

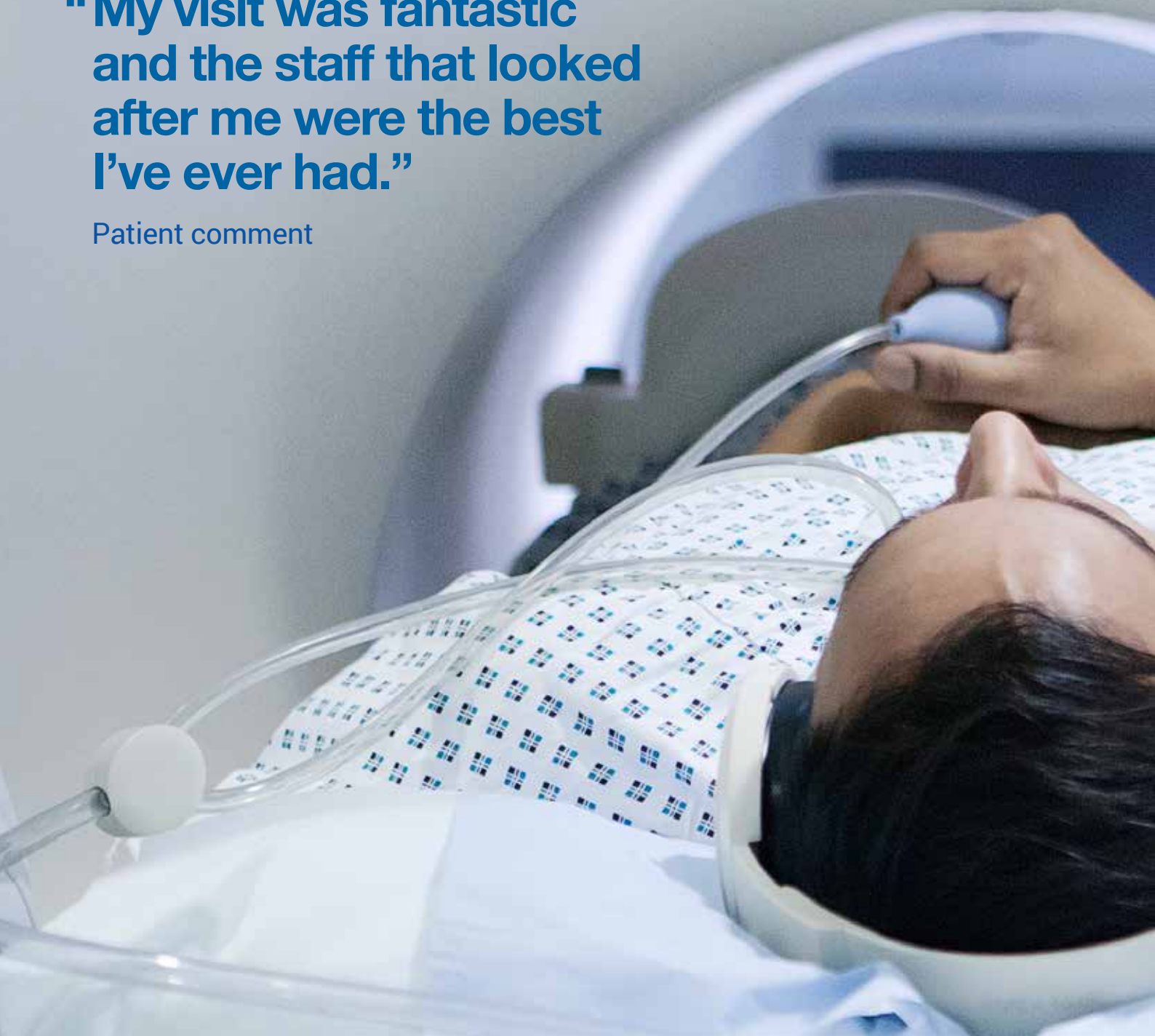
Early diagnosis saves lives

Annual report and financial statements 2015-16



**“My visit was fantastic
and the staff that looked
after me were the best
I’ve ever had.”**

Patient comment





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A transcript of this document is available
in large print. Please ring 01923 884600.

Chairman's report

for the year ended 30 September 2016

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

The trustees, staff and volunteers have all worked together to ensure that we remain at the forefront of diagnostic imaging, giving patients with cancer and other serious diseases the best possible options for their care and recovery. I would like to thank the whole team for their hard work and dedication during this year.

Claire Strickland, our Chief Executive, has spent this year developing our services further with the full engagement of staff and volunteers. The constantly changing healthcare environment can be demanding, but Claire has enthusiastically risen to every challenge and ensured that the centre is driving forward following the objectives of our charity.



The Board of Trustees is a diverse group with a range of skills ensuring that the Scanner Centre is managed appropriately. This board takes decisions on all strategic matters whilst devolving the day-to-day operational management to the Chief Executive.

It is always very satisfying to be able to review a positive year. We have shown financial stability of the Paul Strickland Scanner Centre with an increasing workload and on-going positive patient feedback.

Collaboration with our colleagues at Mount Vernon Cancer Centre continues and this year has led to the development of a joint MRI project which will utilise the expertise from both teams and will improve access to diagnostic imaging for patients at the Paul Strickland Scanner Centre, as well as improved radiotherapy treatment planning.

This year we have made a new consultant appointment, Dr Heminder Sokhi, for four sessions per week, working primarily in the area of prostate cancer. Also the appointment of a Communications Strategic Lead, Mr Pierre du Bois, will allow us to develop both our internal and external communications including updating of our website.

Continued clinical research activity ensures that our patients benefit from the latest techniques and developments.

The installation of the replacement CT scanner during the year was the major project for

the centre. Next year we hope to rearrange our public areas to improve the patient experience, including improved patient privacy and more efficient flow through the centre. Members of staff have also worked hard towards a national quality management standard (ISAS). We hope to be awarded our certification during 2017.

As ever the work of our volunteers in fundraising is very welcome and we thank all of these people for their time. The Friends of Paul Strickland Scanner Centre continue to support the centre ensuring we remain a visible local charity. We are also very grateful to the Mayor of Hillingdon for appointing us one of his charities for the year and for his personal support at some of the centre's events.

We look forward to 2016 – 2017 and continuing the work of our founder Dr Paul Strickland.



Dr. T. R. Wright

Chairman of the Board of Trustees

April 2017

Trustees' report

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

We serve both NHS and private patients who need Magnetic Resonance Imaging (MRI), Computed Tomography (CT), and Positron Emission Tomography – Computed Tomography (PET-CT) scans. Most patients are from North West London and Middlesex, Hertfordshire, Buckinghamshire and Bedfordshire.

