened its quality improvement and governance assurance with the appointment of Paula Merry to the role of Quality and Governance Lead in 2020.

The move is evidence of the charity's commitment to continuously improve the quality of its services and to provide the best care and optimise health outcomes for each and every individual.

Paula has 21 years' experience in radiography and joined us in 2015, from The Hillingdon Hospitals NHS Trust where she was superintendent for CT.

Paula reports to our Chief Executive and attends Board meetings, forming a link between Centre and Board governance, assuring our Trustees that all the charity's processes and procedures are safe and high-quality.

She said: "I ensure that robust governance processes are in place which assure our patients that they are receiving high quality patient care and that we comply with the Quality Service for Imaging (QSI) domains and the NHS Governance pillars."

Apart from maintaining our QSI accreditation, key achievements this year include updating the Centre's risk register which supports our compliance with the various QSI domains. Paula also introduced a different way of reflecting the level of risk and its risk score. Two new trustees have joined the charity's Audit and Risk Committee to work alongside our Treasurer. See Page 76 for further information about how our Audit and Risk committee operates.

Risk registers within each of the scanning specialities have been developed by the CT, MRI and PET-CT Service Improvement Groups. A seamless process was put in place which means that key risks can be identified and escalated to the Centre-wide risk register.

Paula said: "As a result of this work, we have a very robust risk management process in place at Paul Strickland Scanner Centre, which supports our aim of delivering a high-quality and safe service that is integrated with Mount Vernon Cancer Centre. She is a UKAS technical assessor for the Quality Standard for Imaging, assessing imaging services at other centres around the country to ensure they meet the required standards.



I ensure that robust governance processes are in place which assure our patients that they are receiving high quality patient care and that we comply with the Quality Service for Imaging (QSI) domains and the NHS Governance pillars.

PAULA MERRY

Audit team

Striving for the best care and health outcomes for our patients

Our Audit Team actively promotes audit for all Paul Strickland Scanner Centre staff, overseeing development, coordination and implementation of the Centre's Clinical Audit Programme.

The team reports on compliance against existing guidance or internal standards, receives audit proposals and audits summary sheets for the Centre. In addition, Audit Team members:

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

CASE STUDY

Continuously improving care by acting on patient feedback

In response to patient feedback, the audit team set out to determine whether it would be possible to replace Microcat (iodinated contrast and barium sulphate) with water and still achieve acceptable image quality in CT images.

Water is more tolerable, more pleasant to consume and easily accessible which can mean patients spend less time at Paul Strickland Scanner Centre during their appointment. A number of patients had expressed a dislike for the contrast medium during their visits to the Centre, both in writing and verbally.

A total of 35 patients took part in the audit, selected in groups of five for breast, colon, lung, ovarian, renal and testicular cancer as well as melanoma. This totalled 70 scans, 35 with Microcat as positive oral contrast and 35 with water as neutral oral contrast. All scans were performed on the Siemens Somatom Force CT scanner at Paul Strickland Scanner Centre.

A comprehensive analysis by clinicians at Paul Strickland Scanner Centre found there to be no significant loss in diagnostic performance if water is used instead of Microcat in abdominal and pelvic images.

This audit has led to changes in practice at Paul Strickland Scanner Centre, therefore translating into meaningful improvement for patients, improving their care and ensuring the best outcomes.

The findings could pave the way for an improved patient experience for cancer patients in other centres who have CT scans, with no meaningful reduction in image quality. Benefits include outcomes such as patients having to spend less time in the hospital, greater tolerability for patients with bowel sensitivity and also allows the increased capacity for scanning as there are fewer patients waiting in the reception area, which also helps to protect them from potential exposure to COVID-19.

The next steps are to conduct a larger audit to provide a larger data set for each of the seven tumour groups to help confirm the results. There may be scope to include patients with other cancers that have not been included in this sample/group, to fully evaluate the diagnostic quality differences between the two types of oral contrast.

An electronic poster of the audit was displayed at the 2021 UK Imaging and Oncology Congress.





Mr Annamalai Krishnaraj has recently taken over from Ms Suzannah Patel as Audit Team chair.



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You have a very
special team here.

PATIENT COMMENT

OBJECTIVE 2

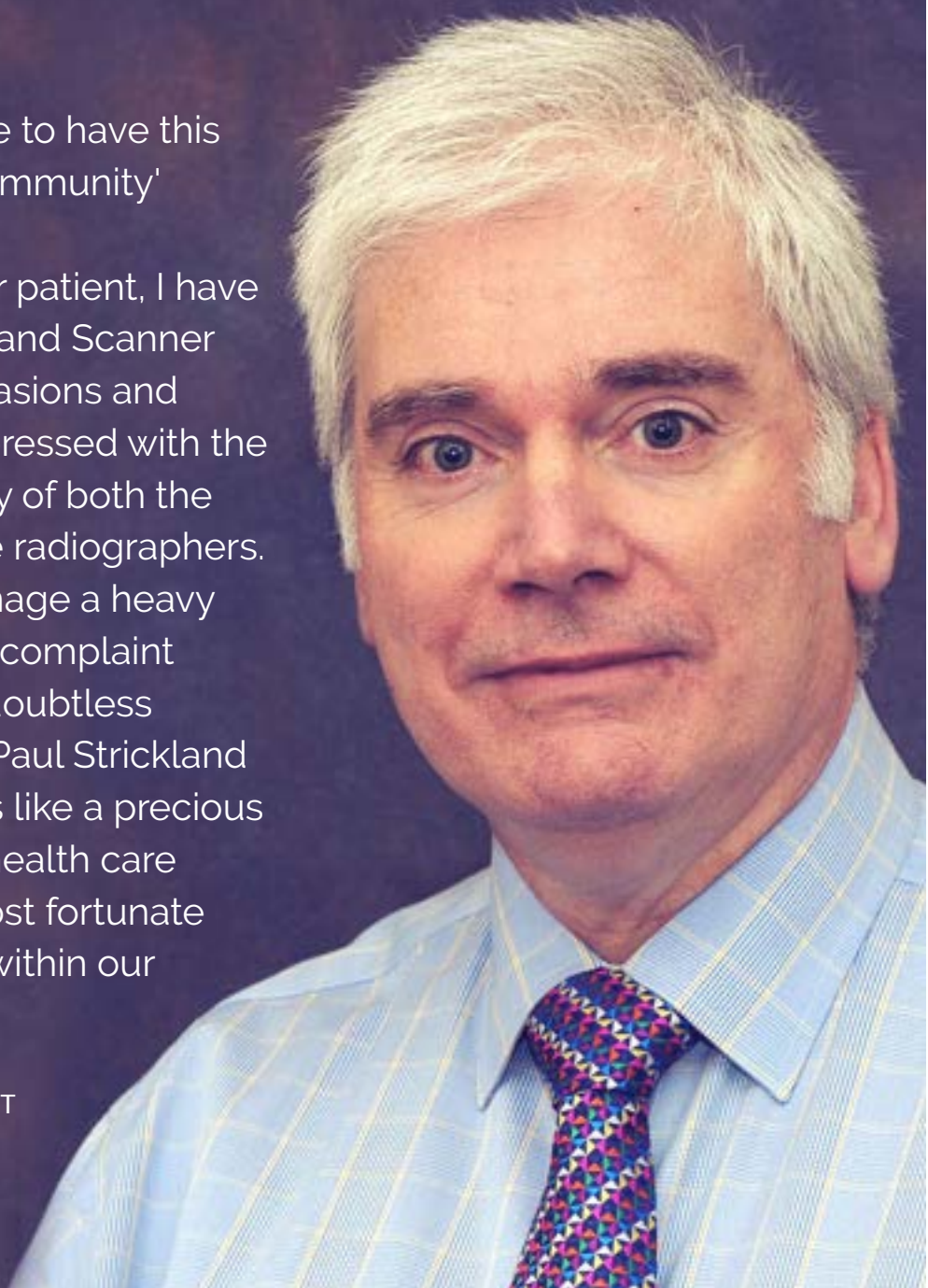
To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.



'We are most fortunate to have this resource within our community'

'As a long-term cancer patient, I have visited the Paul Strickland Scanner Centre on several occasions and have always been impressed with the courtesy and efficiency of both the reception staff and the radiographers. They consistently manage a heavy workload with neither complaint nor error. To me, and doubtless countless others, the Paul Strickland Scanner Centre shines like a precious gem among a sea of health care mediocrity. We are most fortunate to have this resource within our community'."

JULIAN ASHBURN, PATIENT



What our patients say about us



Based on 1,161 patient
comments submitted between
1 October 2020 and 30
September 2021.



Based on 1,146
responses by Paul
Strickland Scanner
Centre patients
who completed
comments cards (1
October 2020 to 30
September 2021).

Patient Experience Group

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

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

Amongst other projects, the team uses multiple methods to acquire patient feedback including comments cards, QR codes and the annual patient satisfaction survey. This data enables us to create and develop a yearly action plan. All members of staff are involved in the patient experience agenda by means of an interactive Quality Improvement afternoon.

