PAUL
STRICKLAND
SCANNER
CENTRE

CANCER IMAGING EXPERTS

Saving lives through early diagnosis

Annual Report and Financial Statements 2021-22

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A01 20/05/2023 #114
COMPANIES HOUSE

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It’s always a pleasant experience, staff are welcoming and reassuring.

PATIENT COMMENT

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

Chair's report

This past year has been another interesting and challenging one. The ongoing issues from the COVID-19 pandemic have certainly continued to affect the services delivered by the staff at the centre. The use of personal protective equipment continues, which is expensive and a challenge for both staff and patients.

The team have, as ever, gone above and beyond to provide a high-quality and safe service to the patients and referring clinicians. The number of scans done remains high, with only small changes in numbers from previous years. CT scans have increased from 5,896 to 6,164, MRI scans from 5,198 to 5,574 and PET-CT scans from 5,082 to 5,690. Our ongoing business relationship with InHealth continues to benefit patients requiring PET-CT scans at the Lister Hospital in Stevenage.

The Trustees have continued to meet primarily virtually, which has allowed us to maintain the business of the Board with good attendance and involvement in all decision making. Unfortunately, one of our newly appointed Trustees had to give up the role but we thank Shelly Heard for the great contribution that she made. Amy Page also had to temporarily resign her post but was willing to reconsider her role for the upcoming year and we are grateful for her commitment to the centre. Research and development continues to be a crucial part of our work and is considered an important feature of our clinical practice.

We are also committed to the training and development of our team. Several of our radiographers are currently doing postgraduate studies alongside their clinical role in order to further deepen their medical imaging expertise. Additionally, our radiography assistants are training how to cannulate patients, which develops their role in order to make our service more flexible and resilient in the future.

The Trustees are looking forward to working together for another year in order to continue the legacy of Dr Paul Strickland.

MRS CATHY WILLIAMS

As part of our long-term workforce plan to bring on board and develop new talent, which is particularly important in the current climate where our industry faces staffing challenges, we have taken steps to develop the radiography workforce of tomorrow. This has involved offering student placements to radiography students from the University of Portsmouth and the University of Plymouth. Feedback from the students involved, as well as their universities, has been excellent. On top of this, we offer Mount Vernon Cancer Centre (MVCC) radiotherapy students insight into the work of the centre. Additionally, we have taken on our first newly qualified radiographer, which is an exciting development for us.

The Board membership has been relatively stable this year, which is hugely important in the running of the business and helps the management team to know the direction of travel at a strategic level and continue to concentrate on the operational efficiency of the centre.

A challenge that we have faced - and continue to face - is the ongoing uncertainty arising from the review into cancer services at Mount Vernon, which began in 2019. The ongoing review may result in a change of location and a change in which NHS Trust manages MVCC. For some years now this has been East and North Hertfordshire Hospitals NHS Trust but discussions are taking place for the potential transfer of the management of MVCC to University College London Hospitals NHS Foundation Trust (UCLH). We continue to work with all parties involved to achieve a satisfactory outcome to these discussions..

The slow progress of this project has had a potentially destabilising effect on MVCC and, as a consequence, has been an important focus for our organisation. The management team, ably lead by Claire Strickland, have worked extremely hard to ensure staff are kept informed and are able to voice any concerns they may have. The Board of Trustees have been kept up to date with the discussions and have been able to support Claire and her team. As such, the centre remains a place where both staff and patients can feel certain about the organisation, its future and facilities. The Quality Standard for Imaging (QSI) accreditation Paul Strickland Scanner Centre has held for the past few years has been renewed. The culture of continuous quality improvement is something the centre is rightly proud of and every member of staff plays a vital role in our QSI application.

We have invested a significant amount of our reserves in the development of the centre this year, ensuring robust turnover of our funds. Nevertheless, fundraising continues to be challenging, which is evident in other charitable organisations in this economic environment.

Innovations during this year include two new MRI scanners, which boast advanced AI capability and deliver superior images plus improved capacity. New Relax & View panels in MRI scanning rooms create a more relaxing atmosphere for patients, which can improve quality of images. Investment in information technology has improved our operating efficiency and gives us options for further development in the future.

The Vague Symptoms Pathway pilot, a programme which can help GPs spot cancer earlier by means of a CT scan, was successfully completed, opening the door for the service being commissioned by the NHS in Hertfordshire. This is a very triumphant outcome from work undertaken by the team.

Staff satisfaction surveys continue to inform the work of the management team in giving support and encouraging involvement. The Board regularly receive updates on actions undertaken to maintain and improve staff wellbeing, and our wellbeing champions continue to be effective. In order to raise awareness and improve understanding, menopause awareness training has taken place across the organisation.

We launched a programme to replace our two existing PET-CT scanners with one new, state-of-the-art machine. Additionally, we started planning for the replacement of our waiting room as part of the larger redevelopment of the centre.

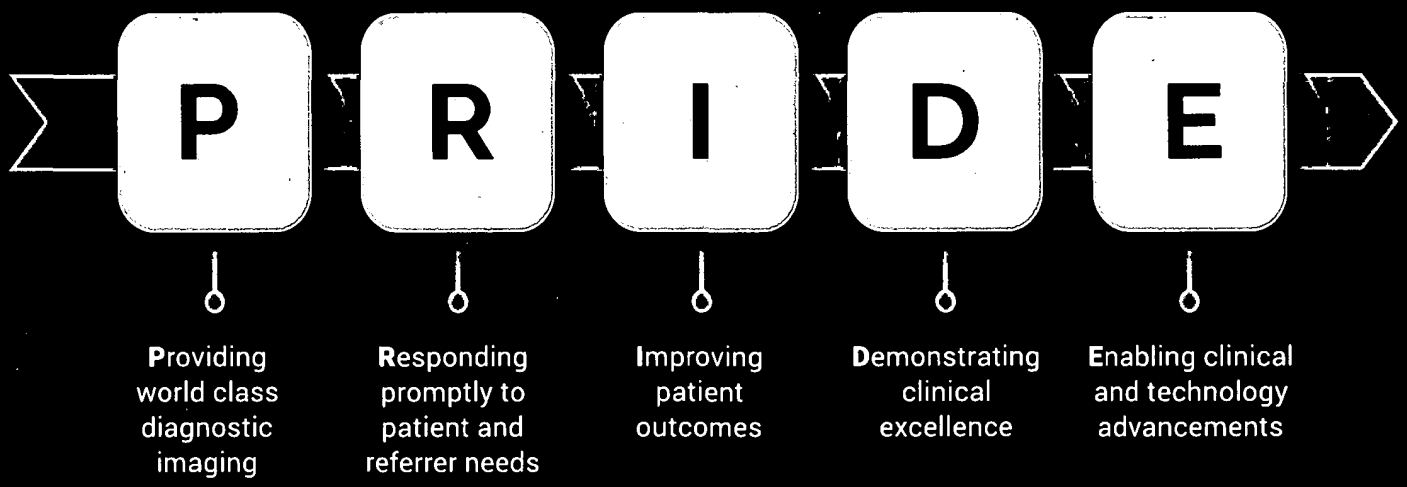
The Trustees are looking forward to working together for another year in order to continue the legacy of Dr Paul Strickland.

Mrs Cathy Williams
Chair of the Board of Trustees, *April 2023*

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 2022

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Medical staff are all so patient and lovely. Nothing is too much trouble. No question is too stupid. Well done!

PATIENT COMMENT

About us

At Paul Strickland Scanner Centre, we specialise in medical imaging for patients dealing with cancer and other serious conditions.

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

Public benefit

As outlined in this report, our trustees have complied with their duty to have regard to the Charity Commission's public benefit guidance when exercising any powers or duties to which the guidance is relevant.

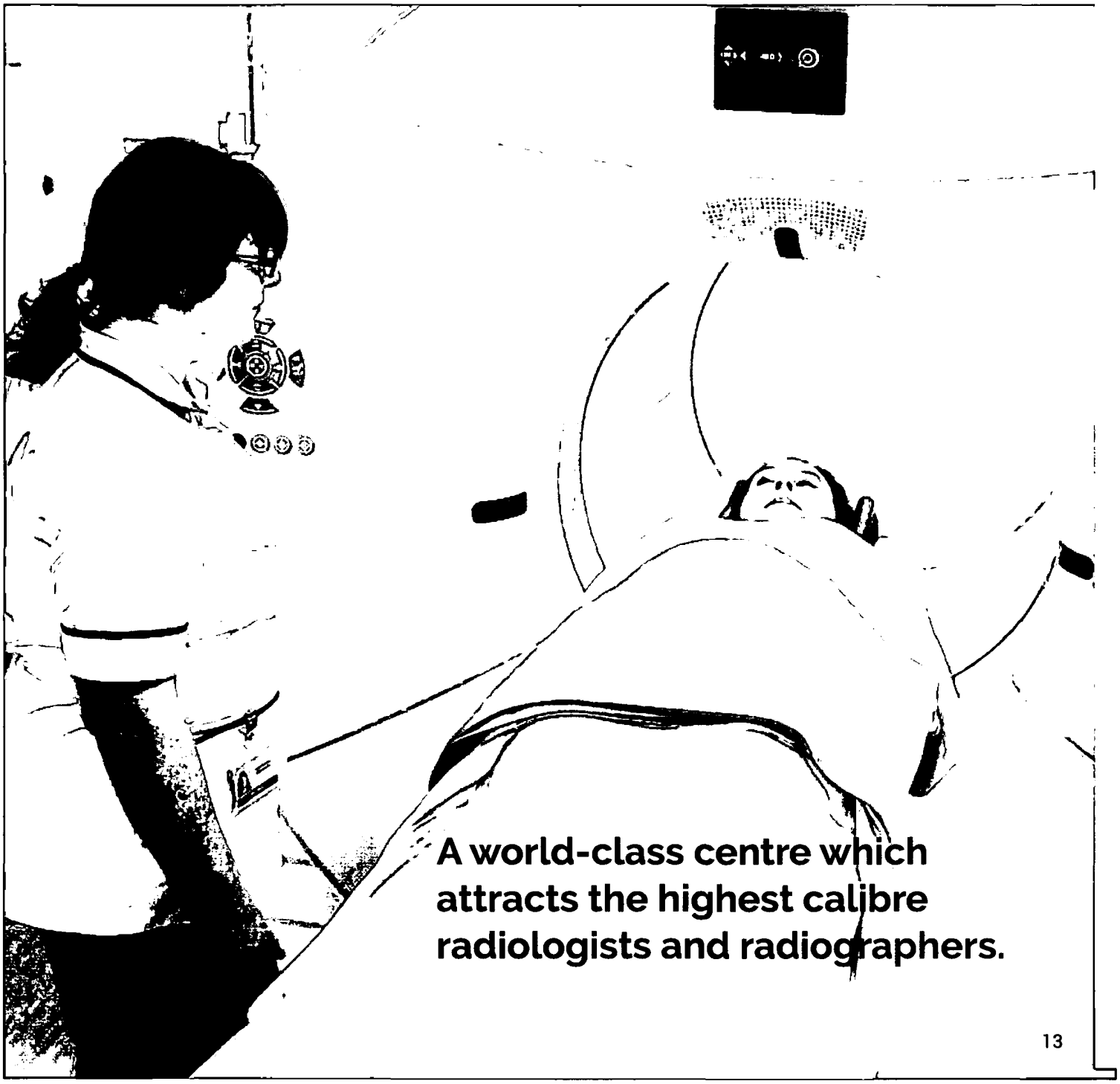
Cancer imaging pioneer

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.

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

In 1982, in the midst of a recession, he became Vice Chairman of the appeal to obtain a CT scanner for Mount Vernon. A friend remarked: "He was an absolute dynamo. He really drove everybody." The Appeal was launched in February 1983, aiming to reach £1,250,000 in 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 Paul Strickland pictured with our patron, HRH The Duchess of Kent



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

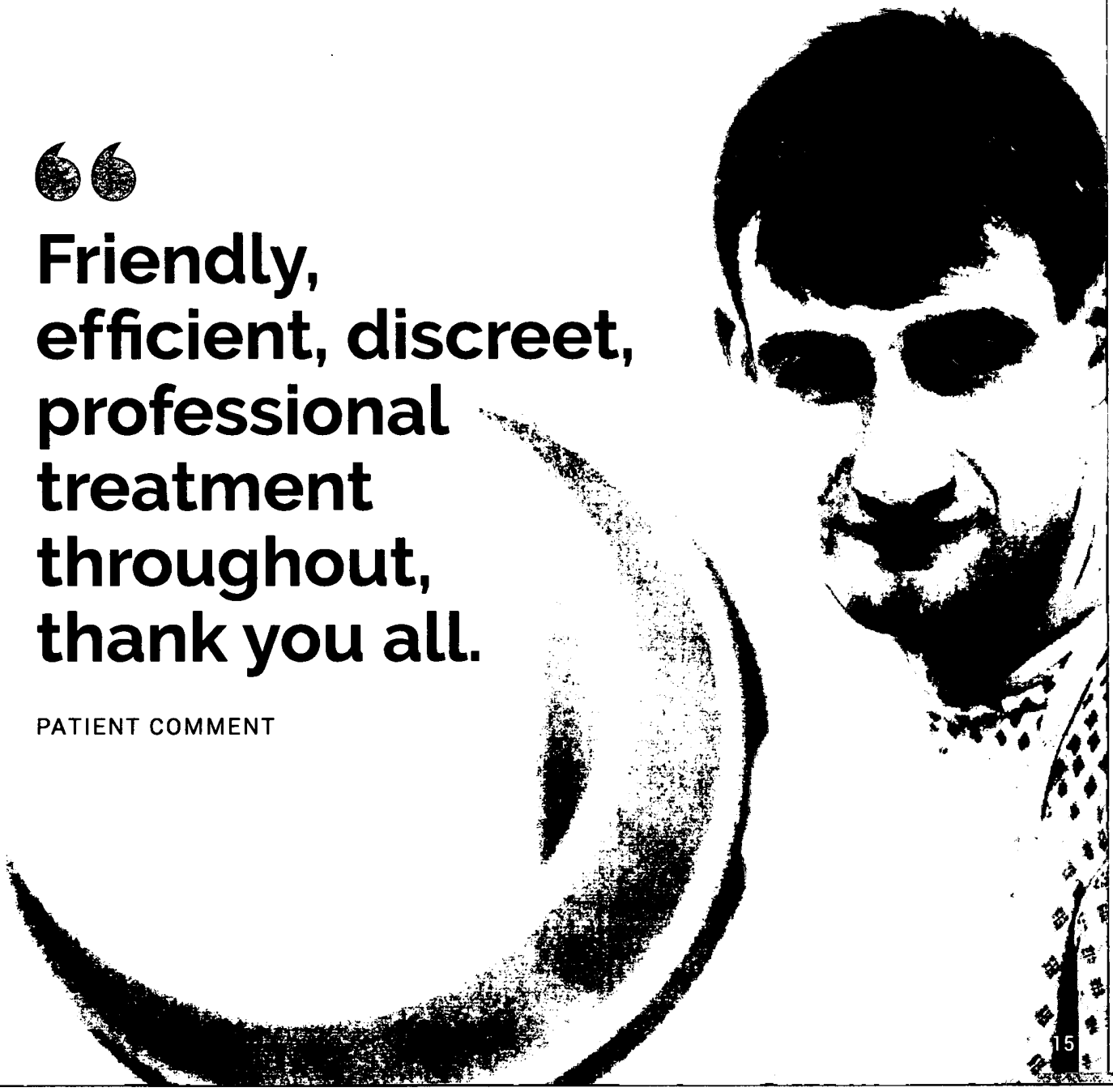
The first diagnostic imaging unit for NHS and private patients in the UK

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

The first CT and MRI patients were scanned the same year, and both original scanners underwent the first of many upgrades and replacements in the early 1990s, thanks to the generosity of our supporters.