The scans are then mainly used to diagnose and monitor cancer and other serious conditions (such as dementia) but also in life changing medical research.

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



“Dad had a PET scan at Paul Strickland Scanner Centre for early diagnosis of lung cancer. Mum and Dad found the staff at the unit very polite and caring, and whilst there they read that the centre depended on voluntary contributions, legacies and fundraising events. They realised on the day that they attended, the scanner was in constant use and that cancer affects so many people and of all ages.”

Sadly Dad lost his courageous battle and died on Christmas Eve 2012, with all his family by his side. He was 61.

I subsequently ran the London Marathon in his memory. I am so proud of the way Dad coped with all he went through, and so by taking on this massive challenge I hoped he would be proud of me.

The London marathon was a huge personal challenge, and I had to overcome many hurdles to reach the finish line, including injury during training. The actual day was amazing and I will never forget the feeling and adrenaline that I experienced. I completed the marathon using all my strength and determination, just as my Dad had. Dad taught me to be strong and during the toughest miles, around mile 18 onwards,



Katie Hayden

The centre is vital to early diagnosis.

Katie Hayden, Paul Strickland Scanner Centre supporter

I remembered all that he taught me in life. I wasn't going to fail this challenge, I wasn't going to fail my Dad or the charity.

The centre is vital to early diagnosis and anyone who has to visit the charity will experience care, politeness and most importantly an understanding from staff of what a difficult and worrying time it is for that patient and their family. ”

Katie

Our vision – the essence of what we do

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

- ✓ For our patients and referrers:
 - ✓ Providing world class diagnostic imaging
 - ✓ Responding promptly to patient and referrer needs
 - ✓ Improving patient outcomes
 - ✓ Demonstrating clinical excellence
 - ✓ Enabling clinical and technology advancements.
-



Who was Paul Strickland?

Our charity is named after its founder, Dr Paul Strickland, who was a well-known oncologist and the Director of what is now Mount Vernon Cancer Centre.

He was convinced that early scanning could save the lives of patients with cancer and other serious diseases and he tried to persuade the NHS to install a CT scanner at Mount Vernon, but funds were not available. So in 1983 he became Vice Chairman of the Mount Vernon Scanner Appeal to raise donations to obtain a CT scanner. He captured the imagination of the public and enough money was raised to obtain a CT scanner, as well as an MRI scanner and the building to house them, and in 1985 the Paul Strickland Scanner Centre opened its doors.

Our objectives

Focusing on what matters

Our staff team, volunteers and trustees are completely dedicated to helping patients and their families. Together, we work:

1. To continuously improve the quality of services in order to provide the best care and optimise health outcomes for each and every individual (*see pages 13, 17*).
2. To excel at customer service, achieving outstanding levels of communication including patient, carer and referrer satisfaction (*see page 35*).
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 (*see pages 15, 17, 21*).
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 (*see pages 20, 22, 24*).
5. To improve staff engagement and organisational culture, ensuring patient safety as a top priority (*see page 17*).



Our mission is to remain at the forefront of scanning technology.

Scanner technology is constantly evolving and to be able to offer patients the most modern equipment and to keep abreast of the latest developments, a consistent replacement programme is required.

Our team

Our staff team of about 50 is led by Claire Strickland, our Chief Executive. She reports to our Board of Trustees, which is chaired by Dr Terry Wright.

Having spent most of her career working in the NHS, Claire has led the charity since 2014, and has a strong clinical, managerial and commissioning background. Claire is the daughter of our founder and believes that the patient must always come first when delivering high standard care.

Most of our staff are either radiographers (clinical staff who produce CT, MRI and PET-CT images using our specialised equipment) and radiologists (doctors who specialise in diagnosing and reporting on illnesses and injuries through the use of medical images). Other staff support patients by booking appointments and making sure the centre is efficiently run. We have a small Appeals team, who work to raise awareness and money to fund new scanners and research.

Our clinical staff actively support medical research delivered at the centre.

Claire
Strickland





“The staff have been amazing, from reception and administration to radiographers. Thank you very much.”

Patient comment

How we've helped recently and what we're planning

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

We fundraise and generate income by providing services to private patients, as well as pharmaceutical and radiological research organisations. This allows us to invest in leading edge medical imaging systems while providing services to NHS patients on a non-surplus basis.

We provide scans of the highest quality, saving and improving lives by enhancing diagnosis and treatment planning for patients. We make sure the systems we buy are right for clinical needs, service development and enhancement, as well as research and development opportunities **(Objective 1)**.

Our staff team operate five high-specification scanners with sophisticated software not commonly found in district general hospitals, and the charity's highly skilled and specialist staff are trained in their operation to ensure maximum patient benefit.

We employ medical, radiographic and support staff of the highest calibre.

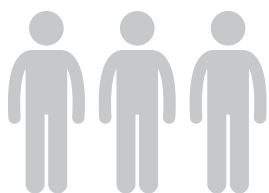
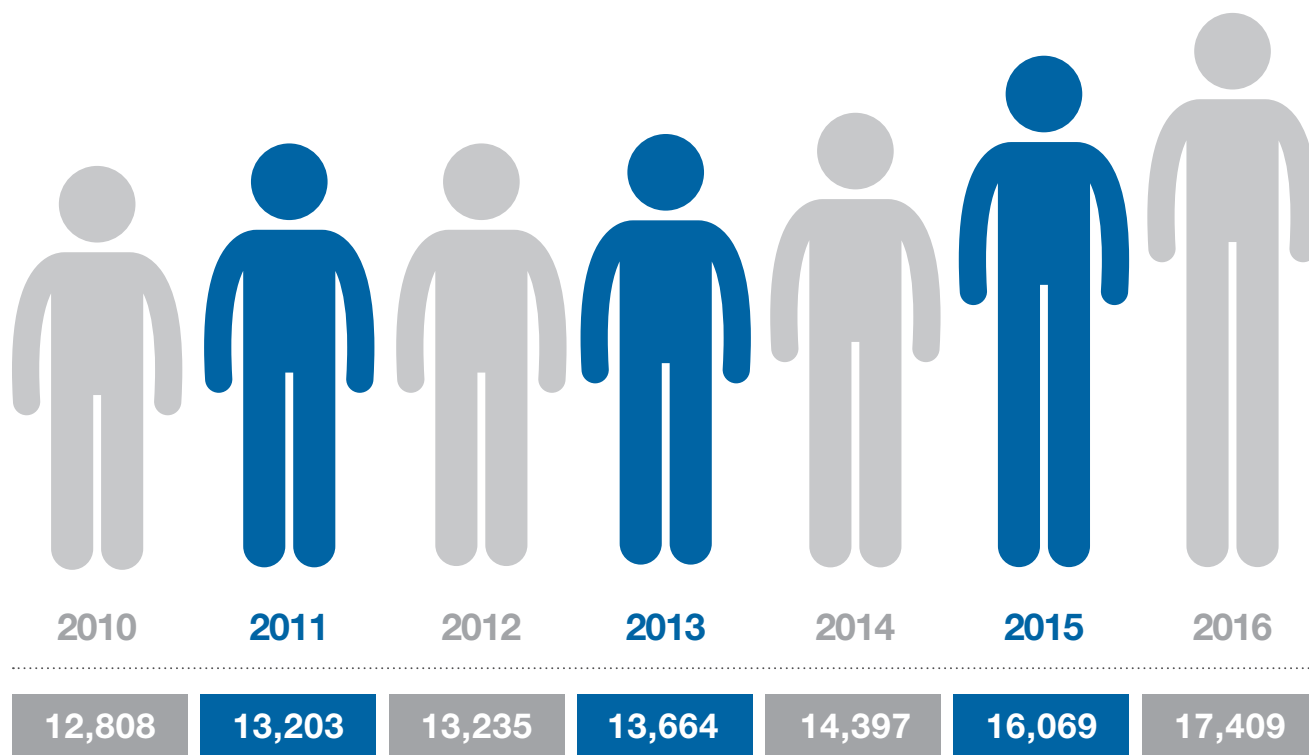
We can currently offer patients the following imaging systems:

X-ray Computed Tomography (CT). A Computed Tomography (CT) scan uses X-rays and a computer to create detailed images of the inside of the body.

Magnetic Resonance Imaging (MRI) at 1.5T and 3T. Magnetic resonance imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.

Positron Emission Tomography (PET-CT). PET-CT scanning is not generally available in local hospitals and while mainly used for detection and diagnosis of cancer, it is also of benefit in neurology and other areas such as vasculitis (a condition where the immune system attacks healthy blood vessels, causing them to become swollen and narrow) and infection imaging. This has been an area of increasing benefit to patients.

Number of patients who we helped through diagnosis or monitoring of their condition



With the number of scans at the centre rising steadily, we are helping more and more patients every year.

(Objective 3 – improved access).

A close-up photograph of a man with a beard and glasses, smiling warmly. He is holding a white mug with a pink band around it. The word 'Smile' is printed in large white letters on the pink band. Below the word, there is a definition: 'verb, smile form one's features into a pleased expression, typically with the corners of the mouth turned up.' The background is a whiteboard with faint, handwritten notes in blue ink, including 'Compliment', '20°C', 'X-Call', '(please not only)', 'NOT RESEA', and 'for Dr'.

Our highlights

New CT scanner

Thanks to the generosity of our supporters as well as efficient management, we have been able to buy and install a new Siemens CT Somatom Force machine, which features the latest scanning technology and amongst other things allows for a CT Cardiac Service and Dual Energy Scanning (which is superior to standard CT scanning). CT Colonography, Urology, Dental and Vascular Scanning are becoming part of our routine scanning repertoire as well as a regular Interventional Service for the placement of Fiducial Markers for more accurate CyberKnife® treatments. **(Objective 3 – improved access).**



Optimising exceptional image quality at very low doses allows us to focus on trialling new techniques and the research of new treatments, with patient safety and care at the core. **(Objective 1 – continuous improvement, Objective 5 – patient safety)**

We're looking forward to the further development of our CT service over the year ahead.

Siemens CT Somatom Force machine

Education and training

We support the training of future specialist imaging consultants in CT, MRI and PET-CT who come to us from other UK centres without charge.



During the year a number of registrars have benefitted from rotations of between three to twelve months at the Scanner Centre, enhancing their learning of new techniques in cancer imaging. Additionally we have also hosted visiting consultants and trainee doctors, both from within the UK and overseas.

We've set up links with universities to take undergraduate radiography students, and Mount Vernon Cancer Centre physicists attend learning sessions with our new machines. Trainee Clinical Scientists also visit the centre to study for their basic competencies in imaging modalities.

Our ionizing radiation imaging staff also provide regular lectures to healthcare professionals including nurses, medical trainees, registrars and consultants regarding compliance with mandatory regulations for radiation imaging. This happens both at Mount Vernon Hospital and now at the Lister Hospital in Stevenage.

Our support staff play a vital part in our team and lead in a number of areas to boost the effectiveness of our clinical operation.

“There was nothing that was too much trouble and I would tell anyone if they have the chance, to come here for their scan.”

Patient comment



Supporting the NHS

We continue to support the NHS in its delivery of high quality specialised patient care for people with cancer. Below are some examples of how we're able to demonstrate our support for excellent practice and meet the needs of individual patients.

We've continued to support the assessment and planning of patients, giving advice and recommendations for management to Mount Vernon Cancer Centre consultants.

MRI project

The charity has launched a project that will involve buying and installing an MRI scanner for Mount Vernon Cancer Centre at a cost of around £1.5million.

The scanner will enable the Mount Vernon Cancer Centre (MVCC), part of East and North Hertfordshire NHS Trust, and PSSC to work even more closely together, which will allow staff from both organisations to learn from each other and find new and

better ways of improving care and treatment for local patients. The Cancer Centre will contribute its expertise in radiotherapy, as well as the scanning room. The scanner will be operated jointly by us and MVCC staff, and will be a significant upgrade to the scanner currently being used at the cancer centre.

It's expected that the new scanner will reduce waiting times, increase the number of people who are able to have a scan per day, and allow more precise radiotherapy treatment planning for cancer patients. The new machine will also feature a wider opening, making scans easier for large patients or those who have claustrophobia. We anticipate that the new scanner will be operational by Autumn 2017.

(Objective 4 – cancer)



Helping to reduce NHS waiting times

We've supported local acute trusts by accepting referrals at short notice in order to help reduce waiting times for patients. To make sure we can accommodate patients, we've extended our working days and scheduled extra sessions over weekends. We continue to provide second opinion scans from other hospitals for cancer patients at the Mount Vernon Cancer Centre when specialist consultants request this, as part of the enhanced service we provide for patients, without charge. **(Objective 3 – access)**

Advanced MR Scanning

Our state of the art MR scanners
improve prostate cancer diagnosis

Our MR scanners can address the clinical problems of over and under diagnosis of prostate cancer because they produce very clear pictures of the prostate gland. Our consultant Radiologists also have considerable specialist experience of prostate imaging and spectroscopy.