Acting on patient feedback, the team worked with our Major Giving Fundraiser to obtain grant funding for a music license, MP3 players and music of our choice courtesy of the D'Oyly Carte Charitable Trust.

Advanced MRI Radiographer Emma Bycroft (pictured), chair of the group, said: "We always put our patients first and the Patient Experience Group is instrumental in making sure we listen to and act upon the feedback our patients provide. The group also enables us to meet the necessary patient experience criteria for our Quality Standard for Imaging accreditation."





Extremely high standard

Our professional and dedicated bookings team have excelled at maintaining our extremely high standard throughout this challenging pandemic.

In order to protect our staff, we have adapted our service and implemented working from home for members of the team who have been able to continue to provide a personalised and accommodating service for our patients from their own homes. Our reception staff have continued to work hard to reassure our patients and keep them safe during their visit to the Centre, whilst overcoming the challenges that have arisen since the start of the pandemic.



*Paul Strickland Scanner
Centre Reception*

Fundraising and Communications

Thanks to earlier efforts to diversify our fundraising income streams as part of our long-term strategy, our income from donations and legacies remained remarkably stable overall during the pandemic given the circumstances.

We took effective steps to mitigate loss of income by redeploying resource to other areas such as legacy, corporate and in particular trust and grant fundraising. Contactless donations infrastructure was put in place in our patient waiting area to make up for the loss of cash donations.

A number of events, including quiz nights and our annual Impact Event migrated online and we are pleased we were able to hold our annual golf day in line with Government guidance at the time. Our annual Spring Walk was reinvented as a month-long supporter led activity, increasing net fundraising income from the activity compared to before.

The fundraising and communications team switched to a hybrid working pattern with minimal office time early on, keeping patients and colleagues safe by reducing footfall in the Centre and the associated risk of Covid-19 transmission.

Consultant honoured after introducing remote reporting to safeguard service during pandemic

A consultant radiologist at Paul Strickland Scanner Centre received an award in June 2021 for "going above and beyond" during Covid-19 by playing a key role in a project to make remote reporting of scans a reality at the Centre.

The project helped to ensure we were able to maintain our clinical excellence as well as patient and staff safety, ensuring that the disruption to radiology service caused by the pandemic was minimal. This meant we could continue working as before in line with our mission to maintain the highest levels of patient and referrer satisfaction.

The Association of Healthcare Technology Providers for Imaging, Radiotherapy and Care (AXREM) provided Dr Andrew Gogbashian, Lead Consultant for CT at Paul Strickland Scanner Centre, with a Highly Commended award as a result.

The virtual awards ceremony, hosted by veteran broadcaster and prostate cancer patient Bill Turnbull, took place during the 2021 Imaging & Oncology Congress (UKIO), the largest multidisciplinary imaging and oncology conference in the UK.

SOMATOM Force

*Dr Andrew
Gogbashian*

The event celebrated those in the radiotherapy and imaging industry who make personal sacrifices and go beyond what is expected of them on a daily basis in both the private sector and NHS. Dr Gogbashian said: "We urgently investigated the possibility of remote reporting in March 2020 because of Government guidance at the time regarding home working. It was also clear that due to social distancing requirements our radiologists couldn't sit in the reporting room together as before, and this spurred us to get remote reporting set up.

"We moved quickly and put the solution in place very rapidly. It was a very challenging project to deliver so quickly.

"One of the challenges we faced was the difficulty of sourcing IT equipment in March 2020 as a result of the pandemic.

"We worked with the company MITIS Health to set up remote reporting at the Centre, which involved amongst other things upgrading our systems and creating a new virtual server which allowed our radiologists to securely view scan images from home, in line with the advice offered by the Royal College of Radiologists.

"We're very pleased that we had remote reporting up and running by April 2020, with further work carried out during the rest of the year to upgrade the project.

"It enabled us to utilise our full radiology workforce, including those staff members who were shielding due to health conditions.

"Our team of radiologists have followed a hybrid working pattern ever since, with limited time in the office in order to support frontline staff. This gives our radiologists flexibility and increases scalability of our radiology operation."

A decorative graphic in the top right corner consisting of a cluster of circles in various colors including light blue, green, yellow, and orange, arranged in a roughly circular pattern that tapers to the right.

OBJECTIVE 3

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



Enhancing access to PET-CT scans

Our service in Stevenage to improve access to PET-CT scans for NHS cancer patients in Hertfordshire and central Bedfordshire has gone from strength to strength, ensuring patients receive the right treatment at the right time. The service forms part of a major contract awarded to Paul Strickland Scanner Centre by NHS England.

The twice-weekly service, run in partnership with InHealth and operating in addition to our long-established service at Mount Vernon, was launched when a new mobile scanner arrived at Stevenage's Lister Hospital during August 2020 to help patients have their cancer scans closer to home, potentially saving them 70-mile round trip to Paul Strickland Scanner Centre in Northwood. Up to 40 patients are scanned at the Lister Hospital site in Stevenage per week, following Paul Strickland Scanner Centre imaging protocols, with special designated slots available for patients who are on the rapid lung cancer diagnostic and care pathway.

All patients are booked by our dedicated bookings team and vetted by our radiographers. Our consultant team reports scans from both locations and we have expanded our core consultant group in order to meet the demands of the service.

Claire Strickland, Paul Strickland Scanner Centre CEO, said: "It's clear that the new service has significantly improved patient choice and access for those patients who would prefer to have their scans in Stevenage instead of having to travel to Mount Vernon.

“In particular patients from Luton, who have historically had markedly poor cancer outcomes, benefit from being able to have their scans in Stevenage, as car ownership amongst patients in this group can often be low and public transport links between Luton and Mount Vernon are relatively poor. We hope that improving access to cancer patients in Luton will improve health and cancer outcomes for this patient group.”

*The new mobile PET-CT scanner
being used for Stevenage
patients.*



Everyone was so kind and helpful.

PATIENT COMMENT

A decorative graphic in the top right corner consisting of a cluster of circles in various colors including light blue, green, yellow, and orange, arranged in a pattern that suggests movement or a trail.

OBJECTIVE 4

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



SIEMENS

38

Peer reviewed accepted journal
publications by our clinical team between
1 October 2010 and 30 September 2021.

*+27% compared to the same
period the year before*

Source: PubMed.gov

CASE STUDY

Adding value to Mount Vernon

Mr Will McGuire, our Deputy Superintendent for MRI, shares how our newest MRI scanner is helping cancer patients' treatment

Just over three years after its installation in Mount Vernon Cancer Centre, our latest MRI scanner has become a vital part of radiotherapy treatment planning for patients, with work continuing unabated despite the effects of the pandemic.

The scanner was officially announced open for business in 2018 during a special ceremony involving MP Tim Farron, the chairman of the All-Party Parliamentary Group on Radiotherapy. Donations from Paul Strickland Scanner Centre supporters played an important part in making the scanner a reality.

Transforming treatment

Mr Will McGuire, Deputy Superintendent for MRI at Paul Strickland Scanner Centre, reports that the Siemens Magnetom Aera MRI scanner is transforming treatment for patients at Mount Vernon Cancer Centre.

He said: "Since getting the Aera, we've started doing more radiotherapy planning MRI scans than were done previously."

Before the Aera was installed, the cancer centre had an old MRI scanner which was used to scan brachytherapy patients, with very limited use apart from that.



The MP Tim Farron (left), Chair of the All-Parliamentary Group on Radiotherapy, during the opening of the new MRI suite in 2018. He is pictured with Prof Anwar Padhani, our Lead Consultant for MRI.

"Brachytherapy means a patient is given radiotherapy from inside the body. Radioactive sources are inserted into the tumour through needles and cancer is treated from the inside rather than the outside.

"Now we're scanning some of the external beam radiotherapy planning patients, which improves the quality of their radiotherapy treatment.

External beam radiotherapy scanning is where a patient has a tumour which needs radiotherapy and the medical team aims radiation from outside the patient to the site of the tumour. All this planning requires very high detail scans.

"Mount Vernon is one of the major centres nationally for brachytherapy. We scan up to 8 patients per week who require MRI scans as part of their brachytherapy, although the procedure is performed on more patients than that. Our nearest centre offering brachytherapy is The Royal Marsden, who only carry out one scan per week and overall, we carry out more brachytherapy scans than many other major centres."

Contributing MRI scanning expertise

Paul Strickland Scanner Centre adds significant value to the work of radiotherapy staff at MVCC. "We contribute our MRI scanning expertise to their workflows and have even started brachytherapy planning using MRI scanning only, which is a very promising innovation.

"We hope we will soon be able to eliminate the radiation doses from the CT scans that are currently used to plan brachytherapy treatment, replacing them with the MRI scans, which are free from ionising radiation. The goal is to ultimately improve those treatment plans in order to deliver the optimal dose to the tumour, for the best response possible." Reducing radiation is an important goal.

"Other exciting projects using the new scanner include the PROSTAGRAM trial, which showed that prostate cancer can be detected early using an MRI scan, even when there are no symptoms. We were also involved in work with the head and neck oncology team, looking at whether we can improve head and neck radiotherapy planning by adding some of the scans the Aera has enabled us to perform."