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

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



Friendly, efficient, discreet, professional treatment throughout, thank you all.

PATIENT COMMENT

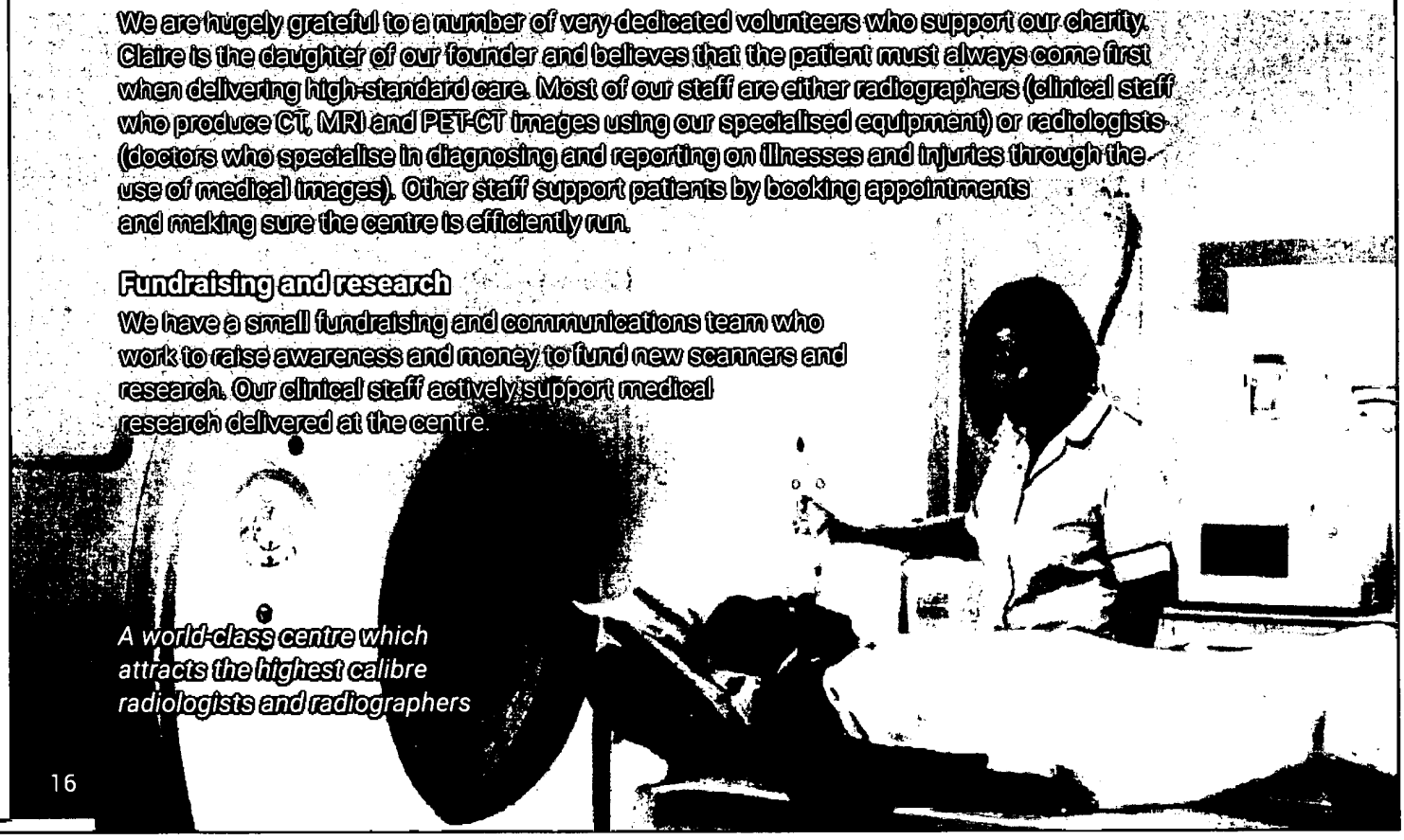
Our CEO and team

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



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

Claire Strickland, our Chief Executive

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.

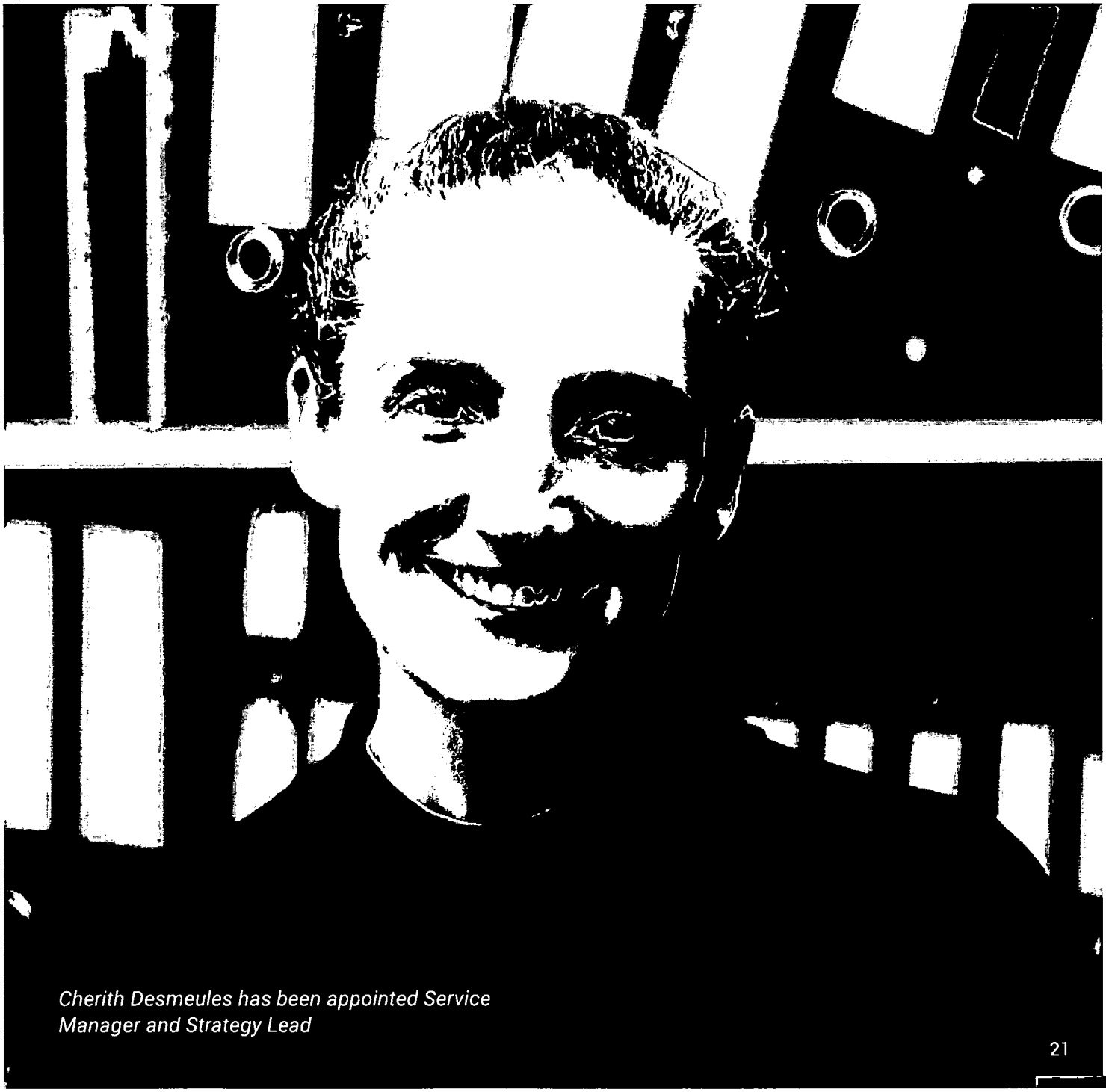
Making sure our service continues to excel in the future

"It's absolutely essential that we maintain and build on our position as a centre that is at the forefront of cancer imaging," says Cherith Desmeules, who was recently appointed to the post of Service Manager and Strategy Lead at Paul Strickland Scanner Centre

Cherith joined the centre as a radiographer from a private hospital in North West London in April 2011. In 2015, she advanced to CT superintendent radiographer before being promoted to Service Manager and Strategy Lead in August 2022.

Cherith's role entails strategic planning for our service, planning for the future and how the centre will meet it both operationally and clinically.

She said: "I work very closely with our Quality and Governance Lead to ensure we will be able to keep standards high in the future with regards to quality and safety. The role also has a more hands-on element and I attend clinical leads meetings to help ensure effective working across CT, MRI and PET-CT services and that we meet referrer and patient needs.



Cherith Desmeules has been appointed Service Manager and Strategy Lead

Cherith runs major projects at the centre and supports the Board of Trustees in decision-making by preparing business cases and providing information on how the service is being run. One major piece of work she is currently undertaking is exploring possibilities to expand our business for private patients, with proceeds being ploughed back into the charity for the benefit of both NHS and private patients."

Whilst looking at how we can deepen our links with hospitals, Cherith values the relationship with Mount Vernon Cancer Centre. She said: "It's important to ensure our strong ties with Mount Vernon Cancer Centre are kept in place, should the transition to UCLH as proposed by NHS England take place."

Cherith (centre) when she served as CT superintendent back in 2016

Quality standard for imaging

We are very proud to continue to have achieved our Quality Standard of Imaging accreditation for the 6th year in a row.

The Quality Standard of Imaging (QSI) sets the national quality criteria for imaging services, and is a collaboration between The Royal College of Radiologists (RCR) and the College of Radiographers (CoR), and is managed by UKAS.

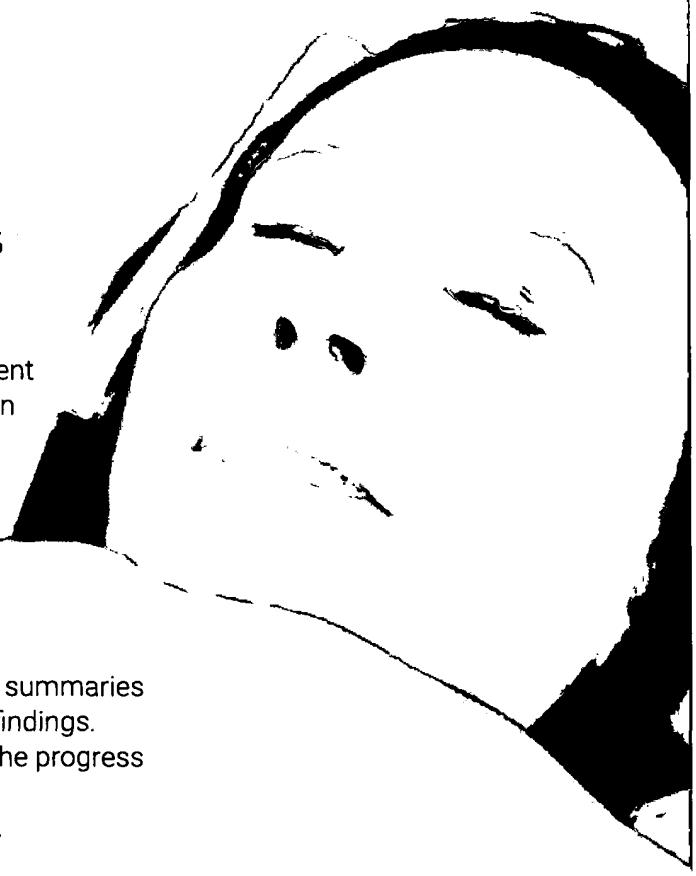
In meeting this standard, accredited by UKAS, we know that our quality management system exceeds the baseline requirements of regulators such as the Care Quality Commission and the culture of quality is embedded across our organisation.

By assessing our performance against this standard and continually making improvements we are assuring our patients receive consistently high-quality services, delivered by skilled staff, within a safe environment.

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 through their continued professionalism."

Audit team

Striving for the best care and health outcomes for our patients



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

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

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

CASE STUDY

Clinical audit leads to radiation reduction for cancer patients

Thanks to a clinical audit carried out by Paul Strickland Scanner Centre, and effective communication with referrers, there has been a reduction in the number of cancer patients referred for a CT scan as part of a surveillance protocol who could have had an MRI scan instead.

As CT scans have an associated radiation dose and MRI scans do not, this development could have important radiation dose saving implications for patients.