The charity has supported the development of whole body MRI scanning, which is used to see if cancer therapies are working. Whole body MRI scanning is primarily used in imaging breast, prostate, melanoma, myeloma and renal cancers. **(Objective 4 – advanced MR scanning)**

A close-up, slightly blurred photograph of a medical device's control panel. The central focus is a large, oval-shaped button with a bright blue, glowing border. Inside the oval, there are several white, triangular arrow icons pointing in various directions. The background is dark and out of focus, showing other parts of the device.

**“Everything was excellent.
From cheap, easy car parking
to the excellent care, attention
and patience of all the staff.
A testing time was transformed
into a wonderful experience.”**

Patient comment

Medical research

22
new projects
agreed

We're actively involved in research and encourage all staff to participate in research and associated activities.

Our scanners are used in research to improve early cancer detection, to ensure the best possible treatments for our patients that are right for them. (Objective 4 – clinical research)

In 2016 the charity scanned patients in 65 research studies and agreed to participate in another 22 new projects. These trials included investigating the impact of a novel PET tracer fluciclovine, and a trial with the Institute for Cancer Research, studying biomarkers to assess response in patients with prostate cancer treated with radium-223.

We're involved in the scanning of participants in multi-centre trials led by Mount Vernon Cancer Centre, including innovative chemotherapy and immunotherapy, which activates the body's own immune system to ward off cancer.

The charity is extremely fortunate to have dedicated physicists who are an integral part of the research programme. Our MRI physicist is also a consultant for surrounding hospitals and our PET-CT physicist is the Honorary Secretary of the Institute of Physics and Engineering in Medicine (IPEM), the professional body for physicists.



We fund half a post for a research fellow, Dr Michael Kosmin, who is investigating the use of whole-body MRI in patients with breast cancer which has spread to the bone.

He is particularly interested in capturing data on mixed response to treatment in these patients using whole-body MRI. In the future Dr Kosmin would like to open a reproducibility sub-study. Dr Kosmin has disseminated his work by publications and presentations. The charity has committed to increasing the number of research fellow posts to two in the future; the second post will involve the investigation of biomarkers in oncology to create patient specific treatments.

“Everyone is so friendly, which relaxes you. Thank you so much.”

Patient comment





“Keep up your brilliant work and standards.”

Patient comment



Prof Anwar Padhani's publications included a paper on MRI scanning prior to prostate biopsy, which became a subject of national attention. Other publications included *Imaging biomarkers*, *Modernising Imaging in Advanced Prostate Cancer* and *Prostate Cancer* reporting guidelines in *Imaging of Metastatic Prostate Cancer*. Prof. Padhani works collaboratively with Dr. Kosmin and Dr. Heminder Sokhi who have been evaluating the use of whole body MRI in metastatic breast cancer. Prof Padhani is a strong supporter of educating others and has spoken at many conferences this year.



Dr Wai-Lup Wong has contributed to several publications on PET-CT scanning, focusing on head and neck and pancreatic cancer. The *New England Journal of Medicine* published the results of a multi-centre study (PETNECK) which compared PET-CT Surveillance versus Neck Dissection in Advanced Head and Neck Cancer. Dr Wong used his involvement in research to contribute to the NICE Upper Aerodigestive Tract Cancer Guidelines Committee. Dr Wong presented at the British Nuclear Medicine Society 2016 annual meeting and the RCR 'Radionuclide Radiology Study Day 2016'. He organises the annual RSM PET-CT in the Practice of Oncology conference.

**British Nuclear
Medicine Society
2016 annual meeting**

**6th Symposium
on the Treatment
of Prostate Cancer**

**RCR 'Radionuclide
Radiology Study
Day 2016**

**Global congress
on prostate cancer**

**Practice of
Oncology
conference**

**Masterclass in
imaging of prostate
cancer**

**ISMRM 24th
Annual Meeting**

**International
Prostate Imaging
Symposium**

**Some of the
conferences
we contributed
to recently...**

“Everything explained to me in detail. Perfect towards obviously sick people. So pleased with everything.”

Patient comment



We have links with several research centres including the Royal Marsden, Guy's and St Thomas' Hospital, University College Hospital and the University of Hertfordshire. Prof Vicky Goh, who has a joint appointment with PSSC and Guy's and St Thomas', is in the process of writing up the Cancer Research UK BACCHUS trial investigating rectal cancer. Prof Goh is regularly presents at national and international conferences.

The charity has an enthusiastic team of research radiographers to coordinate and develop research within the centre.

Their role includes setting up new research, liaising with internal and external research teams, providing support and guidance for centre staff who wish to undertake research, and encouraging the centre's own research initiatives. Two radiographers are undertaking PhDs and one is undertaking an MSc. In his PhD, James Stirling has received sponsorship from Prostate Cancer UK and he is looking at texture analysis of images of recurrent prostate cancer. In her PhD, Vicki Major is investigating dose optimization in CT scanning. Will McGuire is in his first year of his MSc and he was a guest speaker at the British Association of MR Radiographers conference.

Financial review

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

The total income of £7,401k is higher than the previous year's figure by £345k (4.9%).

Total income from charitable activities was £6,855k (2015: £6,260k), a rise of 9.5%. This reflects the continuing growth in the number of scans undertaken, as reflected in the following figures:

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

However, investment income was static at £206k, reflecting the prevailing economic conditions, and income from donations and legacies fell to £340k (2015: £590k),

a reduction of 42.4%, as the climate for fundraising remains challenging.