Will's role is to ensure the scanner is working as well as it can be and push the boundaries of what is possible with the equipment. He is trying to use some of the scanning sequences in novel ways for which they were not originally designed.

“For example, an MRI scan is traditionally used to show soft tissue detail, but we are now looking at using the MRI scan to create a CT-looking image, which eliminates unnecessary CT scans (MRI scans work using a magnetic field instead of radiation) and therefore avoids unnecessary radiation, plus there is theoretically an opportunity to make the treatment dose more accurate. “One of the new coils used by the scanner was paid for through fundraising and donations we received from our supporters. It has brought about improvements to the way we carry out liver scans in order to treat cancer in the liver more effectively.”

The future

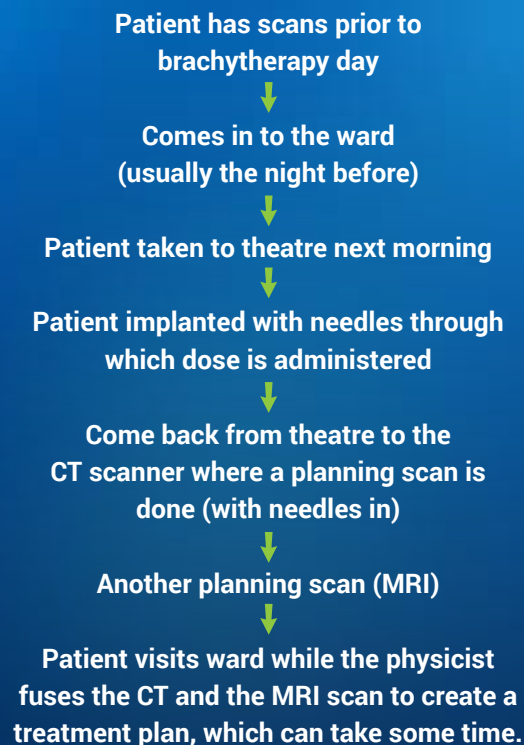
Will believes the scanner will make an even bigger difference in the years ahead: “In the future, the scanner will be used for a lot more radiotherapy planning. Now that oncologists know how good it can be and the sort of things we can do with it, they are keen to give more of their patients access to it as part of the radiotherapy planning process. The world-wide trend is for MRI to be used much more in the planning stage, so we will need to think about additional capacity in the future.”

Helping claustrophobic patients

“An added bonus of the Aera is that due to its wider bore (the scanner opening), the scanner is much better suited for claustrophobic patients.”

“It’s a fantastic piece of equipment – thank you to everyone who helped fundraise for it. Your donations make a huge difference.”

BRACHYTHERAPY PROCESS



In the meantime, the areas where the needles have been put can swell up and cause them to move slightly. This means the patients often have to have a third planning scan to make sure that the needles haven’t moved significantly since the treatment plan was designed. We hope that eventually we may be able to reduce the number of planning scans that are needed in order to avoid unnecessary visits.

Our consultant team

Dr Andrew Gogbashian

MB BS MRCS FRCR,
Consultant Oncological
Radiologist
Lead Consultant, CT



Dr Nemi Gandy

MBChB FRCR,
Consultant
Radionuclide
Radiologist



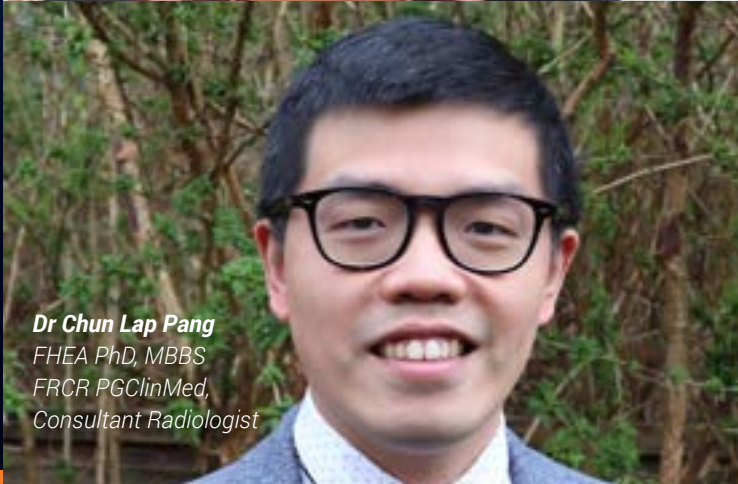
Dr Wai Lup Wong

BA (Hons) FRCP
FRCR, Consultant
Radiologist
Lead Consultant,
PET-CT



Dr Chun Lap Pang


FHEA PhD, MBBS
FRCR PGClinMed,
Consultant Radiologist



Professor Anwar Padhani

MB BS FRCP FRCR,
Consultant Radiologist
Lead Consultant, MRI





Dr Anthony Chambers

MB BS MRCP FRCR,
Consultant Oncological and
Radionuclide Radiologist



Dr Heminder Sokhi

MBChB MRCS FRCR,
Consultant Radiologist



Dr Subhadip Ghosh-Ray

BSc MBBS FRCR,
Consultant Head and
Neck Radiologist
Lead Consultant for
Information Technology




Dr James Diss

BSc (Hons) MBBS
PhD FRCR,
Consultant
Radiologist



Dr Amish Lakhani

MBBS MA (Cantab) FRCR,
Consultant Radiologist
Lead Consultant, Training



Dr Kathryn Wallitt

MBBS, BSc, FRCR,
Consultant
Radiologist, Nuclear
Medicine

CASE STUDY

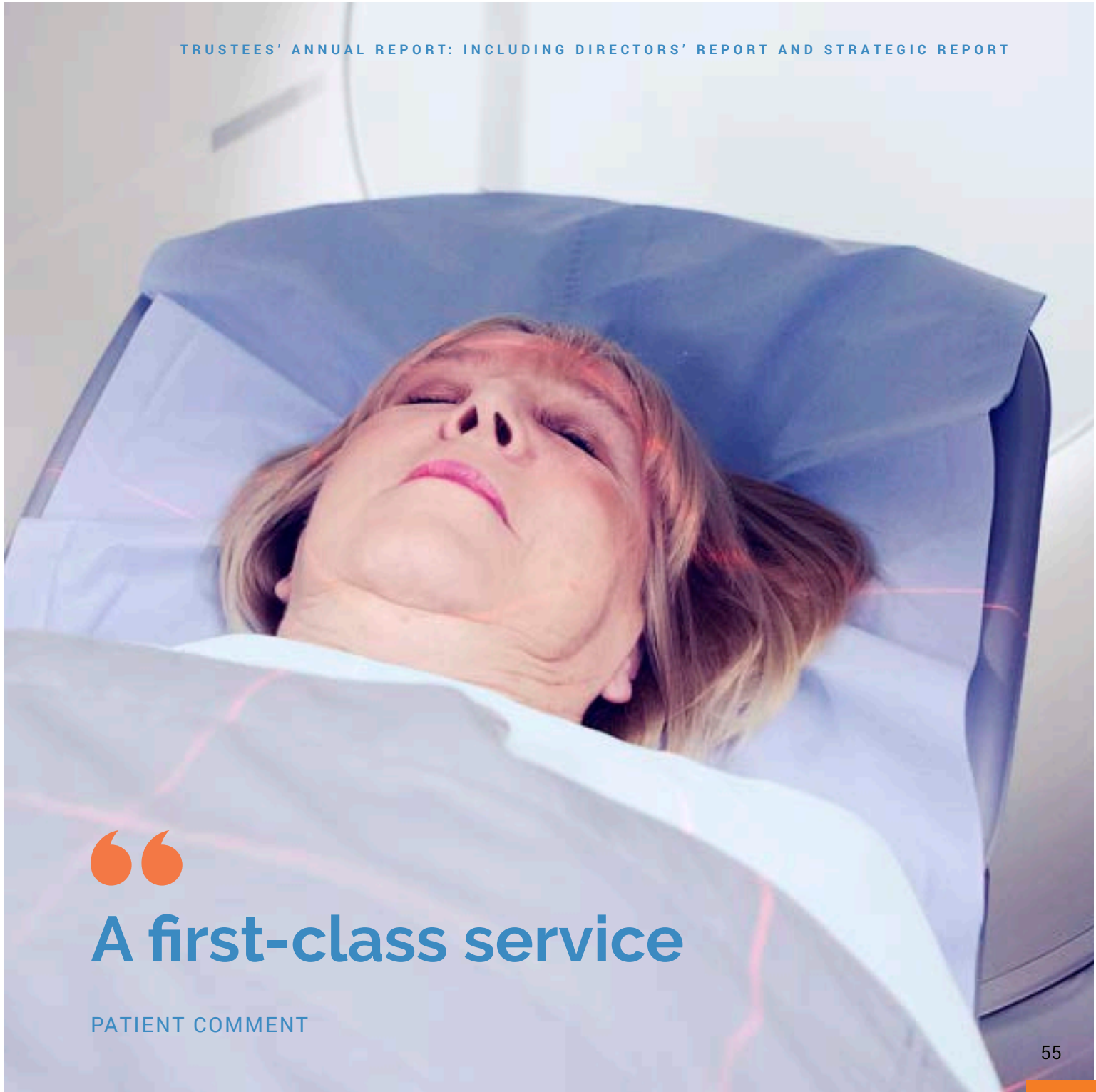
Centre joins project that could speed up cancer diagnosis

We've played a leading role in a pilot study for the Vague Symptoms Pathway (VSP), a programme that could one day lead to a faster diagnosis of cancer for patients.