In 2017, an audit was undertaken to see if referrers to Paul Strickland Scanner Centre were correctly requesting CT or MRI brain imaging scans for renal, melanoma and lung cancer patients as part of their ongoing surveillance programme, with the aim of raising awareness of the radiation dose reduction available to these patients. During a subsequent discussion with referrers,

it was agreed that they continue to refer this cohort of patients for an MRI scan if possible. A CT scan is still the second option, available if patients could not be referred for an MRI scan for clinical reasons (for example due to being fitted with implants that were not MRI compliant or if they were claustrophobic).

In 2017, 892 radiology request referrals were made for melanoma patients to have CT Chest, abdomen, and pelvis including or excluding the neck. To gain a 95% confidence level with a 5% margin of error, 235 requests were analysed. During the analysis for this period, the patients that had CT brain scans did not have an indication or a reason for not having an MRI scan. Many of these patients have had MRI imaging in the past or going forwards.

In 2022, 1,244 radiology request referrals were made for melanoma patients to have a chest, abdomen, and pelvis including or excluding neck scan. To gain a 95% confidence level with a 5% margin of error, 254 radiology request referrals were analysed. During the analysis of this period there was an increase in the number of MRI brain scan requests made.

The 2022 audit showed that there has been an improvement in the referral pathway, with the number of MRI brain scan requests increasing from 2017 to 2022. The data collected shows that there has been an increase in the number of referrers choosing MRI brain surveillance scans over CT brain scans, resulting in fewer patients being exposed to ionising radiation.

After further analysis of the data, it was shown that those patients that were referred for a CT brain scan rather than an MRI scan had either a safety contraindication or claustrophobia. There were also three elderly patients that preferred a CT scan rather than an MRI due to mobility issues or speed of examination.

Data shows that referrers are complying with the correct referral pathway and plans to carry out a follow-up audit are in place for 2024.

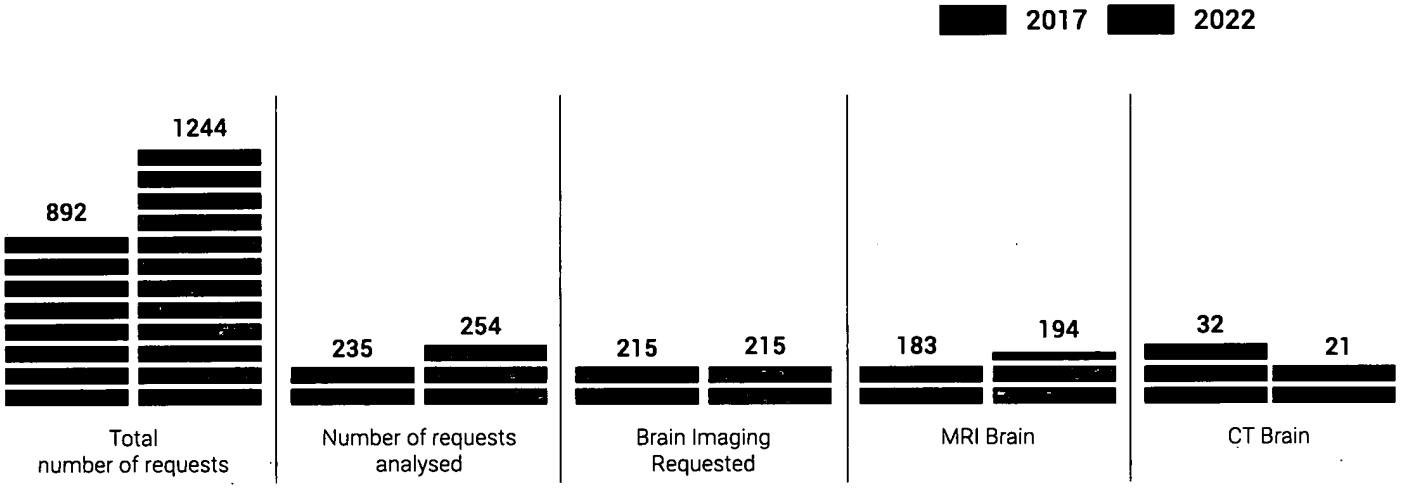
Radiographer Hema Clark, who co-led the audit together with her colleague Kirti Thakor, said: "We are encouraging staff at Paul Strickland Scanner Centre to question CT brain referrals at the vetting level. Radiographers have been asked to liaise with referrers and radiologists to ensure we are not unnecessarily carrying out CT brain scans when patients could be having MRI brain scans."

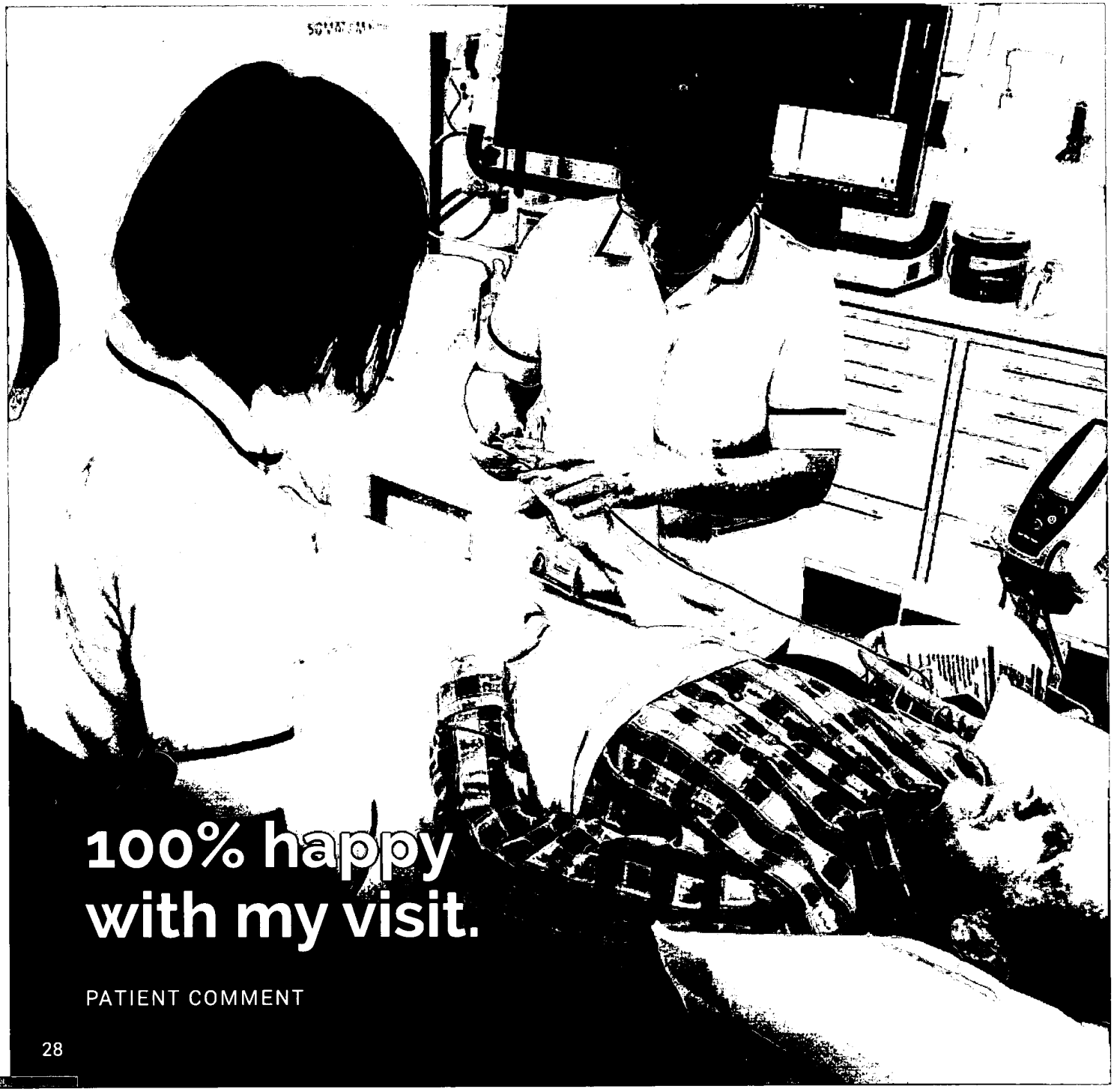
This audit was fed back to the referrers to ensure we receive the correct requests. If the referrers are requesting CT scans instead of MRI scans, they must now provide a valid reason.

Suzannah Patel, Advanced Radiographer at Paul Strickland Scanner Centre and co-chair of the audit team, said: "Clinical and non-clinical staff members at the Paul Strickland Scanner Centre work collaboratively on our programme of clinical audits throughout the year.

Everyone has done an amazing job over the past year, despite the many challenges we have faced, completing 24 clinical audits during the period of 1 October 2021 to 30 September 2022."

We are now looking forward to investigating how we can improve image quality in all three modalities, as well as optimising the pathway for diabetic patients in PET-CT."



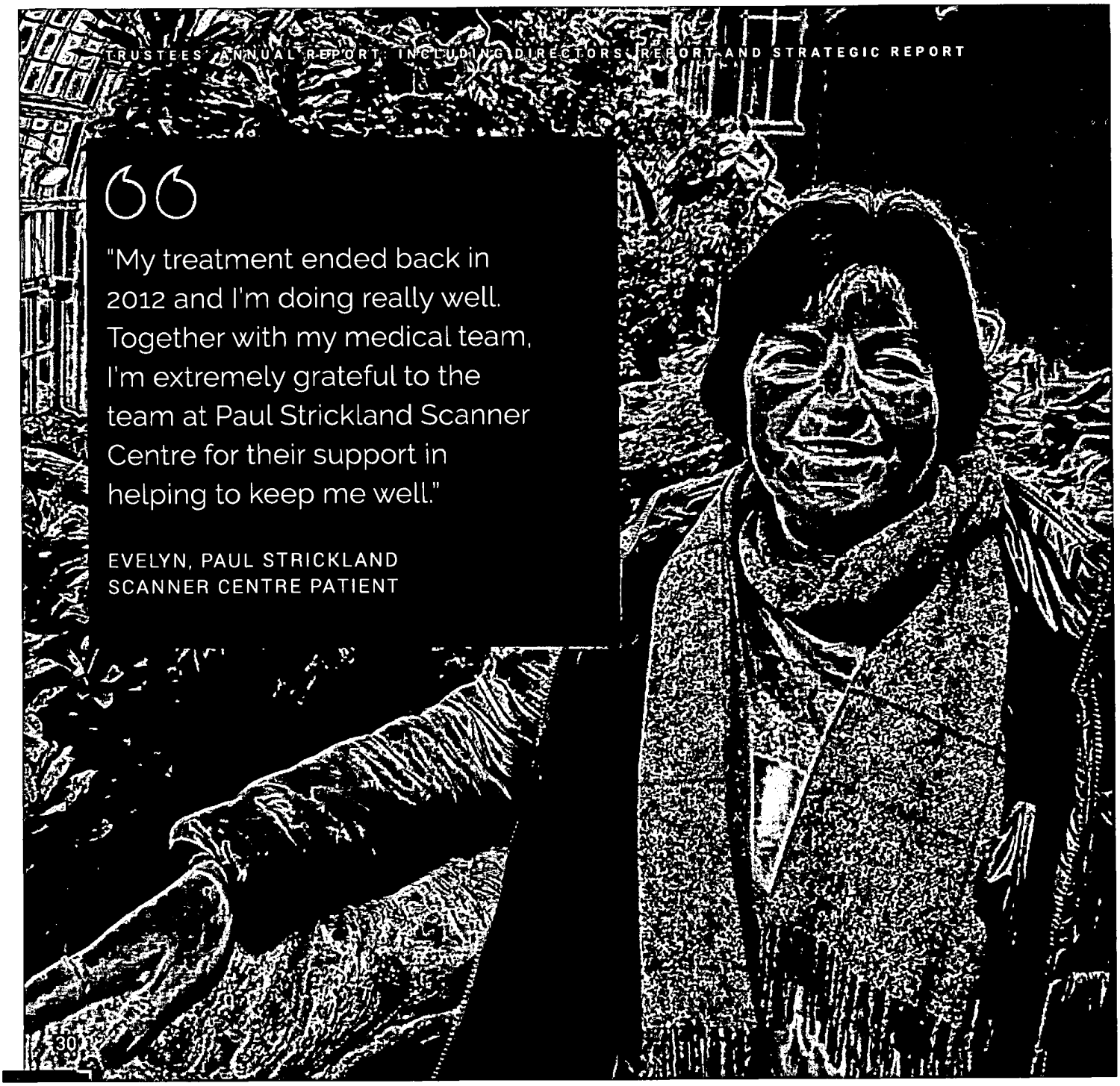


100% happy with my visit.

PATIENT COMMENT

OBJECTIVE 2

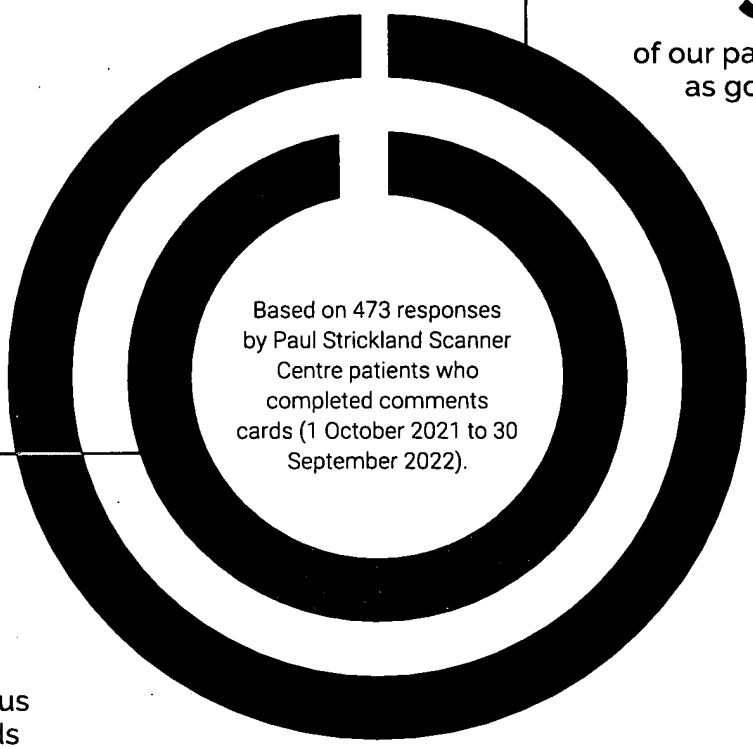
To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction.