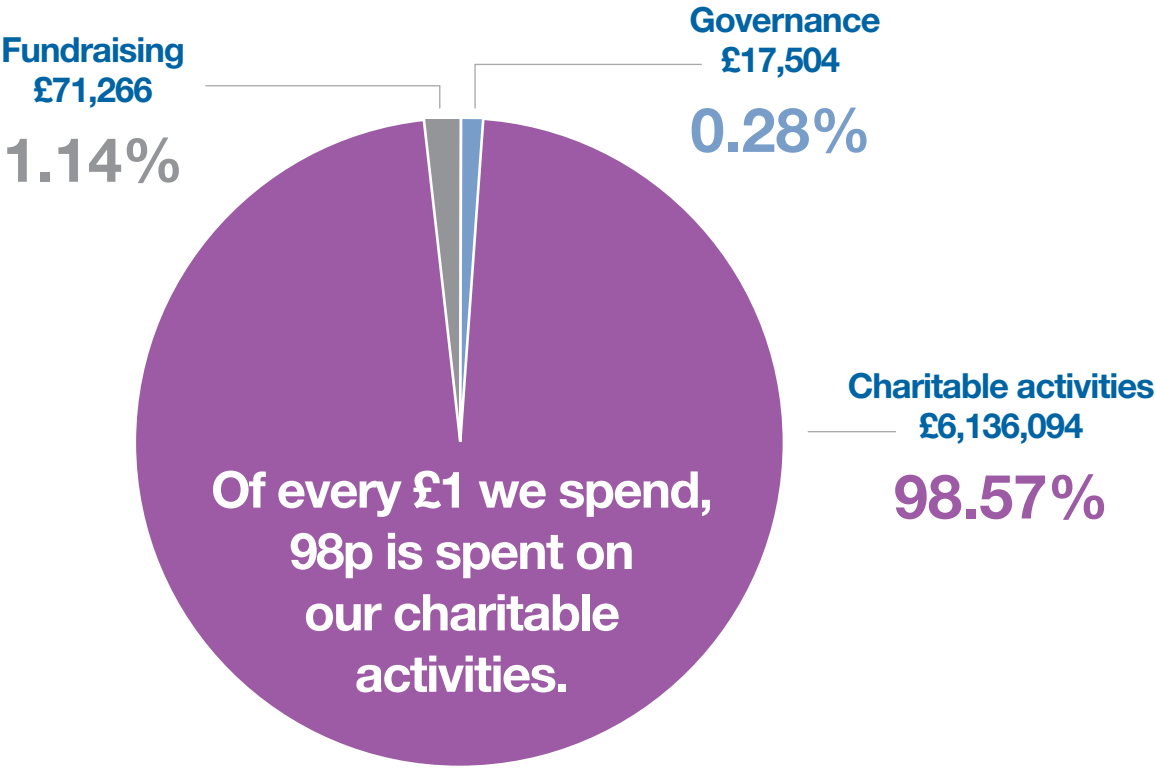
The growth in activity was reflected in a 16.3% rise in total expenditure to £6,225k (2015: £5,352k). Costs rose sharply in most significant areas, particularly in relation to fees and salaries paid to medical staff and the outlay required for maintaining the scanning equipment.

Consequently net income was £1,176k (2015: £1,704k), a reduction of 31%.

The charity needs to generate a surplus, year on year, to enable it to continue to invest in new scanners, associated equipment and other advanced technology. In the year under review the charity invested £1.15m in new scanners and £234k in other fixed assets.

Despite the difficult external conditions for the charity the position shown in the balance sheet has improved, with total net assets of £11.06m (2015: £9.9m); this includes an increase in cash holdings of £592k to £4,289k (2015: £3,697k).

How your money helps



For every £1 we spend in fundraising, we make back £4.70

Governance

Objects and activities

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

Trustees and their interests

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

Statement of trustees' responsibilities

Our trustees (who are also directors of Paul Strickland Scanner Centre for the purposes of company law) are responsible for preparing the 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;
- ✓ Select suitable accounting policies and then apply them consistently;
- ✓ Make judgements and accounting estimates that are reasonable and prudent;
- ✓ State whether applicable UK Accounting Standards have been followed. subject to any material departures disclosed and explained in the financial statements;
- ✓ Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

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

Board of trustees

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

Dr Terence Wright
(Chairman of the Board of Trustees)
Mr Patrick (Paddy) Kelly (Treasurer)
Mrs Cathy Williams (Secretary)
Mrs Palvi Shah –
appointed 18 November 2016
Mr Daniel Jonathan Ross –
appointed 18 November 2016
Dr Roberto Alonzi
Ms Lynn Roberts –
appointed 18 November 2016
Mrs Lucy Lofting
Mr Dilip Manek

Mr Michael Vine – resigned 19 February 2016
Ms Donna Castle – resigned 24 June 2016
Ms Helena Wilkinson – resigned 19 Feb 2016

Company Number: 2033936

Charity registration number: 298867

Principle Bankers: Barclays Bank plc

Solicitors: Veale Wasbrough Vizards

How we work

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

qualifications, experience, or connection 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 her staff team.

Claire and her leadership team are accountable to the Board of Trustees, who meet every two months. Each trustee takes part in a carefully designed induction programme to help them understand how we help patients and their families as well as what their responsibilities are.

New trustees

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

includes the board terms of reference, statement of trustee liability, frequency and timings of board meetings, a list of current trustees, organisational structure, our current strategic plan and summary of all insurance policies.

Investment powers

Under the Articles of Association, our trustees have the power to decide which investments are best for the charity.

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

Risk management

At bi-monthly board meetings the trustees continue to focus on major risks for the Charity which would have a severe impact on operational performance as well as reputation should they occur. During the year the Audit and Risk Committee, a sub-committee of the

Board of Trustees, has met on three occasions. The work of the subcommittee is reported to the Board of Trustees. The key areas the subcommittee has reviewed include clinical, budgetary control, fundraising, the charity's investment policy, health and safety, infection control and prevention and risk management in IT. The Audit and Risk Committee updates the risk register after each meeting, which the board then annually reviews. The Board of Trustees reviewed all higher level risks in September 2016, as well as all the steps put in place to mitigate these. A key risk in the coming financial year may be the future of PET CT services at the centre; NHS England is currently consulting on the future provision of services in England and the board will have to reassess the impact of this once the consultation outcome is known.

We carry out patient and referrer satisfaction surveys amongst patients and referrers to see how satisfied they are with our MRI/CT and PET-CT service. Our staff then analyse the results, develop and implement action plans to make improvements which will improve the experience for both patients and the doctors who referred them. We carry out an audit of our scan reports together with external centres to make sure our reporting is accurate and discuss any discrepancies.

Auditors

Our auditors, Nunn Hayward LLP, are deemed to be reappointed under section 487(2) of the Companies Act 2006. Their address is: Nunn Hayward LLP, Chartered Accountants and Statutory Auditor, Sterling House, 20 Station Road, Gerrards Cross, Buckinghamshire, SL9 8EL

Reserves policy

Paul Strickland Scanner Centre's policy on reserves is consistent with the recommendations published by the Charity Commission SORP. Reserves are established and reviewed to ensure that the charity retains a level of funds to meet its forward obligations and to ensure it can reasonably maintain a level of service in line with its objectives. The total net assets are £11,056,125 of which £22,769 represents restricted funds; £3,000,000 is held in designated funds and general unrestricted funds total £8,033,356. Total Free Reserves, which represent funds free from any restriction and are available to be spent, total £4,741,835 as at 30 September 2016.

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

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

Staff pay and conditions

Pay and conditions of staff (excluding medical doctors) is determined nationally under the Agenda for Change agreement, as set out in the NHS terms and conditions of Service handbook and subject to a national job evaluation scheme. Pay and Conditions for doctors is determined by the NHS nationally under the relevant agreement.