The programme aims to find the quickest, most efficient way to reach a diagnosis in patients who visit their GP with non-specific symptoms. Although the risk is very low, these "non-specific" symptoms may sometimes be caused by a serious illness, such as cancer. By making a referral under the VSP, a GP can give their patients rapid access to diagnostic tests, including a CT scan, that could help catch cancer earlier.

Cherith Desmeules (pictured), our Superintendent Radiographer for CT, is leading the project at the centre. She said: "Getting clarity on whether or not someone has cancer early on can not only improve survival but can also avoid a lot of unnecessary anxiety for patients and their loved ones."





“

A first-class service

PATIENT COMMENT

CASE STUDY

Our leadership in whole-body MRI for cancer

Over 10,000 cancer patients have so far had whole-body MRI scans at Paul Strickland Scanner Centre, more than at any other centre in the world. Professor Anwar Padhani, our Lead Consultant for MRI and one of the first radiologists in the UK to use whole-body MRI to monitor cancer, explains the benefit of this increasingly valuable scanning technique and what the future might hold.

When Professor Padhani was first introduced to the concept of whole-body MRI scanning for cancer in 2012, it was being touted as a way of looking at lymphoma, a cancer of the body's lymphatic system. However, it was not long before he understood the potential of the technology for other cancers.

He said: "I quickly realised that the greatest application was going to be in bone disease – most importantly in breast cancer, prostate cancer and multiple myeloma. Thousands of patients with breast and prostate cancer in the UK develop bone-only metastases, which is extremely difficult to evaluate using current technologies.

“

First class care and attention received, very efficient but attentive.

PATIENT COMMENT

“These people need to be assessed regularly during their treatment. Traditionally, this has been done using bone and CT scans, however these can be unreliable and confusing when monitoring how patients are responding to treatment over time.

“We know, for example, that 70% of patients with advanced prostate cancer have bone-only disease. We know that 55% of women with breast cancer have bone-only disease and we know that 100% of patients with multiple myeloma will have bone disease.

“When we look at the number of deaths per year in myeloma as well as prostate and breast cancer, we can see the magnitude of the problem of therapy monitoring.”

Right mix of expertise and equipment

To be delivered effectively, whole-body MRI requires the right mix of expertise and equipment – both of which can be found at Paul Strickland Scanner Centre. Prof Padhani said: “Firstly, we have scanners that are able to perform the complex scanning techniques, and given our links with manufacturers of cutting-edge equipment, and our expertise in this area, we are often early adopters of new technology. Secondly, our staff routinely perform between 6 and 9 whole-body MRI scans per day, and after seeing many thousands of whole-body MRI patients, we have the capability within the centre to cope with the workload. Thirdly, we have close links with oncologists who understand the value of whole-body MRI for cancer.”

Prof Padhani predicts that whole-body MRI will be more widely adopted in the UK, although it is currently still experiencing the resistance faced by any new technology for a variety of reasons, not least the way many current treatments are still tied to some of the more traditional scanning techniques like bone and CT scans. In many cases, clinicians will not necessarily know what to do with the new information they get: “For example, an MRI scan might show earlier on that a patient’s disease has progressed than a bone or CT scan would, but the doctor might not have the evidence that intervening at an earlier stage would lead to a better long-term outcome for the patient.”

“Whenever you discover a new technology, you have to go through a number of steps until it is widely adopted in care, ranging from establishing efficacy to society deciding it is prepared to pay for the treatment or technology. In multiple myeloma, whole-body MRI is already accepted in the NICE guidelines, but in prostate cancer for example it is just

only entering consciousness and may never get there because of competing techniques such as PET-CT scans.”

Preventative health screening for rarer cancers

The use of whole-body MRI to carry out preventative screening for people with genetic predispositions to certain types of cancer is now an accepted premise: “The evidence is very good and it’s definitely worth doing.”

Nevertheless, whole-body MRI is currently only available on the NHS for patients who have a higher risk of developing certain types of rare cancers.

“With Li-Fraumeni syndrome, for example, the lifetime risk of developing a cancer is more than 70% for men and more than 90% for women. For those patients, whole-body MRI screening is available on the NHS and is hugely beneficial.

“Health policy makers go for the big killers like breast and prostate cancer, but they don’t go for the smaller killers, as finding them will not have the same impact from a health economics viewpoint. “Additionally, healthcare resources are limited and are therefore targeted at those who are at highest risk of developing disease.

“Preventative health screening is something we will see more of in the future.”

Helping to increase the use of whole-body MRI

According to Prof Padhani, there’s no doubt that the interest in whole-body MRI is rising in the UK, in particular from clinicians working in breast and prostate cancer. In order to increase the use of whole-body MRI in clinical practice, he organises training courses for radiologists as part of his work with the International Cancer Imaging Society. He said: “In January, we remotely trained 40 radiologists in how to read and report whole-body MRI scans.

“We’ve also announced two more training dates for July and half the places are already taken. We’re getting interest from radiologists across the world, including South America.” He compares the current situation to the way PET scans were first invented in the mid-70s but took a long time until they were widely adopted.”

Artificial intelligence

Prof Padhani also predicts that artificial intelligence (AI) will speed up the diagnostic process, which could give more patients access to whole-body MRI.

“At the moment, a whole-body MRI scan takes about 45 minutes, but with the help of AI, you may be able to cut that in half. The next thing that will happen is that AI will start to analyse the scan, highlighting abnormalities and changes that have occurred since last time.”

As it has taken six to seven years for AI prototypes to become available for analysing prostate cancer scans, Prof Padhani predicts it will take much longer to develop similar technology for whole-body MRI scanning: “You’re going from scanning one small organ for one disease to scanning the whole body for multiple diseases. The magnitude of the problem is completely different.”

Whatever the future might hold, we can be confident that Prof Padhani will ensure Paul Strickland Scanner Centre remains a leader in whole-body MRI for cancer.

This article was inspired by the paper *What's New for Clinical Whole-body MRI (WB-MRI) in the 21st Century*, co-authored by Prof Padhani and recently published in the British Journal of Radiology. For more details about the paper, see shorturl.at/fwAW3



I come every three months and not once have I experienced anything negative. Thank You.

PATIENT COMMENT

CASE STUDY

Showcasing our collaboration with Mount Vernon Cancer Centre

During the reporting period, a team drawn from across Paul Strickland Scanner and Mount Vernon Cancer Centre has been preparing for our second Oncological Imaging Course, scheduled for November 2021.

After receiving glowing delegate feedback for the first course in 2019, staff from across Paul Strickland Scanner Centre and Mount Vernon Cancer Centre prepared for a repetition of our popular and highly acclaimed Oncological Imaging Course.

Due to the pandemic, the event - aimed at radiologists and oncologists, trainees, diagnostic and therapy radiographers as well as other allied health professionals – has moved online. It gives

delegates insight into how the different disciplines work together in order to gain maximum benefit from each other's expertise.

The two-day event consists of 25 talks from leading cancer imaging and treatment experts and showcases the collaborative working relationship that has developed between charity and the cancer centre over the years and raises funds to help support the charitable work of Paul Strickland Scanner Centre.



Dr Hemi Sokhi, Consultant Radiologist at Paul Strickland Scanner Centre, speaking during our 2019 event.

Preparing for a major upgrade to Paul Strickland Scanner Centre

Our team have been working hard to prepare for a major upgrade to Paul Strickland Scanner Centre's MRI and PET-CT scanning capabilities.

The work will allow patients to benefit from the artificial intelligence revolution sweeping modern medicine. The upgrade involves the installation of two new MRI scanners and a new PET-CT scanner, as well as a revolution in our IT capabilities, vital to diagnosis and treatment planning in modern cancer care. In addition, a far-reaching refurbishment of the centre, including waiting area, will be undertaken. Donations and legacies from our supporters have played a significant role in making the multi-million pound upgrade, possibly the biggest in the centre's history, a reality.

All three scanners, manufactured by medical imaging industry market leader Siemens Healthineers, come with very advanced software which will make scans faster and provide better images to our radiologists, which in turn could lead to a more accurate diagnosis and better-informed treatment plans used by medical teams in patient care.



Bruno Ferreira (left) and Will McGuire (right) are leading on implementation of the scanner upgrades.



OBJECTIVE 5

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

Strategy Team launched

Our Chief Executive Officer has formed a Strategy Team, made up of senior managers and a staff representative in order to strengthen organisational culture.