"My treatment ended back in 2012 and I'm doing really well. Together with my medical team, I'm extremely grateful to the team at Paul Strickland Scanner Centre for their support in helping to keep me well."

EVELYN, PAUL STRICKLAND SCANNER CENTRE PATIENT

What our patients say about us



99%
of our patients rate their care as good, very good or excellent.

98%
of our patients would recommend us to family and friends for a scan

Patient Experience Group

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

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

One major piece of work the team was involved with during the reporting period was planning for the new waiting room at Paul Strickland Scanner Centre in time for the centre's revamp during 2023. Following a literature review of the latest research on patient-friendly waiting room design, the team worked with patients to develop a new concept that would suit their needs, enlisting pro bono design expertise by interior design agency Riley Brookes.

Post year-end we were informed that a successful application to the National Lottery Community Fund for £9,400 to help fund the project has been successful. Louise Lewinson, Information Analyst and Chair of the Group, said: "The Patient Experience Group helps to ensure that our patients are at the forefront of all we do. With the help of patient feedback we can provide a service tailored to the needs of the patients. The new reception area will be a testament to this. The group also works towards the patient focused criteria required for our Quality Standard for Imaging accreditation each year."

Patient Experience Group Chair Louise Lewinson

SIEMENS

High satisfaction through effective risk management

Our newly improved risk management process is now fully embedded, with risks identified on the front line and captured in modality risk registers being escalated when appropriate to the charity's Audit and Risk committee.

This process proved particularly useful when one of our MRI scanner developed technical problems during January 2022, which meant its helium stores had to be frequently replenished with the result that downtime increased, which affected the front line. The difficulties were quickly escalated to the Audit and Risk committee and subsequently the Board of Trustees, who were then in a position to bring the scheduled scanner upgrade forward and rapidly approve the necessary funds to replace the scanner with a very advanced new model.

Paula Merry, Quality and Governance Lead at the centre said: "The way we dealt with the MRI scanner replacement shows we have robust governance processes in place at Paul Strickland Scanner Centre and reflects our ability and agility to solve problems quickly, ensuring we can maintain patient and referrer satisfaction at a very high level."

Paula Merry

Fundraising and Communications

With the cost-of-living crisis biting, and the worst fall in living standard since records began according to Government figures, our income from grants and donations has come under considerable pressure.

We carried out a number of tasks during the reporting period to offset these difficulties, including a direct mail campaign in the vicinity of the hospital which has resulted in new donor acquisition as well as a number of donations.

With a member of the team on maternity leave, we engaged a specialist trust and grants fundraiser to make targeted approaches to charitable trusts and similar grant making bodies, which has resulted in funding.

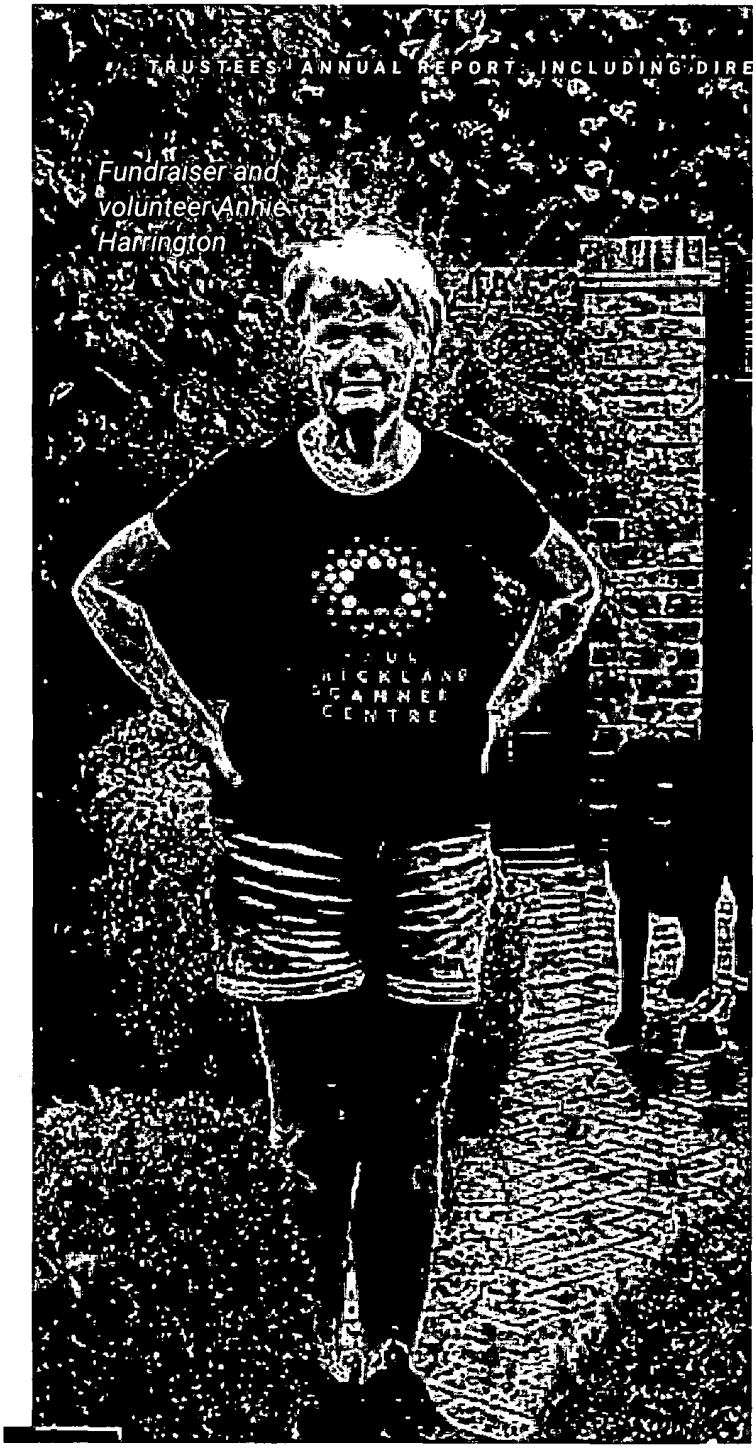
Our deliberate strategy to generate more supporter-led fundraising has paid further dividends, with a number of supporters, including David Simmonds CBE – the MP for Ruislip, Northwood and Pinner – raising money through sporting events.

Member of Parliament and Paul Strickland Scanner Centre supporter, David Simmonds CBE

From left: Fundraisers Chris Jones, Steve Clack, Josh Batterham, Gary Sexton

"A few years ago, I lost my friend Mike to cancer and wanted to show that he still has a place within our hearts. When Mike passed away, friends and family made donations in his memory to Paul Strickland Scanner Centre and I wanted to continue raising money to help fund the fantastic work of the centre"

GARY, PAUL STRICKLAND SCANNER CENTRE SUPPORTER



Fundraiser and volunteer Annie Harrington

Radiographer Chris Sheppard

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.

We recently installed two brand new MRI scanners at Mount Vernon for our patients

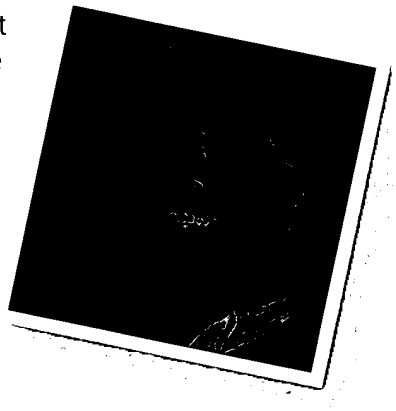
Enhancing access to high-quality MRI and PET-CT scans

Thanks to the generosity of our donors and supporters, we have been able to launch what is probably the most significant transformation in the centre's history, bringing three new scanners to Mount Vernon that capitalise on the artificial intelligence (AI) revolution in modern cancer imaging.

A major upgrade to Paul Strickland Scanner Centre's MRI and PET-CT scanning capabilities is allowing 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 our patient waiting area, is being undertaken. Donations and legacies from our supporters have played a significant role in making the £6 million 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.



Mr Will McGuire (right), the long-standing Deputy Superintendent for MRI at Paul Strickland Scanner Centre, led the MRI side of the upgrade project. He said: "We replaced our existing 3T and 1.5T MRI scanners with two new very advanced 1.5T MRI scanners, a decision taken specifically with the needs of cancer patients in mind. Not only do the new scanners have a much wider opening, which is better for bigger patients and those who are claustrophobic, but they are able to scan patients faster and produce better images. In addition, they allow us to scan more people who have had implants, such as metal hips, than before and therefore increase patient access."

Perfect for whole-body MRI

The new MRI machines, which form part of our fleet of three MRI scanners, are also an excellent choice for whole-body MRI scans, an area where Paul Strickland Scanner Centre is the undisputed global leader.

In addition to giving more cancer patients access to MRI scans, the new scanners are more comfortable for patients, feature next-generation safety features, are more reliable and more environmentally sustainable. Will said: "MRI scanners need helium to operate and the new scanners feature 'zero boil-off', which means they should not need to have their helium stores replenished, which results in less downtime."

Software

"It's the software the new scanner uses that will take things to the next level."

Scanning times could ultimately be reduced by as much as 60%, which means we could potentially scan twice as many patients on any given day as currently, significantly increasing access to our high-quality imaging service for cancer patients.

"The new MRI scanners have allowed us to use deep learning, often referred to as artificial intelligence, as part of the image acquisition. The scanner software has been trained on thousands of scans. When the radiographer runs the scan, the scanner takes less data from the patient and the 'Deep Resolve' software then basically fills in the gaps based on its knowledge. The software packages both reduce 'noise' on scan images and provide radiologists with a better definition image.

One of our new MRI scanners

"When you put together the better hardware and new software, you are looking at drastic levels of time reduction, with better image quality at the same time."

Operator-free scanning

While the new scanner will be easier to use for staff, one remarkable feature is that it is able to run a prostate MRI completely by itself for the first time. "It's a bit of a threat to the radiographer profession, however the benefit for the patient is that you eliminate variability between scans caused by the operator, as every scan will be done in exactly the same way.

"If your objective is the improvement of healthcare, then it's got to be this way, in particular given the long-standing staffing pressures in the industry. You can produce thousands of MRI scanners, but who is going to run them? We're embracing the future."

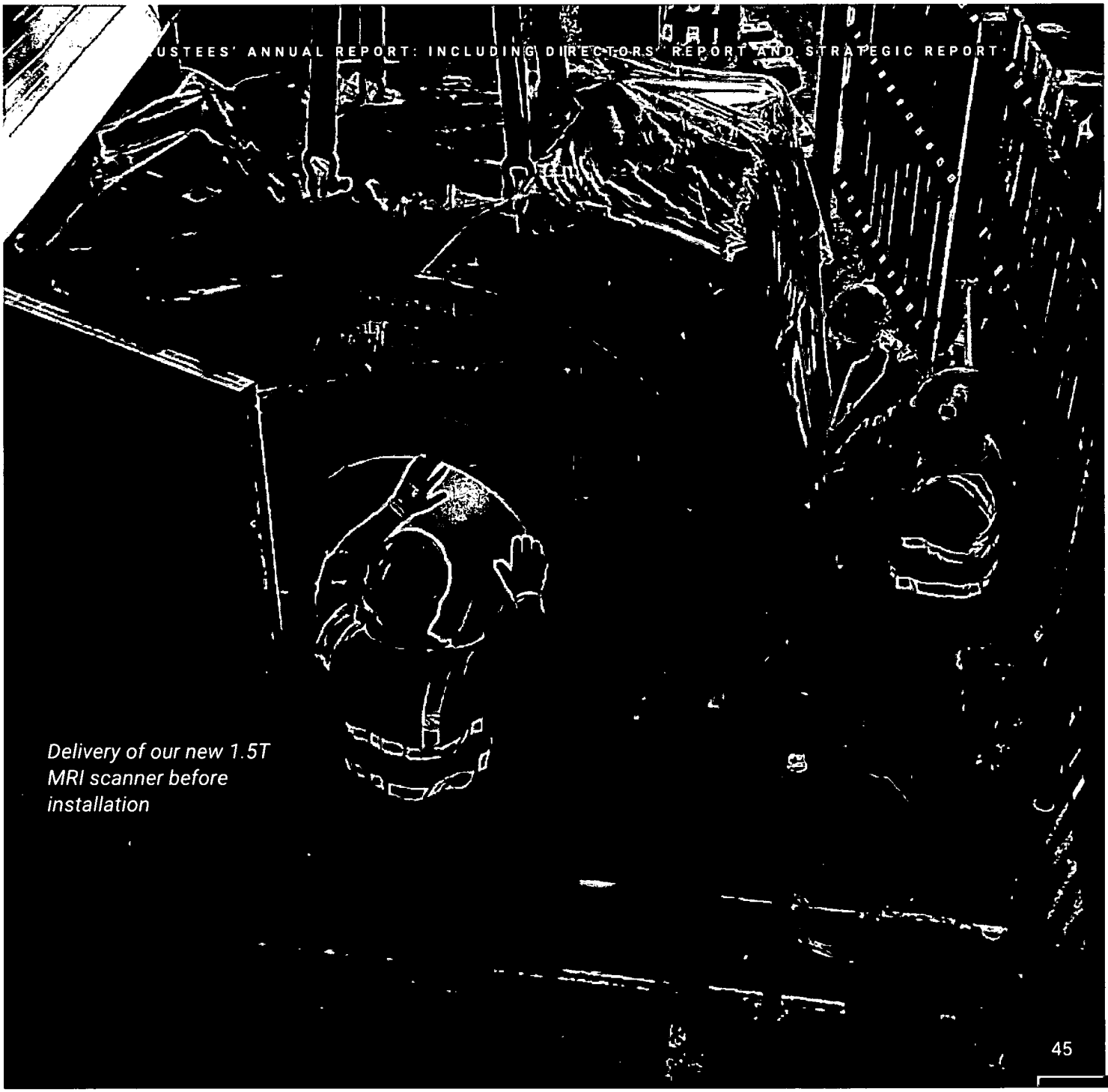
Another exciting part of the project is Relax and View panels, which were installed in the new scanner suite and create a pleasant and uplifting distraction for patients being scanned.