Criteria or measures used to assess success in the reporting period

A set of key performance indicators is in place, which is measured throughout the reporting period, so that trustees can be assured that the objects of the charity are met. It is reviewed and discussed at board meetings. The measures include activity, quality, patient experience and contract compliance. **(Objective 2)**



**“I was very pleased
with the friendly
and helpful staff”**

Patient comment

RELATED PARTIES

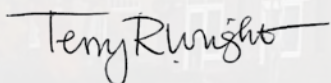
Details of transactions with trustees and other related parties are given in Note 7 to the financial statements.

STATEMENT OF DISCLOSURE TO THE AUDITORS

So far as the trustees are aware, there is no relevant audit information (as defined by Section 418 of the Companies Act 2006) of which the charity's auditors are unaware, and each trustee has taken all the steps that they ought to have taken as trustees in order to make themselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

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

On behalf of the Board of Trustees



Dr. T. R. Wright, *Chairman*

Dated: 19 May 2017





Independent Auditors' Report to the Members of Paul Strickland Scanner Centre

We have audited the financial statements of Paul Strickland Scanner Centre on pages 41-62 for the year ended 30 September 2016 which comprise the statement of financial activities, balance sheet, cash flow statement and the related notes. The financial reporting framework that has been applied in the preparation of the financial statements is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including FRS102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

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. 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.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

As explained more fully in the statement of trustees' responsibilities, 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.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing

(UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB) Ethical Standards for Auditors. .

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the trustees' report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

OPINION ON FINANCIAL STATEMENTS

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 2016 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.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

- In our opinion, based on the work undertaken in the course of our audit:
 - the information given in the trustees' report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the trustees' report has been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In light of our knowledge and understanding of the charity and its environment obtained in the course of our audit, we have not identified material misstatements in the trustees' 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' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.
- the trustees were not entitled to prepare the Financial Statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Directors' Report and from the requirement to prepare a Strategic Report.



Tom Lacey, *Senior Statutory Auditor*

Dated:

For and on behalf of Nunn Hayward LLP
Chartered Accountants and Statutory Auditors
Sterling House, 20 Station Road,
Gerrards Cross, Buckinghamshire
SL9 8EL

:

Statement of Financial Activities

(including income and expenditure account)

For the year ended 30 September 2016

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2016 £	Total 2015 £
INCOME						
Donations and legacies	3	336,561	-	3,215	339,776	590,355
<i>Income from charitable activities:</i>						
Clinical services	3	6,542,733	-	-	6,542,733	5,985,696
Research	3	312,436	-	-	312,436	273,951
Investment income	3	206,410	-	-	206,410	206,214
TOTAL INCOME	17	7,398,140	-	3,215	7,401,355	7,056,216
EXPENDITURE						
<i>Costs of raising funds:</i>						
Costs of generating voluntary income	5	71,266	-	-	71,266	86,891
Charitable activities	6	6,150,383	-	3,215	6,153,598	5,265,536
TOTAL EXPENDITURE	17	6,221,649	-	3,215	6,224,864	5,352,427
TRANSFER BETWEEN FUNDS		-	-	-	-	-
NET INCOME AND NET MOVEMENT IN FUNDS FOR THE YEAR		1,176,491	-	-	1,176,491	1,703,789
RECONCILIATION OF FUNDS						
FUNDS BROUGHT FORWARD	16,17	6,856,865	3,000,000	22,769	9,879,634	8,175,845
FUNDS CARRIED FORWARD	16,17	8,033,356	3,000,000	22,769	11,056,125	9,879,634

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 46-62 form part of these Financial Statements.

Balance sheet

as at 30 September 2016

		2016	2015
	Notes	£	£
FIXED ASSETS			
Tangible assets	8	3,291,521	2,946,375
Investments	9	3,000,000	3,000,000
		<u>6,291,521</u>	<u>5,946,375</u>
CURRENT ASSETS			
Debtors	10	3,344,095	2,425,752
Cash at bank and in hand	9	4,288,968	3,696,857
		<u>7,633,063</u>	<u>6,122,609</u>
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR			
Creditors and accruals	11	2,618,647	1,814,642
NET CURRENT ASSETS		<u>5,014,416</u>	<u>4,307,967</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>11,305,937</u>	<u>10,254,342</u>
CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR	12	249,812	374,708
TOTAL NET ASSETS		<u><u>11,056,125</u></u>	<u><u>9,879,634</u></u>
FUNDS:			
Unrestricted funds:			
- General funds	17	8,033,356	6,856,865
- Designated funds	17	3,000,000	3,000,000
Total unrestricted funds		<u>11,033,356</u>	<u>9,856,865</u>
Restricted funds	17	22,769	22,769
		<u><u>11,056,125</u></u>	<u><u>9,879,634</u></u>

Balance sheet

as at 30 September 2016

continued

The financial statements have been prepared in accordance with the provisions applicable to the small companies regime within Part 15 of the Companies Act 2006, with FRS102 – The Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities SORP (FRS102).

These financial statements were approved at a meeting of the trustees held on 19 May 2017.

TRUSTEES



Dr. T. R. Wright, *Chairman*



Mr P. Kelly, *Treasurer*

Company number: 02033936

Registered Charity number: 298867

The notes on pages 46-62 form part of these Financial Statements.

Cash flow statement

For the year ended 30 September 2016

	Notes	2016 £	2015 £
CASHFLOWS FROM OPERATING ACTIVITIES			
Net cash provided by operating activities	1	2,073,972	2,188,997
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received on deposits held		36,610	32,165
Purchase of tangible fixed assets		(1,383,855)	(369,022)
Net cash provided by investing activities		(1,347,245)	(336,857)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of borrowing		(124,896)	(168,996)
Interest paid on finance leases		(9,720)	(12,030)
Net cash used in financing activities		(134,616)	(181,026)
INCREASE IN CASH AND CASH EQUIVALENTS		592,111	1,671,114
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		6,696,857	5,025,743
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	2	7,288,968	6,696,857

Notes to the Cash flow statement

For the year ended 30 September 2016

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

	2016	2015
	£	£
Net movement in funds for the year (as per the statement of financial activities)	1,176,491	1,703,789
Adjustments for:		
Depreciation charges	1,038,709	914,235
Interest received	(36,610)	(32,165)
Interest paid	9,720	12,030
(Increase)/decrease in debtors	(918,343)	(777,628)
Increase/(decrease) in creditors	804,005	368,736
Net cash provided by operating activities	2,073,972	2,188,997

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2016	2015
	£	£
Fixed asset investments - term deposits	3,000,000	3,000,000
Cash at bank and in hand	4,288,968	3,696,857
Net cash provided by operating activities	7,288,968	6,696,857

Notes to the financial statements

For the year ended 30 September 2016

1. STATUTORY INFORMATION

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

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

2. STATEMENT OF ACCOUNTING POLICIES

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

2.1 Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their

accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Paul Strickland Scanner Centre meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

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

2.2 Reconciliation with previous Generally Accepted Accounting Practice

The charity transitioned to FRS 102 and the transition date was 1 October 2014. There were no adjustments arising on transition.