The team supports the CEO in the delivery of the Centre's Strategic and Operational Plans and overall management of the Centre. Responsibilities include:

- To be accountable for the provision and contextualisation of performance measures to the Board of Trustees
- To assure the Board that their decisions are translated into action and to take accountability for the delivery of optimal performance
- To oversee, monitor and work with the Centre teams to ensure effective delivery of safe practice, staff and service development, effective and efficient utilization of resources, and compliance with appropriate statutes, regulations and policies, as well as the implementation of decisions made by the Trustees and Strategy Team.
- To consider the implications of changes in legislation, regulations, and policies upon all stakeholders and to develop appropriate responses to them where necessary
- To work to ensure effective capacity planning and resource management and to inform the Board about any risks and budget implications.
- To identify opportunities, generate new ideas, and make effective plans for operational changes, based on evidence, that support the agreed strategic goals of the Centre.
- To work collaboratively with colleagues within and outside the organisation to ensure quality improvement, effective delivery, and coordination of priorities
- To take a whole-of-Centre view on internal proposals, ensuring that the needs of all stakeholders are adequately reflected

Wellbeing and Staff Engagement

The charity's Wellbeing, Intranet and Staff Engagement (WISE) Team carried out a number of activities as part of its ongoing programme to support and engage staff. Staff wellbeing has become even more important than before as a result of the understandable anxiety experienced by many healthcare workers due to the pandemic.

Some of the team's key activities during the reporting period included:

A review and revamp of the staff intranet

Our intranet has become an increasingly important internal communications tool in an age where we now have a mix of on-site and home-based workers who need to collaborate.

A staff lunch for both office and home workers

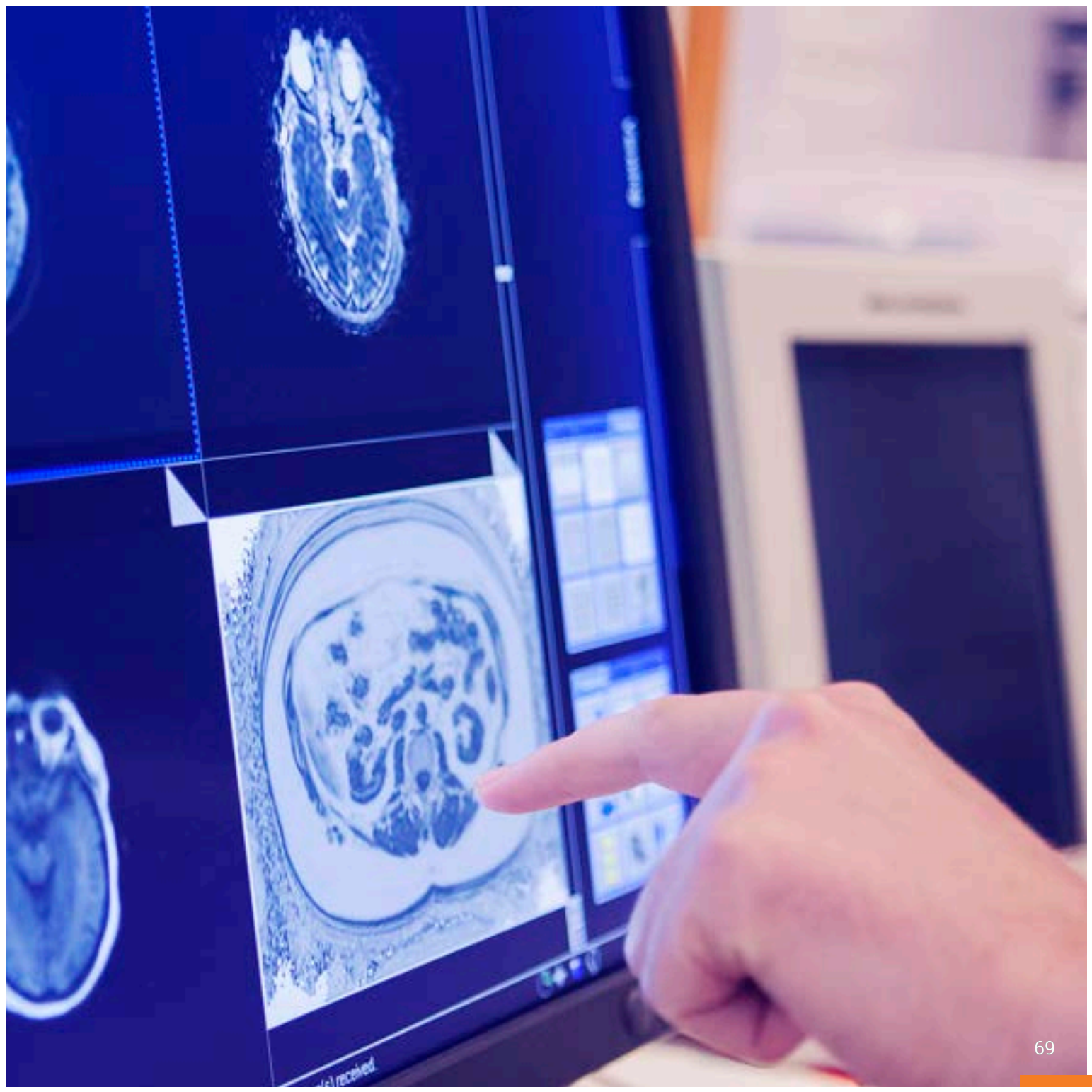
This thank-you event for all staff allowed us to show staff our appreciation, with both centre and home-based staff being treated to a pizza lunch to make them feel valued and keep up morale.

Appointment of staff Wellbeing Champions

Two members of the team volunteered to undergo training as wellbeing champions for the centre, providing support to colleagues as and when needed and referring those who need more specialist help on for further support.

A wellbeing and staff engagement afternoon workshop

As part of our Quality Improvement programme for staff, the WISE team organised and hosted an afternoon session during September which focusses on improving staff wellbeing and team building. Pierre du Bois, chair of the group, said: "Wellbeing has become a big priority and for that reason we have chosen this as the main focus of our work. Supporting the Wellbeing Champions will become an increasingly important part of our role going forward."



Wellbeing champions appointed

We've taken additional steps recently to support our staff, who are experiencing challenges to their wellbeing during the pandemic, in common with healthcare workers across the globe. Amongst these measures was the appointment of two staff members as Wellbeing Champions during 2021.

Bookings Team Lead and psychology graduate Sarah Case is one of our two Wellbeing Champions who operate across the organisation. She said: "The pandemic has been a very difficult time for some staff members and my fellow Wellbeing Champion Hema Clark and I have supported a number of co-workers after completing specialist training to support us in our role as wellbeing champions for Paul Strickland Scanner Centre.

"Amongst other things we have signposted some of our co-workers and also referred them to talking therapy services which has made a huge impact to their working life as well as their private life."

"Having two dedicated staff members that colleagues can come to for support when they need it has made people more open about discussing their mental health and seeking support when it is required, which has really helped improve staff engagement and organisational culture."

*Bookings Team Lead and
Wellbeing Champion Sarah
Case (right)*





QI afternoons

The centre hosts regular Quality Improvement (QI) afternoons for all staff. At these important all-staff education and engagement events, our people receive safety and other training relevant to their work at Paul Strickland Scanner Centre. During the pandemic, these meetings were held online.

A number of topics were covered during the reporting period, including staff wellbeing and engagement, clinical audit, patient experience and safety.



All staff very pleasant and patient, explained every procedure which puts you at ease.

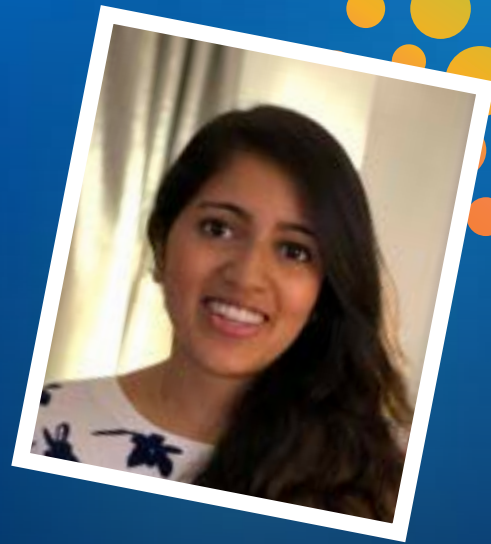
PATIENT COMMENT

What it's like to work for us

'The centre is at the forefront of imaging excellence'

"I was given the opportunity to work at the Paul Strickland Scanner Centre, with a focus on imaging for gynaecological malignancies. The staff are very friendly, helpful and approachable, always putting patients first. Despite the constant changes and challenging circumstances of the COVID pandemic, it's clear to see that they have all pulled together to work as an efficient team. The centre is at the forefront of imaging excellence, with high quality scan images and advanced imaging techniques. I received excellent teaching from internationally-renowned consultants (in particular Professor Anwar Padhani) which has been integral in helping me to develop the skills I require in my profession. This has been an invaluable experience, which will put me in good stead for the rest of my career."