The project began in March 2022 and was concluded by Autumn the same year and included an upgrade of the control room from where radiographers operate the scanner. A mobile MRI scanner unit was used to continue the service while the work took place.

"The project is super exciting because it's a whole new generation of machine, leading to better patient access to scans and shorter scan times for patients and a better experience altogether."

A new PET-CT scanner

In addition to MRI scanners, the centre is making a substantial investment in its PET-CT capability, completely revamping our PET-CT suite and replacing our two existing PET-CT scanners with a very advanced new machine (Siemens Biograph Vision600) that will eventually be able to scan as many, if not more patients, on any given day as we currently scan with two scanners. This part of the project is run by Mr Bruno Ferreira (right), our Superintendent for PET-CT. He said: "It's a very exciting project – you don't often see such significant upgrades." Just as with the MRI upgrade, the improvements will translate into more patient comfort and much faster scan times.



Delivery of our new 1.5T MRI scanner before installation

Faster scans for patients, with fewer re-scans

PET-CT scans can take between 25 to 30 minutes, but with the new scanner we can complete the process potentially in less than half that time, with the scan itself taking as little as 7 minutes. The new scanner will also provide better scan images, due to a reduction in "motion artefacts" (scan image distortions due to movement by the patient during the scan). Bruno said: "It can be very difficult for someone to remain completely motionless for over 20 minutes. As a result it will be less likely that a patient will have to come back for additional scans, saving them time and exposure to additional radiation.

In addition, it also saves our team time, which can then be put into scanning more patients and our radiologists reporting their scans.

'A game-changer for patients'

"One innovative feature of the new scanner is 'tailored acquisition modes', which means it can focus on a particular part of the patient's body during the scan. Additionally, thanks to artificial intelligence software, the scanner is able to learn the breathing patterns of a particular patient and adapt how it scans accordingly. For example, if the patient has a lesion in the chest that is subject of the scan, the scanner will be able to adjust for the individual up and down movement as the patient breathes, which will make images much clearer for our radiologists who report the scans for the referring clinician, clearly indicating whether a cancer is in the liver or the lung for example. This could be a game-changer for patients."

Having just one PET-CT scanner instead of two will free up a significant amount of space, which will be used to construct new cannulation and uptake bays, where patients are injected with radiopharmaceutical agent before their scan and wait for it to be dispersed through their body, until they can be scanned in the PET-CT scanner. The new uptake bays will significantly improve privacy and comfort for our patients and provide improved shielding from radiation to our staff.

The changes are being made with the centre's recently acquired Posijet (an automatic dispensing and injection device, which can be wheeled from patient to patient) in mind. As a result, there is less need for patients to move around, which can be particularly beneficial for those with mobility problems, and also resulting in a big reduction of radiation dose to the staff.

Laying the ground for an upgrade and expansion of our PET-CT service

Additionally, a new patient waiting area will be created in an annexe on the East side of Paul Strickland Scanner Centre, with views over landscaped gardens, using the innovative modular construction techniques already pioneered elsewhere at Paul Strickland Scanner Centre by Mr Damion Melsome, the centre's Operations Manager, and which are the envy of others operating on the Mount Vernon site.

Bruno is ambitious about the service and he plans to evaluate whether it may be possible for the team to serve even more patients during a given day than currently.

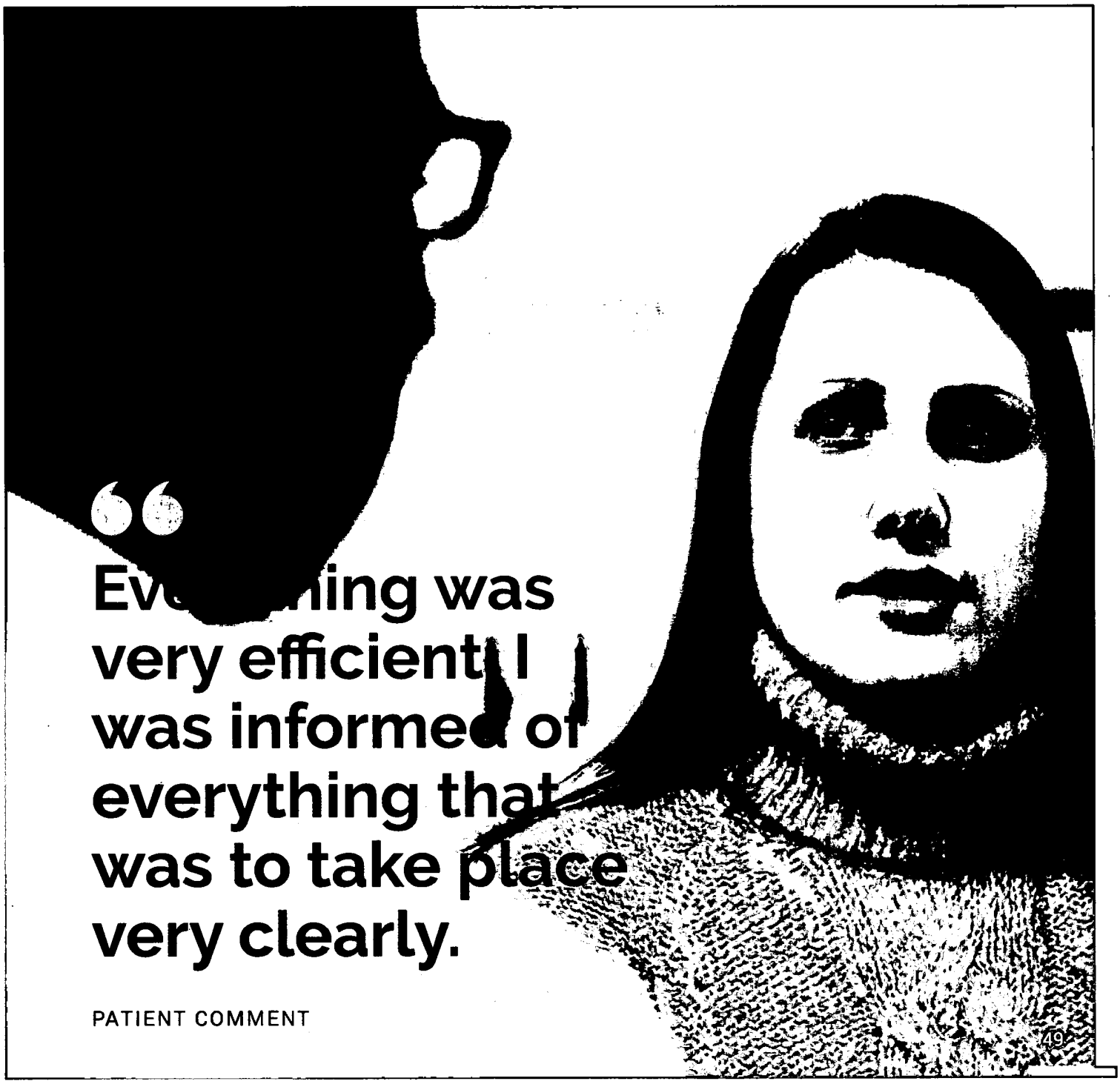
"We could potentially reduce scan times even further in the future, which we will determine with the help of clinical audits." Bruno and the team will also investigate whether it may also be possible to apply a lower radiation dose to scans, reducing radiation exposure to patients and the staff. "There are no drawbacks for patients, only positives."

The much-discussed possible move of Mount Vernon Cancer Centre to Watford in the long-term should not create a major problem for Paul Strickland Scanner Centre, as we would move together with the cancer centre. If the move happens significantly sooner than 10 years from now, the scanners would be moved to Watford.

If not (which is possible since a decision about a possible move has not yet been made by the Government and Bruno believes the building of a new cancer centre in Watford is likely to only start after the Watford General Hospital rebuild has been completed), both the new PET-CT and MRI scanners would be reaching the end of their lives at that stage. By then, the option to move the existing scanners or change them for new ones, would have to be re-evaluated.

Minimising disruption to patients

"We're trying to keep the amount of time the project takes to a minimum and have broken it down into phases, minimising any impact on patients. The first phase is due to start in the first half of 2023," according to Bruno. As with the old MRI scanners, the old PET-CT scanner will be sold off to mitigate the cost of the project. "It's going to be a challenge for the team to run the service at the same time as the building work is going on." It is planned to always have at least one PET-CT scanner running at Mount Vernon at any one time, with our satellite site at the Lister Hospital in Stevenage providing additional PET-CT capacity. "This is a huge project but it will be so rewarding when it has been completed."



“Everything was very efficient. I was informed of everything that was to take place very clearly.

PATIENT COMMENT

OBJECTIVE 4

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

22

Peer reviewed accepted journal publications by our clinical team.

Source: PubMed.gov
Data refer to period between 1 October 2021 and 30 September 2022

745 scans completed for 55 separate clinical trials

49 trials involved CT scans
23 trials involved MRI scans
3 trials involved PET-CT scans

CASE STUDY

Cervical cancer study gets underway

A research collaboration with Mount Vernon Cancer Centre could be a game changer for women.

Every year, hundreds of women in the UK undergo successful treatment for cervical cancer, only to later see their cancer return, often in a different part of the body. With the help of our very advanced MRI techniques, a new study by Mount Vernon Cancer Centre supported by Paul Strickland Scanner Centre seeks to identify those patients early on, which could one day lead to their survival chances being drastically improved through personalised treatment and follow-up plans.

Senior Clinical Research Fellow Dr Mohammed Abdul-Latif is recruiting 40 cervical cancer patients to take part in the EMPIRIC study at Mount Vernon until 2024. The study's principal investigator is Consultant Radiographer Dr Yatman Tsang. Prof Peter Hoskin and Dr Hannah Tharmalingham, both consultant oncologists at Mount Vernon Cancer Centre where Dr Abdul-Latif works, are co-investigators.

EMPIRIC aims to determine whether advanced MRI scanning at Paul Strickland Scanner Centre, in combination with tissue samples and blood tests, could be used to predict how effective combination radiotherapy and chemotherapy treatment for cervical cancer might be for individual patients and how they might be at greater risk of their cancer coming back or metastasising (spread to other parts of their body).

As well as holding clinics with Prof Hoskin at Mount Vernon Cancer Centre, since the beginning of 2022 Dr Abdul-Latif has been preparing for the study to begin recruitment, in liaison with teams at Paul Strickland Scanner Centre and Mount Vernon Cancer Centre. He has also made connections

with teams at Brunel University and Manchester University, who will be responsible for blood tests and tumour biopsies respectively.

He said: "In most cases, cervical cancer is treated with a combination of radiotherapy and chemotherapy, coupled with brachytherapy (internal radiotherapy). Treatment is highly successful in most cases: In 95% of cases, 5 years after it was first observed in the cervix it hasn't progressed locally.

"If you look at cases where cervical cancer has spread following treatment, it's generally not to tissue surrounding the local area where the cancer first occurred, which seems to be managed really well by our treatment including radiotherapy, but to another part of the body altogether (metastasis). We need better ways of assessing which patients are more likely to metastasise, progress or not respond to our treatment in the first place. We need to do that based not only on their biopsy or the initial MRI scan, but by looking at the actual tumour – how it responds to treatment and how we can link that to the biology of the tumour, which we obtain through methods like blood tests.

"As part of the EMPIRIC study, the team at Paul Strickland Scanner Centre won't do standard MRI scans but three different, highly complex sequences of MRI scans which are designed to look at different properties of the tumour - not just the shape of the tumour but the actual structure of it, for example how blood flows through the tumour. This may allow us to establish links to certain response rates to our treatments."

"For instance, we may image a patient throughout their treatment and then notice that the cancer isn't shrinking. This would raise the question about whether there may be something different about this particular patient's cancer which means it isn't responding.

"Once we have enough data, we may then be able to tell in advance whether, or how well, a patient might respond to a particular treatment based on their tumour type. This could lead to a patient's treatment being personalised based on their individual tumour, which would optimise it considerably.

"We would also be able to identify which patients might be more likely to see their cancer coming back or spread to other parts of the body, and tailor our treatment approach or follow-up for those patients, monitoring them much more closely for example."

Dr Abdul-Latif suggests that one day scientists may even be able to make the scans and other diagnostic data available to artificial intelligence software, which could then use it to analyse and even recommend personalised treatment and follow-up plans for patients.

Machine learning

He said: "We're quite excited about a possible role for machine learning to pick up any patterns that have been identified. You'd just plug your images into the system and it would tell you what the risk of relapse or metastasis might be for a particular patient."

Dr Abdul-Latif

"As far as I know, EMPIRIC is the first time someone has looked at whether, in combination with blood tests and tissue samples, multiple MRI techniques can identify those patients at higher risk of relapse or metastasis.

"If we show that it's possible to determine in advance who might be at bigger risk, this will pave the way for bigger studies which will seek to determine whether we can apply our findings in a clinical setting."

"High-quality MRI imaging, which Paul Strickland Scanner Centre excels at, is the only non-invasive way of doing it and is becoming increasingly more important in virtually all tumour types, not just to diagnose and monitor disease but also to predict how a cancer might develop.

"I've worked at many hospitals so far, and Paul Strickland Scanner Centre is a brilliant place. The staff are very open and patient focussed."

Our team at Paul Strickland Scanner Centre is grateful to the Arcobaleno Cancer Trust, the Sir Samuel Scott of Yews Trust, the Frognal Trust and the Chapman Charitable Trust for their financial contributions, as well as a legacy donation of £10,440, which helps to cover a significant portion of the costs we are incurring by supporting this important clinical research study.

Empiric explained

Patients with cervical cancer that has not spread to other parts of the body can be cured with radiotherapy. One of the reasons radiotherapy can fail is because there are areas within the tumour that have a poor oxygen supply, which makes them resistant to radiotherapy.