2.3 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 2016 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.

2.4 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.

2.5 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.

2.6 Tangible fixed assets

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

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

Where significant building costs are incurred in order to install the new scanners, these

costs are capitalised and depreciated in line with the respective scanner. General property improvements are depreciated over the remaining length of the leasehold.

At 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.

2.7 Investments

Investments are deposits held at bank which have been set aside for future capital

expenditure and equals the amount of designated funds.

2.8 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.

2.9 Cash at bank

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

2.10 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.

2.11 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.

2.12 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.

2.13 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.

2.14 Financial instruments

The charity only has financial assets and liabilities of a kind that qualifies 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.

2.15 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	2016	2015
	£	£
Donations, gifts and funds raised	196,797	258,096
Legacies	120,578	308,992
Income tax recoverable on donations	22,401	23,267
	<hr/> 339,776	<hr/> 590,355
Income from charitable activities	2016	2015
	£	£
Fees from Patients and Health Authorities	6,542,733	5,985,696
Research - general	279,651	246,902
Research grants	32,785	27,049
	<hr/> 6,855,169	<hr/> 6,259,647
Investment income	2016	2015
	£	£
Royalties receivable	24,800	29,049
Cyclotron rental income	145,000	145,000
Bank interest receivable	3,603	2,733
Bank treasury deposit interest receivable	33,007	29,432
	<hr/> 206,410	<hr/> 206,214

4. NET INCOME

	2016	2015
	£	£
<i>Net income is stated after charging:</i>		
Operating lease rentals	48,500	72,704
Auditors' remuneration - audit	8,654	8,060
Auditors' remuneration - accountancy services	4,750	2,500
Depreciation	<hr/> 1,038,709	<hr/> 914,235

5. COSTS OF RAISING FUNDS

	2016 £	2015 £
Fundraisers' salaries and assistance	45,573	48,456
Event costs	10,999	12,808
Printing and mailing	11,776	13,737
Consultancy fees	1,400	11,200
General expenses	1,518	690
	71,266	86,891

6. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Direct Costs £	Support Costs £	Governance Costs £	Total 2016 £	Total 2015 £
Costs of generating funds:					
Fundraising and related activities	71,266	-	-	71,266	86,891
Charitable activities:					
Clinical services	5,311,057	658,428	17,504	5,986,989	5,058,261
Research	166,609	-	-	166,609	207,275
	5,477,666	658,428	17,504	6,153,598	5,265,536
	5,548,932	658,428	17,504	6,224,864	5,352,427
SUPPORT COSTS		Staffing Costs £	Other Costs £	Total 2016 £	Total 2015 £
Clinical services		209,011	449,417	658,428	573,686
Research		-	-	-	-
Fundraising		-	-	-	-
		209,011	449,417	658,428	573,686

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:

	2016	2015
	£	£
Salaries, social security costs and pension contributions recharged	2,204,486	2,076,267

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

	2016	2015
	No.	No.
£60,000 to £70,000	2	3
£70,000 to £80,000	3	2
£80,000 to £90,000	1	1
£90,000 to £100,000	-	1
£110,000 to £120,000	-	-
£120,000 to £130,000	1	1

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

	2016	2015
	No.	No.
Medical and radiographic	34	29
Clerical and administration	12	16
	46	45

Key management comprise the trustees and the leadership team. Remuneration of key management in the year was £981,989 (2015: £993,618).

The cost of trustees' indemnity insurance borne by the charity was £1,682 (2015: £1,632).

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 2015	2,091,883	877,337	4,755,942	1,572,674	9,297,836
Additions	-	109,690	1,150,000	124,165	1,383,855
Disposals	-	(101,725)	(869,500)	-	(971,225)
At 30 September 2016	2,091,883	885,302	5,036,442	1,696,839	9,710,466
Depreciation					
At 1 October 2015	2,027,483	682,781	2,990,945	650,252	6,351,461
Charge for the year	51,521	93,425	598,464	295,299	1,038,709
Disposals	-	(101,725)	(869,500)	-	(971,225)
At 30 September 2016	2,079,004	674,481	2,719,909	945,551	6,418,945
Net book value					
At 30 September 2016	12,879	210,821	2,316,533	751,288	3,291,521
At 30 September 2015	64,400	194,556	1,764,997	922,422	2,946,375

Included above are assets held under finance leases was as follows:

	Scanners & Equipment £
Net book values	
At 30 September 2016	345,877
At 30 September 2015	461,169
Depreciation charge for the year	
At 30 September 2016	115,292
At 30 September 2015	143,459

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

	2016	2015
	£	£
Investments - cash at bank and on deposit	3,000,000	3,000,000
Cash at bank and in hand	4,288,968	3,696,857
Cash and cash equivalents	7,288,968	6,696,857

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

	2016	2015
	£	£
Interest receivable	20,849	18,660
Fees receivable	3,043,864	2,312,421
Income tax recoverable	20,723	21,788
Prepaid scanner maintenance costs	176,214	44,827
Other debtors	38,901	3,000
Prepayments	43,544	25,056
	3,344,095	2,425,752

Included in fees receivable is £2,182,987 (2015: £1,515,071) due from East and North Hertfordshire NHS Trust. This balance and the balance due to East and North Hertfordshire NHS Trust (shown below in note 11) have both been settled in full since the balance sheet date.

11. CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR

	2016	2015
	£	£
Accruals	364,521	187,856
Other creditors - East and North Hertfordshire NHS Trust	2,093,027	1,466,975
Deferred rental income	34,027	34,027
Value added Tax	2,176	888
Net obligations under finance leases	124,896	124,896
	<u>2,618,647</u>	<u>1,814,642</u>

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

	2016	2015
	£	£
Net obligations under finance leases	249,812	374,708
Amounts payable:		
Over one year but less than five	249,812	374,708

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

13. FINANCIAL INSTRUMENTS

	2016	2015
	£	£
Financial liabilities measured at amortised cost	374,708	499,604

14. FINANCIAL COMMITMENTS

At 30 September 2016 the charity was committed to making the following payments under non-cancellable contracts over the life of the lease:

	2016	2015
	£	£
Operating and service contracts which expire:		
Less than one year	538,519	292,233
Over one year but less than five	1,286,751	617,914
Over five years	131,456	17,811
	<u>1,956,726</u>	<u>927,958</u>

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

15. CAPITAL COMMITMENTS

At the September 2016 trustees' meeting it was agreed to approve the order of a new MRI scanner and associated works with an expected cost of £1.5m. This order was placed with Siemens in December 2016.