Dr Mariam Jacob FRCR, Radiology Registrar at Paul Strickland Scanner Centre



'I was inspired every day by the dedication and care they showed towards their patients and each other'



"Returning to work after maternity leave and navigating my way in the new pandemic world was definitely a challenge, but one that was made infinitely better by the wonderful and incredibly hard-working staff at the Paul Strickland Scanner Centre. They immediately made me feel like part of the family and I was inspired every day by the dedication and care they showed towards their patients and each other. Taking part in the weekly gynaecological cancer MDT with Professor Padhani allowed us to put forward a presentation for the European Congress of Radiology, focusing on the role of MRI in the diagnosis and post treatment complications of patients with advanced stage cancer of the cervix. I have learnt so much from all the patients throughout my time here and I will take this experience forward in my medical career."

*Dr Niharika Tyagi,
FRCR, Radiology Registrar at Paul Strickland Scanner Centre*

How we manage principal risks and uncertainties

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

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

The committee jointly reviews the centre's risk register and during the reporting period reviewed all risks on the register, including compliance, clinical risk, income, contracts (including PET-CT) and business continuity (including the impact of Covid-19 on the charity), costs, investments, succession planning, fundraising, growth, capacity and expansion as well as business approach and governance. Risks posed by the possible failure of MRI equipment, as well as PET-CT tracer shortages, were escalated to the committee from the modality risk registers and duly discussed and recorded. The Audit and Risk Committee updates the risk register after each meeting, which the board then reviews annually. The latest review by the Board took place on 17 September 2021.

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

Learning Meetings are held regularly to give radiologists an opportunity to discuss specific cases with learning points. The outcomes of the meeting are communicated to all our reporters by the radiology governance lead. Depending on the urgency of the feedback, prior or subsequent communications between staff and referrers take place through which any potential patient harm is minimised and the lesson learnt is appropriately shared. Through appraisals, reporters also

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

FINANCIAL REVIEW

Full details of the Charity's finances during the year are set out in the attached financial statements. The total income of £8.450m (2020: £7.471m) is greater than the previous year's figure by £979k (13%).

Total income from charitable activities was £6.941m (2020: £6.760m), an increase of £181k (3%). The number of scans carried out is the principal activity driver for the Charity; the total number of scans performed during the year was 16,176, compared to 15,116 in the whole of 2019/20, an increase of 1,060 scans (7%). The mix of scans conducted has a bearing on total revenue achieved because of the pricing structure. Total scan numbers in recent years are as follows:

2017	17,358	2020	15,116
2018	17,915	2021	16,176
2019	16,955		

Despite the significant impact COVID-19 has had, the Charity generated a surplus of £584k (2020: £241k). Total expenditure increased by £637k from £7,230k to £7,866k. Despite £66k decrease in Covid cost to £36k, employee cost increased by £367k, rentals payable under operating leases increased by £219k. Depreciation charges increased by £61k to £528k, contributing to a rise in overall expenses. The variable nature of many of the Charity's costs means that changes in activity will contribute to the overall changes in particular cost elements.

The surplus generated increased from £241k to £584k; the result is a good outcome for the Charity, given COVID-19's impact on operations. The Charity needs to generate a surplus, year on year, to enable it to continue to invest in new scanners, associated equipment and other advanced technology as well as provide the services which are in such demand. In the year under review the Charity invested £380k in Health Managed service and system upgrades. Depreciation charged on fixed assets was £528k. The financial position of the Charity has improved further, with total net assets of £13.937m (2020: £13.353m).

COVID-19 has had a significant impact on the Charity's activities during the financial period ending September 2021. The Charity has effectively developed incident management plans specific to the COVID-19 crisis. The disaster response and resource allocation include planned investment in Health Managed Service Systems.

Structure, Governance and Management

TRUSTEES AND THEIR INTERESTS

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

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

A man with dark hair, wearing a dark sweater over a light blue collared shirt and glasses, is looking intently at a blurred person in the foreground. The background is a soft, out-of-focus light blue.

“

**Really helpful and great
I was able to have both
scans, saving another
journey.**

PATIENT COMMENT

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

HOW WE WORK

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

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

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

NEW TRUSTEES

When we need a new Trustee to join our board, we invite candidates to the centre, show them around and tell them about our work. Candidates are selected by interview involving at least two Trustees. They also meet the other Trustees and get the opportunity to ask them about the charity and the work of the board. We circulate their CV to the existing Trustees and provide the candidate with an information pack about the different types of scans at the centre, our financial situation and the latest financial statements. Once their appointment has been agreed by the board, we provide new Trustees with copies of our governing documents.

This includes the board terms of reference, statement of Trustee liability, frequency and timings of board meetings, a list of current Trustees, organisational structure, our current strategic plan and summary of all insurance policies. Each Trustee takes part in a carefully designed induction programme to help them understand how we help patients and their families as well as what their responsibilities are.

INVESTMENT POWERS

Under the Articles of Association, our Trustees have the power to decide which investments are best for the charity. We follow a cautious investment strategy and have taken careful steps to make sure that our reserves are not put at undue risk.

During the period and at the Balance Sheet date, most of our cash reserves have been put in short term fixed deposit accounts spread across a range of institutions. This is a prudent approach and deposits are held in short term account of usually no longer than 6 months maturity so that we remain flexible. Unfortunately interest rates remain low.

RESERVES POLICY STATEMENT

Paul Strickland Scanner Centre's policy on reserves is consistent with the recommendations published by the Charity Commission SORP. Reserves are established and reviewed to ensure that the charity retains a level of funds to meet its forward obligations and to ensure it can reasonably maintain a level of service in line with its objectives. The total net assets are £13,937k of which £91k represents restricted funds; £7,313k has already been designated to fund critically important capital and equipment projects. General unrestricted funds equal our free reserves at a total of £6,532k. It is our policy to keep free reserves at a level that would cover running costs (including staff salaries and associated costs) for 9 to 12 months. This is to spend in emergencies and to protect the interests of our patients and allows for complex and long-standing specialist clinical care pathways to be redirected, in the unlikely event that the charity should be wound up. The Trustees of the charity recognise that the operational life of the scanning equipment in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment.

STAFF PAY AND CONDITIONS

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

CRITERIA OR MEASURES USED TO ASSESS SUCCESS IN THE REPORTING PERIOD

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

FUNDRAISING COMPLIANCE

The fundraising team at Paul Strickland Scanner Centre organises events and other fundraising activities in the local community. During the pandemic, much of this activity took place virtually via the internet, however Government guidance did allow us to restart some of our popular events, such as our annual Charity Golf Day. During the reporting period, Paul Strickland Scanner Centre did not involve commercial partners or external fundraising professionals. Paul Strickland Scanner Centre has signed up to the Fundraising Regulator's Code of Fundraising Practice. The team keeps up to date with the latest developments and best practice by attending conferences and webinars throughout the year. Volunteer fundraisers are given a briefing by the Information Governance lead before they raise funds for Paul Strickland Scanner Centre. All direct marketing is undertaken by the fundraising team to ensure that it is not unreasonably intrusive or persistent. Contact is made through direct marketing four times a year with our supporter magazine, as well as through relevant emails to those who have consented to receiving email. We closely follow UK-GDPR guidelines. All marketing material contains clear instructions on how a person can be removed from mailing lists. No complaints for conduct that contravenes the Fundraising Regulator's Code of Practice were received by the department in this period.

BOARD OF TRUSTEES

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

Dr Roberto Alonzi

Mr John Andrews (appointed 20 November 2020, resigned 18 June 2021)

Prof Shelley Heard (resigned 25 February 2022)

Mrs Nimisha Jadeja (appointed 16 April 2021)

Mr Patrick (Paddy) Kelly (Treasurer until resigned 16 April 2021)

Ms Joanne Langfield (appointed 16 April 2021)

Mr Dilip Manek

Ms Amy Page (appointed 16 April 2021, resigned 22 April 2022)

Mr Daniel Ross (Treasurer)

Mr George Wharton

Mrs Cathy Williams (Chair since 16 April 2021, previously Secretary)

Dr Terence Wright (Chairman until resigned 16 April 2021)



Staff were extremely friendly and helpful.

PATIENT COMMENT

Other administrative details

Company Number: 02033936

Charity registration number: 298867

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

Principal Bankers: Barclays Bank plc.

Solicitors: Veale Wasbrough Vizards

Auditors

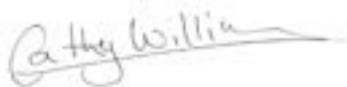
Our auditors, Nunn Hayward LLP, are deemed to be reappointed under section 487(2) of the Companies Act 2006. Their address is: Nunn Hayward LLP, Chartered Accountants and Statutory Auditor, 2-4 Packhorse Road, Gerrards Cross, Buckinghamshire, SL9 7QE.

RELATED PARTIES

Details of transactions with Trustees and other related parties are given in Note 16 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.