The EMPIRIC study aims to assess if it is feasible using a special type of MRI scan called multi-parametric MRI (mpMRI) to identify areas of low oxygen within the tumour, so a higher dose of radiation can be given specifically to these areas. The higher dose of radiation may overcome the resistance and potentially improve cure rates without increasing side effects.

It has been shown that blood samples can be examined to inform a patient's medical team about the possible response that a patient may be having from their cervix cancer treatment. Recently developed techniques allow the examination of the actual circulating cancer or tumour cells (CTCs) or sometimes just "free" cancer DNA in a patient's blood. The EMPIRIC study aims to explore the feasibility of examining blood for such circulating cancer cells and DNA using new techniques. In addition, this study will examine any circulating cancer cells in your blood stream for the expression of certain genes in order to evaluate if these can be used to predict the outcome of cancer treatment for individual patients earlier than we currently are able to do with scans and cancer markers.

OUR CONSULTANT TEAM

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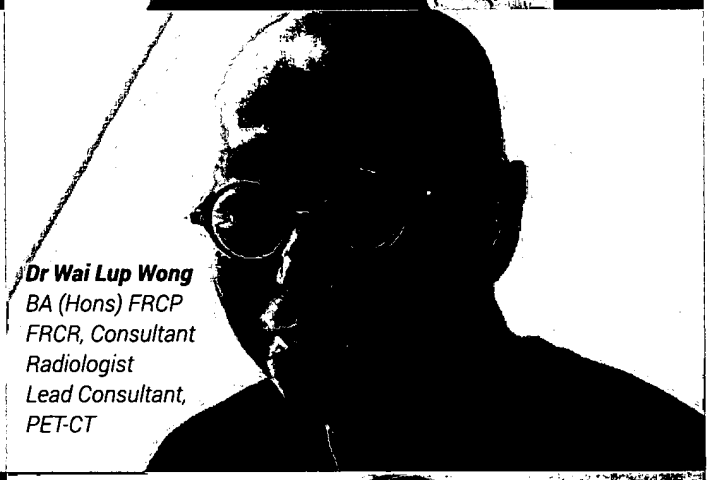
Lead Consultant, CT

Dr Nemi Gandy
MBChB FRCR, Consultant Radionuclide Radiologist



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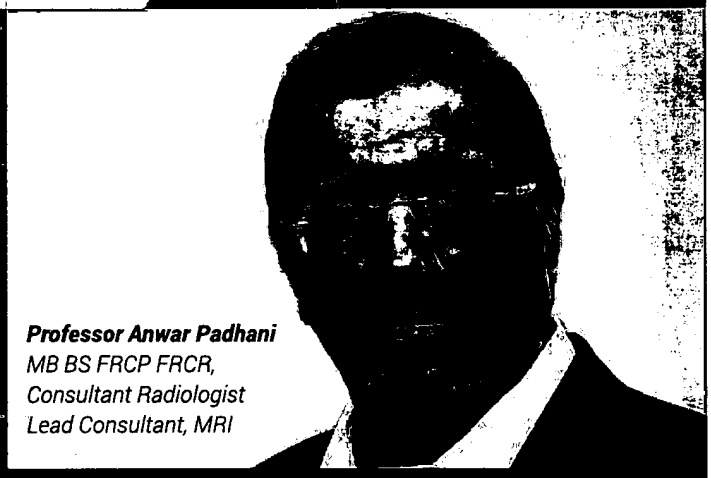
Lead Consultant, PET-CT

Dr Chun Lap Pang
Dr Chun Lap Pang MBBS FRCR PGClinEd FHEA PhD, Consultant Radiologist



Professor Anwar Padhani
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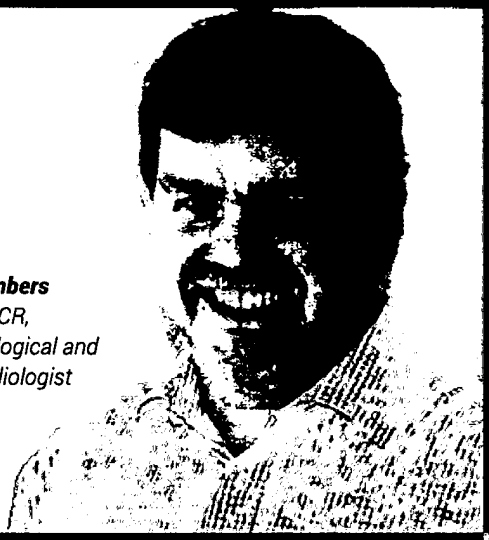

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Consultant Radiologist

Dr Subhadip Ghosh-Ray
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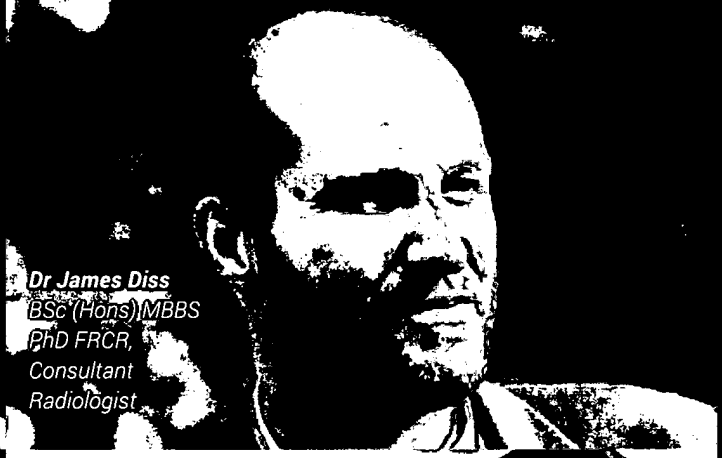
Consultant Head and
Neck Radiologist
Lead Consultant for
Information Technology



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

CASE STUDY

Helping GPs spot cancer earlier

A pilot study, involving Paul Strickland Scanner Centre and the NHS, which seeks to diagnose or rule out cancer in patients who visit their GP with vague symptoms, has proven so successful that it is now being rolled out across Hertfordshire.

The Vague Symptoms Pathway (VSP) programme aims to find the quickest, most efficient way to reach a diagnosis in patients who visit their GP with "non-specific" symptoms, including anything from unexplained weight loss, tiredness, constantly feeling sick, bloated, or even just feeling generally unwell for a period of weeks.

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, Service Manager and Strategy Lead at Paul Strickland Scanner Centre (right), is leading and overseeing the programme at the centre.

Very caring staff.

PATIENT COMMENT

She said: "Living with vague, undiagnosed symptoms can be traumatic and devastating to someone's quality of life, affecting everything from mental health to personal finances. "Getting clarity on whether or not someone has cancer early on can not only improve survival chances but can also avoid a lot of unnecessary anxiety for patients and their loved ones."

She said: "We carried out the pilot with Herts Valley Clinical Commissioning Group in order to determine whether there might be a need for this service on the NHS.

"We started in March 2021 and scanned 308 patients during 18 months. Of those patients, 49 (16%) had an unexpected finding on their scans. Not all of those findings were cancer but they were referred on for further investigation, which will have led to their conditions been treated if required and their lives improved as a result. Some of the non-cancer conditions picked up include pulmonary embolisms (a blocked blood vessel in your lungs which can be life-threatening), kidney or liver problems, or other infections.

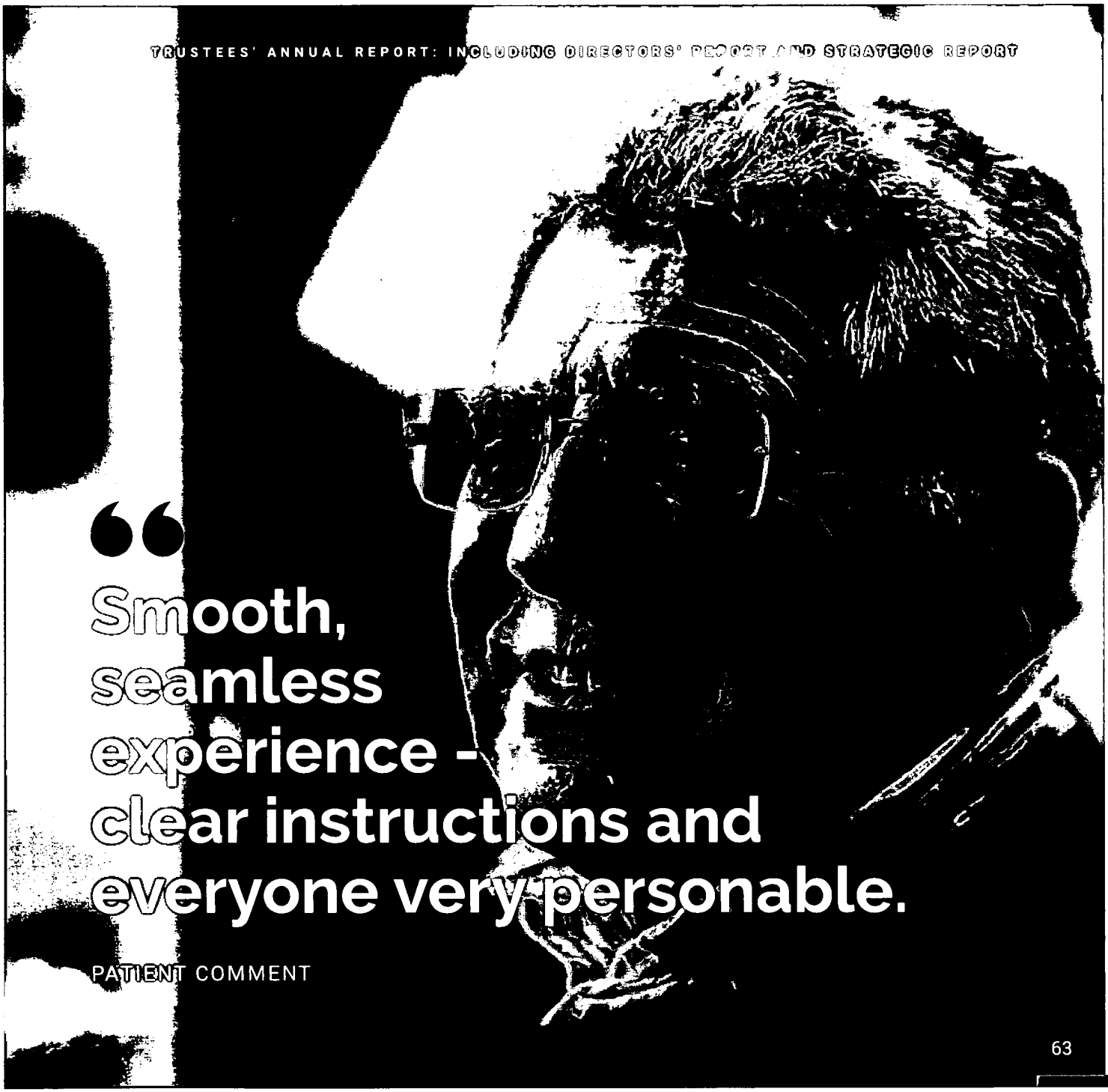
"We've now evaluated the pilot and it has been so successful that it is being commissioned as a service by West Herts Hospitals NHS Trust, the NHS organisation that looks after Watford General Hospital, Hemel Hempstead Hospital and St Albans City Hospital, and is being rolled out across Hertfordshire."

Lower radiation than elsewhere

"The patients referred to us during the pilot study were mostly over 40 — very often in their 60s and 70s – who are more likely to develop cancer than those in younger age groups."

GPs do have guidelines to support them in making a decision when it comes to whether someone should be referred through the pathway. The CT scan isn't the only test that is done – patients will usually have had blood, urine and other tests to rule out other conditions.

Paul Strickland Scanner Centre's dual energy CT scanner allows for lower doses of radiation than similar scans at many other centres and hospitals.



“Smooth, seamless experience - clear instructions and everyone very personable.

PATIENT COMMENT

"We initially only agreed to support the pilot, but have now committed to being part of the programme long-term, with one of our lead radiologists attending the West Hertfordshire Hospitals multi-disciplinary team meetings in order to provide specialist cancer imaging advice.

"The commissioners have specifically commented on the exceptional care our team provide to patients on the pathway and the fantastic service referrers received. We're very pleased that the pilot has been so successful that it is now being rolled out on the NHS."

Our vision for the service

"It will be interesting to see what happens on a bigger scale. Until now we've run a small pilot which has proven to be very successful, with more patients coming through. Ultimately, if rolled out nationally, we hope to diagnose cancer much earlier through the Vague Symptoms Pathway than would otherwise have been the case. It's taking a more preventative approach to cancer, as well as other diseases. This can not only improve quality of life and clinical outcomes but also prevent the condition from becoming an emergency and resulting in a diagnosis following a visit to accident and emergency."

New and unexplained:

- Weight loss
- Loss of appetite
- Tiredness
- Feeling sick or unwell
- Bloating or sweating
- Abdominal pain that lasts longer than four weeks (or less if very concerned about it),
- Pain that is getting worse, including bone pain, that lasts four weeks or more
- Abnormal blood tests that cannot be explained otherwise
- A "gut feeling" by the GP that the patient could have cancer.

Aged 40 and over (those under 50 are unlikely to be diagnosed with cancer through the vague symptoms pathway.

“

Every visit is always excellent, and all the staff are amazing.

PATIENT COMMENT

OBJECTIVE 5

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

Staff engagement and wellbeing

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:

Appointment of additional staff Wellbeing Champion
Times continued to be difficult for frontline healthcare workers due to the continuing risks associated with Covid-19 as well as elevated staff sickness levels. Due to the vulnerability of our patients, our team continues to work under Covid-19 restrictions similar to those mandated during the pandemic, which causes additional strain on our workforce. During this period, our team of two Wellbeing Champions continued to support our staff as and when needed, and an additional champion was recruited.

Rachel Jacobs, Wellbeing Champion

Menopause training
As part of our Quality Improvement programme for staff, the WISE team organised and hosted an afternoon session during September which focussed on improving staff wellbeing and team building.

During the session, our wellbeing champion Rachel Jacobs delivered a training workshop about menopause in the workplace to both clinical and administration staff. The aim of the workshop was foster better understanding of the impact of menopause on colleagues and equip the workforce with the tools to better support menopausal colleagues when the need arises.