Further capital expenditure planned for 2016/17 includes the 'space project', which is expected to exceed £1 million.

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General funds	Designated funds	Restricted funds	2016 Total funds	2015 Total funds
	£	£	£	£	£
Fixed assets	3,291,521	3,000,000	-	6,291,521	5,946,375
Current assets	7,610,294	-	22,769	7,633,063	6,122,609
Creditors due within one year	(2,618,647)	-	-	(2,618,647)	(1,814,642)
Creditors due in more than one year	(249,812)	-	-	(249,812)	(374,708)
Net assets	<u>8,033,356</u>	<u>3,000,000</u>	<u>22,769</u>	<u>11,056,125</u>	<u>9,879,634</u>

17. MOVEMENT IN FUNDS

	Balance at 1 October 2015	Incoming resources	Resources expended	Transfers between funds	Balance at 30 September 2016
	£	£	£	£	£
General funds	6,856,865	7,398,140	(6,221,649)		8,033,356
Total general funds	6,856,865	7,398,140	(6,221,649)		8,033,356
Restricted funds					
Restricted funds for Research:					
Oncology chair		3,215	(3,215)		-
Brachytherapy study	1,400				1,400
General Research	21,369		-	-	21,369
Total Restricted funds	22,769	3,215	(3,215)	-	22,769
Designated funds					
Scanner Replacement Fund	3,000,000	-			3,000,000
Total Designated funds	3,000,000	-	-	-	3,000,000
Total	9,879,634	7,401,355	(6,224,864)	-	11,056,125

18. MOVEMENT IN FUNDS (continued)

Designated funds - scanner replacement fund:

The trustees of Paul Strickland Scanner Centre recognise that the operational life of the scanner equipment currently in use is limited. Therefore, amounts are set aside from the accumulated fund to acknowledge the future commitment of the charity to fund the replacement of the existing equipment. The cost of replacing one scanner is between £800,000 and £1,500,000 depending on the type of imaging technology. In addition, installation costs are incurred and in some cases modifications are required to the building in order to house the new scanner. The trustees therefore believe that the amount set aside as a scanner replacement fund as shown above is appropriate.

Restricted funds

Patient Welfare

To fund equipment to improve patient welfare.

Brachytherapy

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

General Research

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

19. RELATED PARTY TRANSACTIONS

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

20. COMPARATIVE PRESENTATION OF THE STATEMENT OF FINANCIAL ACTIVITIES

	Notes	General Fund £	Designated Fund £	Restricted Fund £	Total 2015 £
INCOME					
Donations and legacies	3	568,955	-	21,400	590,355
<i>Income from charitable activities:</i>					
Clinical services	3	5,985,696	-	-	5,985,696
Research	3	273,951	-	-	273,951
Investment income	3	206,116	-	98	206,214
TOTAL INCOME		7,034,718	-	21,498	7,056,216
EXPENDITURE					
<i>Costs of raising funds:</i>					
Costs of generating voluntary income	5	86,891	-	-	86,891
Charitable activities	6	5,261,036	-	4,500	5,265,536
TOTAL EXPENDITURE		5,347,927	-	4,500	5,352,427
TRANSFER BETWEEN FUNDS		(749,650)	800,000	(50,350)	-
NET INCOME AND NET MOVEMENT IN FUNDS FOR THE YEAR		937,141	800,000	(33,352)	1,703,789
RECONCILIATION OF FUNDS					
FUNDS BROUGHT FORWARD		5,919,724	2,200,000	56,121	8,175,845
FUNDS CARRIED FORWARD	16,17	6,856,865	3,000,000	22,769	9,879,634

21. ANALYSIS OF INCOME AND EXPENDITURE

APPEALS FUND	Notes	2016		2015	
		£	£	£	£
Income					
Donations, gifts and funds raised		196,797		258,096	
Legacies received		120,578		308,992	
Income tax recoverable		22,401		23,267	
Bank interest receivable		3,603		2,733	
Bank treasury deposit interest receivable		33,007		29,432	
		<u>376,386</u>		<u>622,520</u>	
Less: expenditure					
Fundraisers' salaries and assistance		45,573		48,456	
Event costs		10,999		12,808	
Printing and mailing costs		11,776		13,737	
Consultancy fees		1,400		11,200	
General expenses		<u>1,518</u>		<u>690</u>	
		71,266		86,891	
Surplus - appeals fund		<u>305,120</u>		<u>535,629</u>	
Add:					
Surplus - Scanner Centre (page 62)		871,371		1,168,160	
Surplus in year		<u>1,176,491</u>		<u>1,703,789</u>	

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

22. ANALYSIS OF INCOME AND EXPENDITURE

SCANNER CENTRE	Notes	2016		2015	
		£	£	£	£
Income					
Fees from patients and health authorities		6,855,169		6,259,647	
Bank deposit interest		-		-	
Royalties receivable		24,800		29,049	
Cyclotron rental income		145,000		145,000	
		<u>7,024,969</u>		<u>6,433,696</u>	
Less: expenditure					
Radiologists and radiographers fees and salaries	2,586,573		2,219,612		
Other clinical services, management and administration salaries	611,501		546,857		
Other staffing costs	20,398		12,833		
Maintenance contracts and scanner repairs	476,465		384,246		
Repairs and renewals of equipment and building	68,065		55,476		
Lease charges on equipment	49,138		73,136		
Medical and surgical supplies, cryogens and other consumables	873,783		681,090		
Heat, light and facilities	222,215		216,777		
Printing, postage, stationery and telephone	51,165		47,771		
Auditors' remuneration	13,404		10,560		
Marketing and events	844		9,014		
Medical conferences and travel	7,652		1,854		
Miscellaneous expenses	7,147		7,143		
Bank charges	-		1,103		
Legal, professional and consultancy fees	54,472		21,516		
Insurance	62,347		50,294		
Interest on finance leases	9,720		12,030		
Profit on disposal of fixed assets	-		-		
Depreciation	1,038,709		914,224		
		<u>6,153,598</u>		<u>5,265,536</u>	
Surplus - Scanner Centre		<u>871,371</u>		<u>1,168,160</u>	

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

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