Mrs Cathy Williams,

Chair of the board of Trustees, dated 22 April 2022

On behalf of the Board of Trustees



Independent auditors' report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

We have audited the financial statements of Paul Strickland Scanner Centre (the 'charitable company') for the year ended 30 September 2021 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 2021 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006

BASIS FOR OPINION

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

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

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

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

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

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

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Statement of Trustees Responsibilities set out on page 78, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

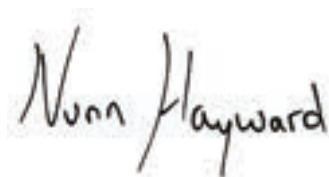
Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, then designed and performed audit procedures that addressed these risks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

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

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

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

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

A handwritten signature in black ink that reads "Nunn Hayward". The signature is written in a cursive, slightly slanted style.

Tom Lacey (Senior Statutory Auditor)

for and on behalf of Nunn Hayward LLP, Statutory Auditor

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

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

Date: 22 April 2022.

Statement of financial activities

(including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2021 £	Total 2020 £
INCOME						
Donations and legacies	3	1,266,259	-	33,953	1,300,212	478,512
<i>Income from charitable activities:</i>						
Clinical services	3	6,841,333	-	-	6,841,333	6,565,472
Research	3	99,764	-	-	99,764	194,702
Investment income	3	208,871	-	-	208,871	232,183
TOTAL INCOME	15	8,416,227	-	33,953	8,450,180	7,470,869
EXPENDITURE						
<i>Costs of raising funds:</i>						
Costs of generating voluntary income	5	155,093	-	-	155,093	161,743
Charitable activities	6	7,703,435	-	7,889	7,711,324	7,068,119
TOTAL EXPENDITURE	15	7,858,528	-	7,889	7,866,417	7,229,862
NET (EXPENDITURE) INCOME		557,699	-	26,064	583,763	241,007
TRANSFER BETWEEN FUNDS	15	(372,975)	(372,975)	-	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		184,724	(372,975)	26,064	583,763	241,007
RECONCILIATION OF FUNDS						
FUNDS BROUGHT FORWARD	14,15	6,347,773	6,940,268	65,059	13,353,100	13,112,093
FUNDS CARRIED FORWARD	14,15	6,532,497	7,313,243	91,123	13,936,863	13,353,100

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 96 to 113 form part of these financial statements.

Balance sheet

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

		2021		2020	
	Notes	£	£	£	£
FIXED ASSETS					
Tangible assets	8		1,306,306		1,498,999
Investments	9		6,006,937		5,441,269
			<u>7,313,243</u>		<u>6,940,268</u>
CURRENT ASSETS					
Debtors	10	4,336,999		3,385,956	
Cash at bank and in hand	9	<u>6,959,906</u>		<u>6,058,121</u>	
		11,296,905		9,444,077	
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR					
Creditors and accruals	11	<u>4,673,285</u>		<u>3,031,245</u>	
NET CURRENT ASSETS			<u>6,623,620</u>		<u>6,412,832</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>13,936,863</u>		<u>13,353,100</u>
TOTAL NET ASSETS			<u>13,936,863</u>		<u>13,353,100</u>
FUNDS:					
Unrestricted funds:					
- General funds	15		6,532,497		6,347,773
- Designated funds	15		7,313,243		6,940,268
Total unrestricted funds			<u>13,845,740</u>		<u>13,288,041</u>
Restricted funds	15		<u>91,123</u>		<u>65,059</u>
			<u>13,936,863</u>		<u>13,353,100</u>

Balance sheet (continued)

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

These financial statements were approved at a meeting of the Trustees held on 22 April 2022.

TRUSTEES



Mrs Cathy Williams, Chair



Mr Daniel Ross, Treasurer

Company number: 02033936

Registered Charity number: 298867

The notes on pages 96 to 113 form part of these financial statements.

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

	Notes	2021 £	2020 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash provided by operating activities	1	1,788,257	1,495,694
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		14,770	22,257
Purchase of tangible fixed assets		(446,164)	(205,442)
Disposals of tangible fixed assets		110,590	
Net cash provided by investing activities		(320,804)	(183,185)
CASH FLOWS FROM FINANCING ACTIVITIES			
Interest paid on finance leases		–	(2,981)
Net cash used in financing activities		–	(2,981)
INCREASE IN CASH AND CASH EQUIVALENTS		1,467,453	1,309,528
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		11,499,390	10,189,862
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	12,966,843	11,499,390

Notes to the cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

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

	2021	2020
	£	£
Net income and net movement in funds for the year (as per the Statement of Financial Activities)	583,763	241,007
Adjustments for:		
Depreciation charges	528,267	467,062
Interest received	(14,770)	(22,257)
Interest paid	0	2,981
(Increase)/decrease in debtors	(951,043)	(225,512)
Increase/(Decrease) in creditors	1,642,040	1,032,413
Net cash provided by operating activities	1,788,257	1,495,694

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2021	2020
	£	£
Fixed asset investments - term deposits	6,006,937	5,441,269
Cash at bank and in hand	6,959,906	6,058,121
	12,966,843	11,499,390

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2021

1. STATUTORY INFORMATION

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

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

2. STATEMENT OF ACCOUNTING POLICIES

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

2.1 Basis of preparation

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

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

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

2.2 Income

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

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

Income tax recoverable in respect of gift aid donations received to 30 September 2021 has been accrued for in these financial statements.

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

Investment income is recognised on a receivable basis.

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

2.3 Donated services

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

2.4 Expenditure

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

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

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

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

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

2.5 Tangible fixed assets

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

Land and buildings leasehold - over the length of the lease

Property improvements - over the length of the lease

Scanners - between 5 - 7 years straight line

Scanner upgrades - between 4 - 6 years straight line

Equipment - 25% straight line

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

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

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

2.6 Investments

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

2.7 Debtors

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

2.8 Cash at bank

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

2.9 Creditors and provisions

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

2.10 Finance and operating leases

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

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

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

2.11 Taxation

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

2.12 Funds

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

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

2.13 Financial instruments

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

2.14 Judgements and estimation

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

Useful economic life of tangible assets

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

3. INCOME

Donations and legacies	2021	2020
	£	£
Donations, gifts and funds raised	260,567	214,944
Legacies	999,183	239,940
Gift Aid recoverable on donations	40,462	23,628
	<u>1,300,212</u>	<u>478,512</u>
Income from charitable activities	2021	2020
	£	£
Fees from patients and health authorities	6,841,333	6,565,472
Research - general	99,764	194,702
	<u>6,941,097</u>	<u>6,760,174</u>
Investment income	2021	2020
	£	£
Royalties receivable	49,105	64,930
Cyclotron rental income	144,996	144,996
Bank interest and bank treasury deposit interest receivable	14,770	22,257
	<u>208,871</u>	<u>232,183</u>

4. NET INCOME

	2021	2020
	£	£
<i>Net income is stated after charging:</i>		
Operating lease rentals	573,976	354,527
Auditors' remuneration - audit	10,000	10,000
Auditors' remuneration - accountancy services	8,000	8,000
Depreciation	528,267	467,062

5. COSTS OF RAISING FUNDS

	2021	2020
	£	£
Fundraisers' salaries and assistance	119,341	126,922
Event costs	8,710	5,821
Printing and mailing	17,310	17,295
General expenses	9,732	11,705
	155,093	161,743

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs	Support Costs	Governance Costs	Total
	£	£	£	£
2021				
Costs of generating funds:				
Fundraising and related activities	155,093	-	-	155,093
Charitable activities:				
Clinical services	6,670,544	1,018,680	22,100	7,711,324
Research	-	-	-	-
	6,670,544	1,018,680	22,100	7,711,324
	6,825,637	1,018,680	22,100	7,866,417
2020 - Comparative information				
Costs of generating funds:				
Fundraising and related activities	161,743	-	-	161,743
Charitable activities:				
Clinical services	5,988,360	1,057,659	22,100	7,068,119
Research	-	-	-	-
	5,988,360	1,057,659	22,100	7,068,119
	6,150,103	1,057,659	22,100	7,229,862
SUPPORT COSTS		Staffing Costs	Other Costs	Total
2021		£	£	£
Clinical services		341,078	677,602	1,018,680
2020 - Comparative information				
Clinical services		274,474	783,185	1,057,659

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

7. ANALYSIS OF TOTAL STAFFING COSTS

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

	2021	2020
	£	£
Wages and salaries	2,742,577	2,603,132
Social security	255,062	242,091
Pension	294,532	281,102
	3,292,171	3,126,325
	3,292,171	3,126,325

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

	2021	2020
	No.	No.
£60,000 to £70,000	8	5
£70,000 to £80,000	1	2
£80,000 to £90,000	2	1
£90,000 to £100,000	2	2
£100,000 to £110,000	1	1
£110,000 to £120,000	1	0
£130,000 to £140,000	1	0
£150,000 to £160,000	0	1

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

	2021	2020
	No.	No.
Medical and radiographic	60	56
Clerical and administration	9	8
	69	64
	69	64

Key management comprise the trustees and the leadership team. Total remuneration of key management in the year (including gross pay, social security and pension contributions) was £1,273,009 (2020: £1,344,478). The cost of trustees' indemnity insurance borne by the charity was £1,947 (2020: £1,706). The trustees did not receive any remuneration or fees for their services to the charity during the year under review.