Staff summer event

Due to the risks associated with Covid-19 we have had to cancel our usual and long-standing staff Christmas party two years in a row and, after consulting our staff, hosted a summer barbecue for the purposes of staff engagement in July 2022. Staff feedback about the event was excellent and we are looking at making the event a regular feature.

QI afternoons

The centre's 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.

Long-serving MRI superintendent Linda Culver's birthday was marked with a special cake baked for her by a colleague

“

The staff are fantastic - friendly and helpful.

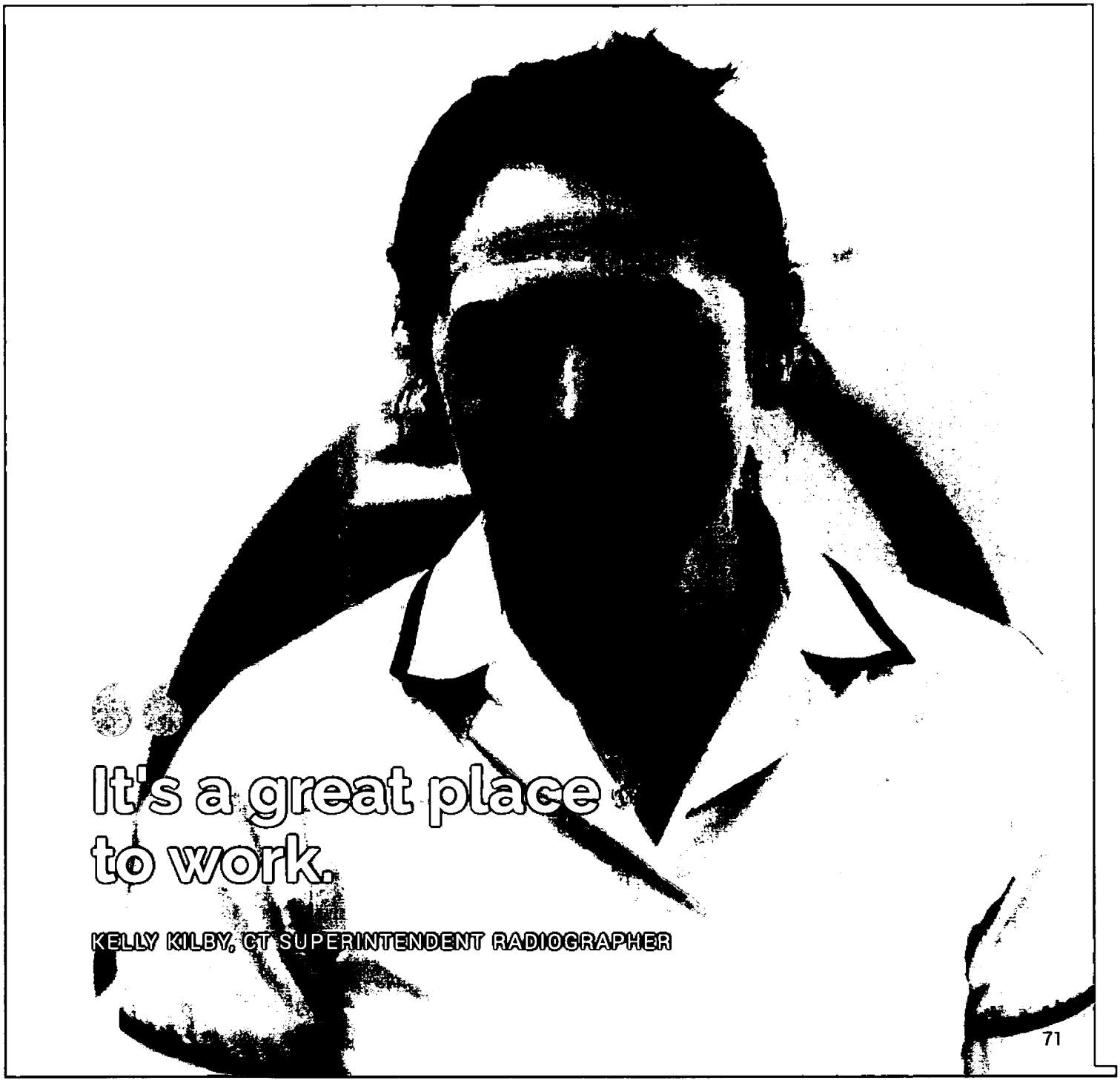
PATIENT COMMENT

What it's like to work for us

"I joined Paul Strickland Scanner Centre in 2017 and have found it to be a great place to work. Not only is everyone really friendly but there is a real commitment to excellence and the highest quality patient care, which makes me very proud to be a member of the team. Low staff turnover and a real focus on staff development help ensure the service is highly professional and as a result our patient feedback is excellent.

"It is an honour for my colleagues and I to be part of this amazing work, which touches the lives of thousands of patients every year who would otherwise be without the exceptional and specialist care provided by Paul Strickland Scanner Centre."

Kelly Kilby, CT Superintendent Radiographer at Paul Strickland Scanner Centre



It's a great place to work.

KELLY KILBY, CT SUPERINTENDENT RADIOGRAPHER

“

Keep up the good work and the staff are very good and explained the procedure step by step. Very satisfied.

PATIENT COMMENT

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 10 October 2022. We carry out surveys amongst patients and referrers to see how satisfied they are with our service. Our staff analyse the results, and 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. Income for the year was much less than planned. The total income of £8.013m (period ended 30 September 2021: £8.450m) is lower than the previous year's figure by £437k (-5%). Total income from charitable activities was £7.107m (2021: £6.941m), an increase of £165k (2%).

The number of scans carried out is the principal activity driver for the charity; the total number of scans performed during the year was 17,243, compared to 16,176 in the whole of 2020/21, an increase of 1,067 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:

2018	17,915	**2021**	16,176
2019	16,955	**2022**	17,243
2020	15,116		

Total expenditure increased by £1.444m from £7,866k to £9,310k (18%). The charity incurred £669k one-off additional costs due to MRI machine defect and a £276k increase in staff expense has resulted in an overall expense increase. 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 impact of Covid-19 and the global economic downturn has been felt in every area of the charity's activities. It has been a difficult year for the charity.

The charity generated a deficit of £1,297k (2021: £584k surplus). The result is a moderately positive outcome for the charity given one-off additional costs incurred due to the MRI machine defect and due to impacts of the economic downturn and inflation.

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. To help rebuild the charity finances post Covid, the charity is planning to invest in new scanners and equipment. In the year under review, the charity invested £1.722m in installing two MRI scanners. Depreciation charged on fixed assets was £469k.

The total net assets of the charity have reduced in this year as a result of the deficit reported of £1.297m. Total net assets as at 30 September 2022 are £12.640m (2021: £13.937m). The balance sheet of the charity is very liquid, with cash held at bank and short term deposits of £9.698m.

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;

“

Staff are very friendly and talk you through the whole process, thank you.

PATIENT COMMENT

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

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

HOW WE WORK

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

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

NEW TRUSTEES

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

centre, our financial situation and the latest financial statements. Once their appointment has been agreed by the board, we provide new Trustees with copies of our governing documents. This includes the board terms of reference, statement of Trustee liability, frequency and timings of board meetings, a list of current Trustees, organisational structure, our current strategic plan and summary of all insurance policies. Each Trustee takes part in a carefully designed induction programme to help them understand how we help patients and their families as well as what their responsibilities are.

INVESTMENT POWERS

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

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 £12,640k of which £59k represents restricted funds; £7,000k has already been designated to fund critically important capital and equipment projects. General unrestricted funds equal our free reserves at a total of £5,580k. It is our policy to keep free reserves at a level that would cover running costs (including staff salaries and associated costs) for 6 to 9 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

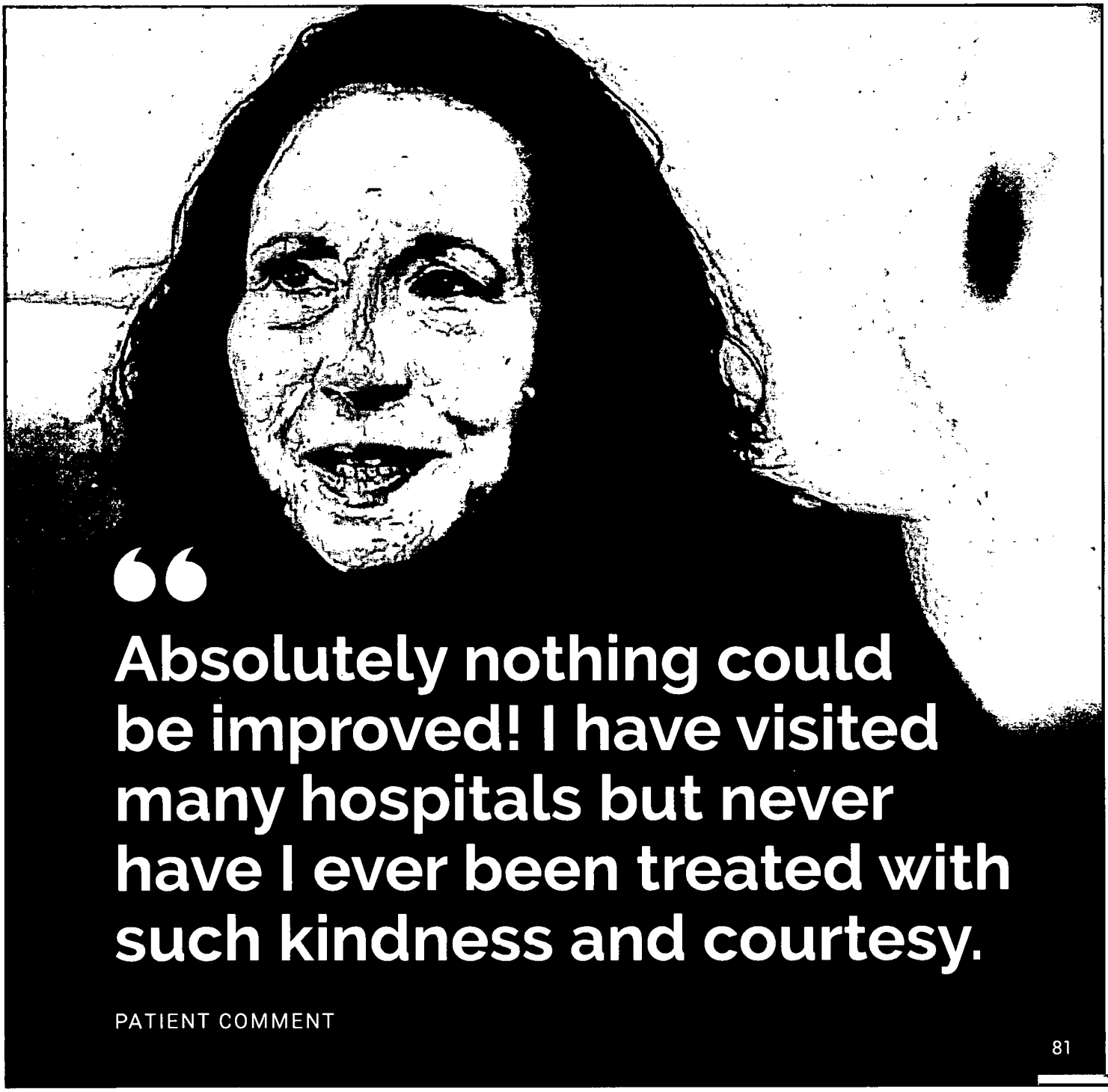
A set of key performance indicators is in place and these are measured throughout the reporting period, so that Trustees can assess the charity's performance and results against its objectives to ensure the charity is working towards meeting them. It is reviewed and discussed at board meetings. The measures 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. Due to the end pandemic, we have been able to restart many of our popular events, such as our annual Charity Golf Day. During the reporting period, Paul Strickland Scanner Centre involved an external fundraising professional on a contract basis to carry out fundraising from trusts and grant makers as a result of a vacancy that had arisen due to maternity leave. 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
Prof Shelley Heard (resigned 25 February 2022)
Mrs Nimisha Jadeja
Ms Joanne Langfield
Mr Dilip Manek
Ms Amy Page (resigned 22 April 2022, reappointed 16 December 2022).
Mr Daniel Ross (Treasurer)
Mr George Wharton
Mrs Cathy Williams (Chair)



“Absolutely nothing could be improved! I have visited many hospitals but never have I ever been treated with such kindness and courtesy.

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

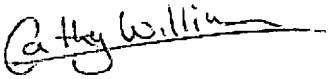
Our auditors, Nunn Hayward LLP, are deemed to be reappointed under section 487(2) of the Companies Act 2006. Their address is: Nunn Hayward LLP, Chartered Accountants and Statutory Auditor, 2-4 Packhorse Road, Gerrards Cross, Buckinghamshire, SL9 7QE.

RELATED PARTIES

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

STATEMENT OF DISCLOSURE TO THE AUDITORS

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



Mrs Cathy Williams,
Chair of the board of Trustees, dated 21 April 2023
On behalf of the Board of Trustees

Independent auditor's report

TO THE MEMBERS OF PAUL STRICKLAND SCANNER CENTRE

OPINION

We have audited the financial statements of Paul Strickland Scanner Centre (the 'charitable company') for the year ended 30 September 2022 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 2022 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 76, 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 mis-statement, 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 mis-statement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

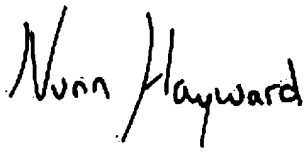
- Enquiry of management, those charged with governance and the charitable company's solicitors around actual and potential litigation and claims.
- Enquiry of the charitable company's staff in accounting, tax and compliance functions to identify any instances of non-compliance with laws and regulations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

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

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

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

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



Tom Lacey (Senior Statutory Auditor)

for and on behalf of Nunn Hayward LLP, Statutory Auditor

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

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

Date: 21 April 2023.

Statement of financial activities
(including income and expenditure account)

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2022 £	Total 2021 £
INCOME						
Donations and legacies	3	397,992	-	41,632	439,624	1,300,212
Income from charitable activities:						
Clinical services	3	7,106,542	-	-	7,106,542	6,841,333
Research	3	-	-	-	-	99,764
Investment income	3	321,643	-	-	321,643	208,871
Other income - profit on sale of tangible fixed assets		145,000	-	-	145,000	-
TOTAL INCOME	16	7,971,177	-	41,632	8,012,809	8,450,180
EXPENDITURE						
Costs of raising funds	5	171,890	-	-	171,890	155,093
Expenditure on charitable activities	6	9,138,246	-	-	9,138,246	7,711,324
TOTAL EXPENDITURE	16	9,310,136	-	-	9,310,136	7,866,417
NET (EXPENDITURE)/INCOME		(1,338,959)	-	41,632	(1,297,327)	583,763
TRANSFER BETWEEN FUNDS	16	386,543	(312,509)	(74,034)	-	-
NET MOVEMENT IN FUNDS FOR THE YEAR		(952,416)	(312,509)	(32,402)	(1,297,327)	583,763
RECONCILIATION OF FUNDS						
FUNDS BROUGHT FORWARD	15,16	6,532,497	7,313,243	91,123	13,936,863	13,353,100
FUNDS CARRIED FORWARD	15,16	5,580,081	7,000,734	58,721	12,639,536	13,936,863

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 93 to 109 form part of these financial statements.

Balance sheet

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

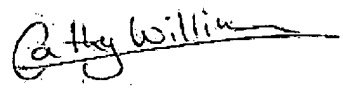
	Notes	2022 £	£	2021 £	£
FIXED ASSETS					
Tangible assets	8		3,315,734		1,306,306
Investments	9		3,685,000		6,006,937
			7,000,734		7,313,243
CURRENT ASSETS					
Debtors	10	1,897,149		4,336,999	
Cash at bank and in hand	9	6,012,547		6,959,906	
		7,909,696		11,296,905	
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR					
Creditors and accruals	11	2,214,477		4,673,285	
NET CURRENT ASSETS			5,695,219		6,623,620
TOTAL ASSETS LESS CURRENT LIABILITIES			12,695,953		13,936,863
CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR	12		56,417		-
TOTAL NET ASSETS			12,639,536		13,936,863
FUNDS:					
Unrestricted funds:					
- General funds	16		5,580,081		6,532,497
- Designated funds	16		7,000,734		7,313,243
Total unrestricted funds			12,580,815		13,845,740
Restricted funds	16		58,721		91,123
			12,639,536		13,936,863

Balance sheet (continued)

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

These financial statements were approved at a meeting of the Trustees held on 21 April 2023.

TRUSTEES



Cathy Williams

Daniel Ross

Company number: 02033936
Registered Charity number: 298867

The notes on pages 93 to 109 form part of these financial statements.

Cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

	Notes	2022 £	2021 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash (used in)/provided by operating activities	1	(1,014,483)	1,788,257
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		3,765	14,770
Purchase of tangible fixed assets		(2,374,391)	(446,164)
Disposals of tangible fixed assets		145,000	110,590
Net cash provided by investing activities		(2,225,626)	(320,804)
CASH FLOWS FROM FINANCING ACTIVITIES			
Interest paid		(4,865)	-
Repayment of obligations under finance leases		(24,322)	-
Net cash used in financing activities		(29,187)	-
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS		(3,269,296)	1,467,453
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		12,966,843	11,499,390
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	9,697,547	12,966,843

Notes to the cash flow statement

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

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

	2022	2021
	£	£
Net expenditure and net movement in funds for the year (as per the Statement of Financial Activities)	(1,297,327)	583,763
Adjustments for:		
Depreciation charges	469,052	528,267
Profit on sale of fixed assets	(145,000)	0
Interest received	(3,765)	(14,770)
Interest paid	4,865	0
Decrease/(increase) in debtors	2,439,850	(951,043)
Decrease/(increase) in creditors	(2,482,158)	1,642,040
Net cash (used in)/provided by operating activities	(1,014,483)	1,788,257

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2022	2021
	£	£
Fixed asset investments - term deposits	3,685,000	6,006,937
Cash at bank and in hand	6,012,547	6,959,906
	9,697,547	12,966,843

Notes to the financial statements

FOR THE YEAR ENDED 30TH SEPTEMBER 2022

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 2022 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	2022	2021
	£	£
Donations, gifts and funds raised	194,997	260,567
Trusts and Grants	12,752	-
Legacies	199,598	999,183
Gift Aid recoverable on donations	32,277	40,462
	439,624	1,300,212

Income from charitable activities	2022	2021
	£	£
Fees from patients and health authorities	7,106,542	6,841,333
Research - general	-	99,764
	7,106,542	6,941,097

Investment income	2022	2021
	£	£
Royalties receivable	172,872	49,105
Cyclotron rental income	145,006	144,996
Bank interest and bank treasury deposit interest receivable	3,765	14,770
	321,643	208,871

4. NET INCOME

	2022	2021
	£	£
Net income is stated after charging:		
Operating lease rentals	1,506,545	573,976
Finance lease interest	4,865	-
Auditors' remuneration - audit	13,000	10,000
Auditors' remuneration - accountancy services	8,000	8,000
Depreciation	469,052	528,267

5. COSTS OF RAISING FUNDS

	2022	2021
	£	£
Fundraisers' salaries and assistance	133,876	119,341
Event costs	7,508	8,710
Printing and mailing	19,712	17,310
General expenses	10,794	9,732
	171,890	155,093

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs	Support Costs	Governance Costs	Total
2022	**£**	**£**	**£**	**£**
Costs of generating funds:				
Fundraising and related activities	171,890	-	-	171,890
Charitable activities:				
Clinical services	8,075,505	1,039,741	23,000	9,138,246
Research	-	-	-	-
	8,075,505	1,039,741	23,000	9,138,246
	8,247,395	1,039,741	23,000	9,310,136
2021 - Comparative information				
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

SUPPORT COSTS	Staffing Costs	Other Costs	Total
2022	**£**	**£**	**£**
Clinical services	370,870	668,871	1,039,741
2021 - Comparative information			
Clinical services	341,078	677,602	1,018,680

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:

	2022	2021
	£	£
Wages and salaries	2,947,414	2,742,577
Social security	274,110	255,062
Pension	346,386	294,532
	3,567,910	3,292,171

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

	2022	2021
	No.	No.
£60,000 to £70,000	13	8
£70,000 to £80,000	1	1
£80,000 to £90,000	2	2
£90,000 to £100,000	2	2
£100,000 to £110,000	2	1
£110,000 to £120,000	0	1
£120,000 to £130,000	1	0
£130,000 to £140,000	0	1
£150,000 to £160,000	1	0

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

	2022	2021
	No.	No.
Medical and radiographic	61	60
Clerical and administration	11	9
	72	69

Key management comprise the trustees and the leadership team. Remuneration of key management in the year was £1,166,360 (2021: £1,273,009). The cost of trustees' indemnity insurance borne by the charity was £2,014 (2021: £1,947). 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 2021	2,091,883	1,045,070	6,398,382	2,348,845	11,884,180
Additions	-	530,147	1,721,720	226,613	2,478,480
Disposals	-	(137,704)	(1,120,000)	-	(1,257,704)
At 30 September 2022	2,091,883	1,437,513	7,000,102	2,575,458	13,104,956
Depreciation					
At 1 October 2021	2,091,883	962,984	5,603,667	1,919,340	10,577,874
Charge for the year	-	18,252	294,219	156,581	469,052
Disposals	-	(137,704)	(1,120,000)	-	(1,257,704)
At 30 September 2022	2,091,883	843,532	4,777,886	2,075,921	9,789,222
Net book value					
At 30 September 2022	-	593,981	2,222,216	499,537	3,315,734
At 30 September 2021	-	82,086	794,715	429,505	1,306,306

Included above are assets held under finance leases as follows:

	Equipment £
Net book values	
At 30 September 2022	75,898
At 30 September 2021	-
Depreciation charge for the year	
At 30 September 2022	28,191
At 30 September 2021	-

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

	2022	2021
	£	£
Investments - cash at bank and on deposit	3,685,000	6,006,937
Cash at bank and in hand	6,012,547	6,959,906
Cash and cash equivalents	9,697,547	12,966,843

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

	2022	2021
	£	£
Fees receivable	1,239,308	3,165,422
Prepaid scanner maintenance costs	228,124	258,846
Other debtors	172,874	5,227
Prepayments	133,318	105,888
Legacies receivable	123,525	801,616
	1,897,149	4,336,999

Included in fees receivable is £136,986 (2021: £2,416,595) due from East and North Hertfordshire NHS Trust

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	2020
	£	£
Trade creditors	1,178,150	306,076
Accruals and deferred income	649,348	472,812
Other creditors - East and North Hertfordshire NHS Trust	356,379	3,870,225
Value added Tax	7,250	24,172
Net obligations under finance leases	23,350	-
	2,214,477	4,673,285

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

	2022	2021
	£	£
Net obligations under finance leases	56,417	-
Amounts payable:		
Over one year but less than five	56,417	-

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

13. FINANCIAL COMMITMENTS

At 30 September 2022 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2022	2021
Operating and service contracts which expire:	£	£
Less than one year	160,627	250,477
Over one year but less than five	487,889	294,048
Over five years	293,536	131,250
	942,052	675,775

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

14. CAPITAL COMMITMENTS

The Trustees regularly review the need to upgrade or replace scanners in order to maintain operational efficiency and offer up to date medical imaging to patients. To achieve these objectives, as at the year end, the charity had placed an order for a new PET CT scanner for £1.9m. The Trustees expect a further £1.6m to be spent on installation and associated costs for this scanner over the next year.

Further capital expenditure planned for 2022/23 includes continued IT and communications improvements of approximately £185k.

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2022 Total funds	2021 Total funds
	£	£	£	£	£
Fixed assets	-	7,000,734	-	7,000,734	7,313,243
Current assets	7,850,975	-	58,721	7,909,696	11,296,905
Creditors due within one year	(2,214,477)	-	-	(2,214,477)	(4,673,285)
Creditors due after one year	(56,417)	-	-	(56,417)	-
Net assets	**5,580,081**	**7,000,734**	**58,721**	**12,639,536**	**13,936,863**

16. MOVEMENT IN FUNDS

	Balance at 1 October 2021	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2022
	£	£	£	£	£
General funds	6,532,497	7,971,177	(9,310,136)	386,543	5,580,081
Total general funds	**6,532,497**	**7,971,177**	**(9,310,136)**	**386,543**	**5,580,081**
Restricted funds					
Restricted funds for Research:					
Brachytherapy study	1,400	-	-	-	1,400
Research Funds	33,900	8,205		-	42,105
Patient welfare	13,233	1,983			15,216
MRI Appeal	42,590	31,444		(74,034)	-
Total Restricted funds	**91,123**	**41,632**	**-**	**(74,034)**	**58,721**
Designated funds					
Scanner Replacement Fund	5,806,937	-	-	(2,306,937)	3,500,000
Designated property & equipment fund	1,306,306	-	-	2,009,428	3,315,734
IT and Communications & other	200,000	-	-	(15,000)	185,000
Total Designated funds	**7,313,243**	**-**	**-**	**(312,509)**	**7,000,734**
Total	**13,936,863**	**8,012,809**	**(9,310,136)**	**-**	**12,639,536**

16. MOVEMENT IN FUNDS (continued)

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

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

Scanner replacement fund
The trustees of Paul Strickland Scanner Centre recognise that the operational life of the scanner equipment currently in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment. As of the date of this report, the Trustees have identified the need to replace PET CT in the near future. The level of the scanner replacement designated fund has therefore been increased to the total estimated costs for this replacement project which comprise £3.5m 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 2023 following the significant additions made in 2022.

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

Restricted funds

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

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

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

Patient welfare
To fund equipment to improve patient welfare.

17. RELATED PARTY TRANSACTIONS

The only transactions with related parties, other than those disclosed in note 7, were for payments totalling £1,200 to a company controlled by a trustee, Amy Page. These payments were for the provision of Continuing Professional Development services provided to employees of the charity and not for services provided in the performance of duties as a trustee.

18. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30TH SEPTEMBER 2021

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

19. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2022		2021	
		£	£	£	£
Income					
Donations, gifts and funds raised			194,997		260,567
Legacies received			199,598		999,183
Income tax recoverable			32,277		40,462
Bank interest and bank treasury			3,765		14,770
Trusts and Grants			12,752		-
			443,389		1,314,982
Less: expenditure					
Fundraisers' salaries and assistance		133,876		119,341	
Event costs		7,508		8,710	
Printing and mailing costs		19,712		17,310	
General expenses		10,794		9,732	
			171,890		155,093
Surplus - appeals fund			271,499		1,159,889
Add:					
Deficit – Scanner Centre	20		(1,568,826)		(576,126)
(Deficit)/Surplus in year			(1,297,327)		583,763

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

20. ANALYSIS OF INCOME AND EXPENDITURE

SCANNER CENTRE	Notes	2022		2021	
		£	£	£	£
Income					
Fees from patients and health authorities			7,106,542		6,941,097
Profit on sale of assets			145,000		-
Royalties receivable			172,872		49,105
Cyclotron rental income			145,006		144,996
			7,569,420		7,135,198
Less: expenditure					
Staff salaries and radiologists' fees		4,103,166		3,965,571	
Other staffing costs		7,830		20,474	
Maintenance contracts and scanner repairs		657,443		66,142	
Repairs and renewals of equipment and building		387,696		251,618	
Lease charges on equipment		1,336,541		403,972	
Medical and surgical supplies, cryogens and other consumables		1,340,160		1,108,305	
Coronavirus costs		49,764		36,148	
Rent and rates		174,504		154,848	
Heat, light and facilities		264,000		264,000	
Printing, postage, stationery and telephone		109,085		108,749	
Auditors' remuneration		13,000		10,000	
Medical conferences and travel		4,717		1,660	
Miscellaneous expenses		11,862		10,777	
Bank charges		2,149		2,511	
Legal, professional and consultancy fees		95,229		75,706	
Insurance		107,183		108,576	
Interest on finance leases		4,865		-	
Depreciation		469,052		528,267	
			9,138,246		7,711,324
Deficit - scanner centre			(1,568,826)		(576,126)

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