8. TANGIBLE FIXED ASSETS

	Leasehold Land & Buildings £	Property Improvements £	Scanners £	Equipment £	Total £
Cost					
At 1 October 2020	2,091,883	1,045,070	6,397,962	2,013,691	11,548,606
Additions	-	-	420	445,744	446,164
Disposals	-	-	-	(110,590)	(110,590)
At 30 September 2021	2,091,883	1,045,070	6,398,382	2,348,845	11,884,180
Depreciation					
At 1 October 2020	2,091,883	942,303	5,212,245	1,803,176	10,049,607
Charge for the year	-	20,681	391,422	116,164	528,267
Disposals	-	-	-	-	-
At 30 September 2021	2,091,883	962,984	5,603,667	1,919,340	10,577,874
Net book value					
At 30 September 2021	-	82,086	794,715	429,505	1,306,306
At 30 September 2020	-	102,767	1,185,717	210,515	1,498,999

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

9. CASH AND CASH EQUIVALENTS

	2021	2020
	£	£
Investments - cash at bank and on deposit	6,006,937	5,441,269
Cash at bank and in hand	6,959,906	6,058,121
Cash and cash equivalents	12,966,843	11,499,390

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

	2021	2020
	£	£
Interest receivable	-	9
Fees receivable	3,165,422	2,804,106
Prepaid scanner maintenance costs	258,846	284,361
Other debtors	5,227	36,491
Prepayments	105,888	113,426
Legacies receivable	801,616	147,563
	4,336,999	3,385,956

Included in fees receivable is £2,416,595 (2020: £2,226,399) due from East and North Hertfordshire NHS Trust.

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021	2020
	£	£
Trade creditors	306,076	297,754
Accruals and deferred income	472,812	361,033
Other creditors - East and North Hertfordshire NHS Trust	3,870,225	2,354,031
Value added Tax	24,172	18,427
	4,673,285	3,031,245
	4,673,285	3,031,245

12. FINANCIAL COMMITMENTS

At 30 September 2021 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2021	2020
	£	£
Operating and service contracts which expire:		
Less than one year	250,477	408,315
Over one year but less than five	294,048	405,680
Over five years	131,250	156,250
	675,775	970,245
	675,775	970,245

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

13. CAPITAL COMMITMENTS

The Trustees regularly review the need to upgrade or replace scanners in order to maintain operational efficiency and offer up to date medical imaging to patients. To achieve these objectives, as at the year end, the charity had placed an order for a new PET CT scanner for £1.9m. The Trustees expect a further £1.5m to be spent on installation and associated costs for this scanner over the next two years.

Since the year end the charity has commenced a project to replace one MRI scanner and identified the urgent need to replace a further MRI scanner. Total costs for these replacement projects are expected to total £2.4m in 2021/22.

Further capital expenditure planned for 2021/22 includes continued IT and communications improvements of approximately £200k.

14. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2021 Total funds	2020 Total funds
	£	£	£	£	£
Fixed assets	-	7,313,243	-	7,313,243	6,940,268
Current assets	11,205,782	-	91,123	11,296,905	9,444,077
Creditors due within one year	(4,673,285)	-	-	(4,673,285)	(3,031,245)
Net assets	6,532,497	7,313,243	91,123	13,936,863	13,353,100

15. MOVEMENT IN FUNDS

	Balance at 1 October 2020	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2021
	£	£	£	£	£
General funds	6,347,773	8,416,227	(7,858,528)	(372,975)	6,532,497
Total general funds	6,347,773	8,416,227	(7,858,528)	(372,975)	6,532,497
Restricted funds					
Restricted funds for Research:					
Brachytherapy study	1,400	-	-	-	1,400
Research Funds	21,369	12,531	-	-	33,900
Patient welfare	-	21,122	(7,889)	-	13,233
MRI Appeal	42,290	300	-	-	42,290
Total Restricted funds	65,059	33,953	(7,889)	-	91,123
Designated funds					
Scanner Replacement Fund	4,231,269	-	-	1,575,668	5,806,937
Designated property & equipment fund	1,498,999	-	-	(192,693)	1,306,306
The 'Space Project'	800,000	-	-	(800,000)	-
IT and Communications & other	410,000	-	-	(210,000)	200,000
Total Designated funds	6,940,268	-	-	372,975	7,313,243
Total	13,353,100	8,450,180	(7,866,417)	-	13,936,863

15. MOVEMENT IN FUNDS (continued)

Designated funds

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

Designated property & equipment fund

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

Scanner replacement & asset upgrade funds

The trustees of Paul Strickland Scanner Centre recognise that the operational life of the scanner equipment currently in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment. As of the date of this report, the Trustees have identified the need to replace one PET CT and two MRI scanners in the near future. The level of the scanner replacement designated fund has therefore been increased to the total estimated costs for these replacement projects which comprise £2.4m for both MRI scanners and their associated build-in costs and a further £3.4m for the PET CT scanner and its associated build-in costs.

The changes required by the scanner replacement projects have superceded the planned work for the Space Project and the trustees are of the opinion that a meaningful allocation of costs between these projects is no longer possible. The balance of funds from the Space Project has therefore been transferred to the scanner replacement fund. The reduction in the IT fund reflects the lower level of investment in IT expected to be required in 2022 following the significant additions made in 2021.

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

Restricted funds

MRI Appeal

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

Brachytherapy

To fund a Brachytherapy pilot study which will enable the Ph.D. 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 2020/21 Paul Strickland Scanner Centre received funds of £21,122, of which £7,899 was spent in the year improving the patient experience and environment.

16. RELATED PARTY TRANSACTIONS

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

17. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2020

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2020 £
INCOME					
Donations and legacies	3	470,446	-	8,066	478,512
<i>Income from charitable activities:</i>					
Clinical services	3	6,565,472	-	-	6,565,472
Research	3	194,702	-	-	194,702
Investment income	3	232,183	-	-	232,183
TOTAL INCOME		7,462,803	-	8,066	7,470,869
EXPENDITURE					
<i>Costs of raising funds:</i>					
Costs of generating voluntary income	5	161,743	-	-	161,743
Charitable activities	6	7,068,119	-	-	7,068,119
TOTAL EXPENDITURE		7,229,862	-	-	7,229,862
NET INCOME		232,941	-	8,066	241,007
TRANSFER BETWEEN FUNDS		(1,491,361)	1,498,999	(7,638)	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(1,258,420)	1,498,999	428	241,007
RECONCILIATION OF FUNDS					
FUNDS BROUGHT FORWARD		7,606,193	5,441,269	64,631	13,112,093
FUNDS CARRIED FORWARD	15	6,347,773	6,940,268	65,059	13,353,100

18. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2021		2020	
		£	£	£	£
Income					
Donations, gifts and funds raised			260,567		214,944
Legacies received			999,183		239,940
Income tax recoverable			40,462		23,628
Bank interest and bank treasury			14,770		22,257
Deposit interest receivable					
			<u>1,314,982</u>		<u>500,769</u>
Less: expenditure					
Fundraisers' salaries and assistance		119,341		126,922	
Event costs		8,710		5,821	
Printing and mailing costs		17,310		17,295	
General expenses		9,732		11,705	
			<u>155,093</u>		<u>161,743</u>
Surplus - appeals fund			<u>1,159,889</u>		<u>339,026</u>
Add:					
Deficit – Scanner Centre	20		(576,126)		(98,019)
(Deficit)/Surplus in year			<u><u>583,763</u></u>		<u><u>241,007</u></u>

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

19. ANALYSIS OF INCOME AND EXPENDITURE

SCANNER CENTRE	Notes	2021		2020	
		£	£	£	£
Income					
Fees from patients and health authorities			6,941,097		6,760,174
Royalties receivable			49,105		64,930
Cyclotron rental income			144,996		144,996
			<u>7,135,198</u>		<u>6,970,100</u>
Less: expenditure					
Radiologists and radiographers fees and salaries	2,914,090			2,721,622	
Other clinical services, management and administration salaries	1,051,481			874,839	
Other staffing costs	20,474			22,601	
Maintenance contracts and scanner repairs	660,142			684,251	
Repairs and renewals of equipment and building	251,618			212,308	
Lease charges on equipment	403,972			185,119	
Medical and surgical supplies, cryogenics and other consumables	1,108,305			1,023,398	
Coronavirus costs	36,148			102,890	
Rent and rates	154,848			197,233	
Heat, light and facilities	264,000			264,000	
Printing, postage, stationery and telephone	108,749			110,601	
Auditors' remuneration	10,000			10,000	
Medical conferences and travel	1,660			10,257	
Miscellaneous expenses	10,777			10,055	
Bank charges	2,511			3,133	
Legal, professional and consultancy fees	75,706			67,391	
Insurance	108,576			98,378	
Interest on finance leases	-			2,981	
Depreciation	528,267			467,062	
			<u>7,711,324</u>		<u>7,068,119</u>
Deficit - scanner centre			<u>(576,126)</u>		<u>(98,019)</u>

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