

The Society & College of
Radiographers

Leading change

SoR 2014
Annual
Report

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The objects

**The objects for which
The Society is established are:**

- To promote and develop for the public benefit the science and practice of radiography and radiotherapeutic technology and allied subjects;
- To promote, study and research work in radiography and radiotherapeutic technology and allied subjects and to publish the results of all such study and research;
- To further public education therein;
- To protect the honour and interests of persons engaged in the practice of radiography and radiotherapeutic technology and allied subjects including the regulation of relations between such persons and employers and employers' associations;
- To further all such objects which a trade union may lawfully pursue in accordance with statute.



Annual Report 2013/14 for the year ending September 2013

The Society is the professional body and trades union for those practising in medical imaging and radiation therapy.

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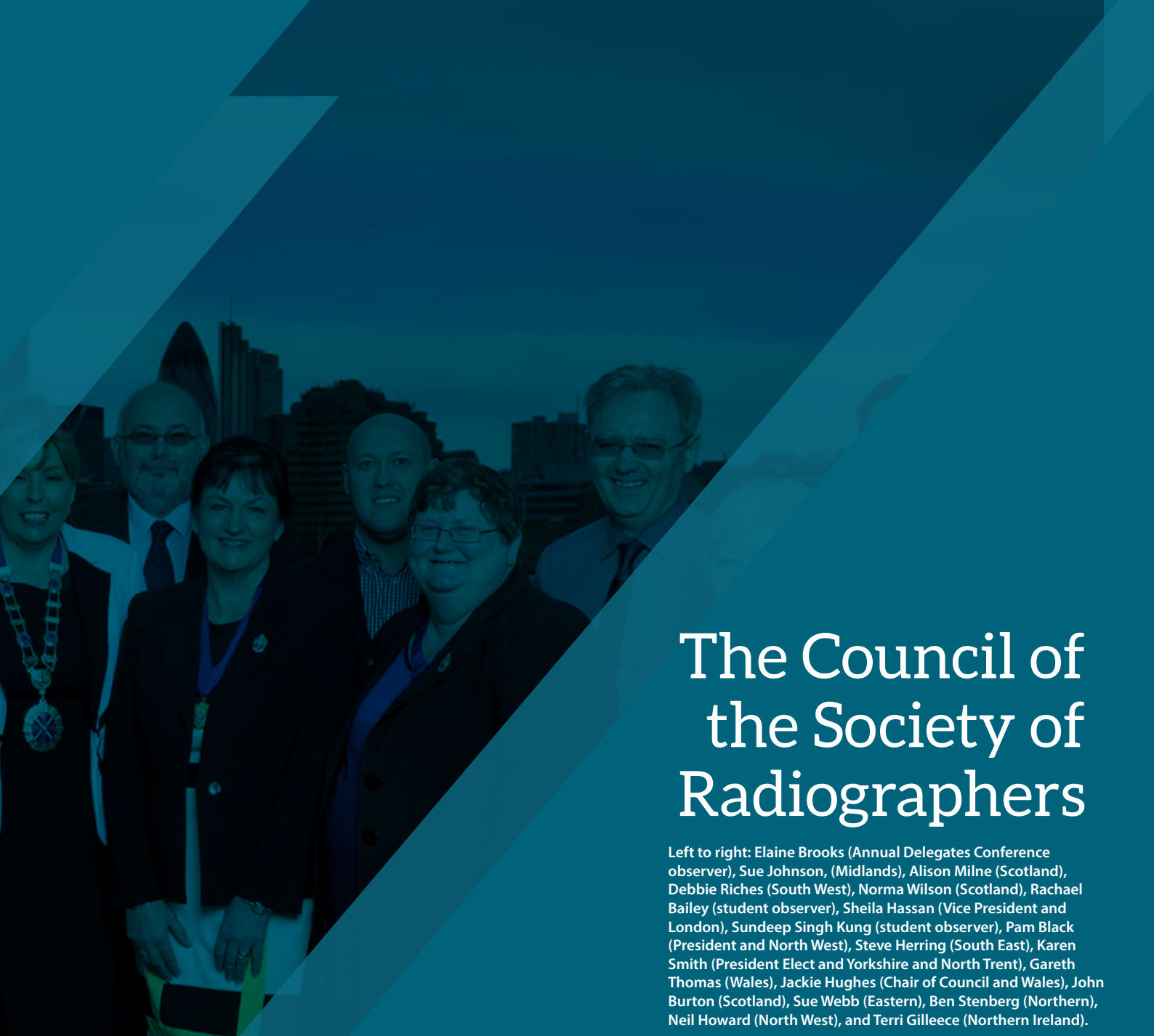
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The Council of the Society of Radiographers

Left to right: Elaine Brooks (Annual Delegates Conference observer), Sue Johnson, (Midlands), Alison Milne (Scotland), Debbie Riches (South West), Norma Wilson (Scotland), Rachael Bailey (student observer), Sheila Hassan (Vice President and London), Sundeeep Singh Kung (student observer), Pam Black (President and North West), Steve Herring (South East), Karen Smith (President Elect and Yorkshire and North Trent), Gareth Thomas (Wales), Jackie Hughes (Chair of Council and Wales), John Burton (Scotland), Sue Webb (Eastern), Ben Stenberg (Northern), Neil Howard (North West), and Terri Gilleece (Northern Ireland).



The Society UK Council

The Society's UK Council is made-up of member representatives from the English regions and the UK countries. Council determines the Society's policy and strategic direction.

The Society is a company limited by guarantee and, as such, the members of Council are company directors registered at Companies House. They have responsibilities as representatives of the membership and also as directors of the company. Neither Council members nor College Board members are paid for their duties but they can claim travelling and other expenses.

The Members of UK Council (Directors of the Society)

For the period of this Annual Report and until 31 December 2013

Elected Officers

President	To 03.07.13 From 03.07.13	Mrs J Hughes DCR(R) Mrs P Black DCR(R) NVQ PgDip
President Elect	To 03.07.13 From 03.07.13	Mrs P Black DCR(R) NVQ PgDip Mrs K Smith MSc DCR(T)
Vice President	To 03.07.13 From 03.07.13	Mrs K Smith MSc DCR(T) Mrs S Hassan DCR(T)
Immediate Past President	To 03.07.13 From 03.07.13	Mrs S Johnson FCR MA BSc (Hons) DCR(R) PgC Mrs J Hughes DCR(R)

Regional Representatives

Scotland	To 03.07.13 From 04.09.13	Mr K McMurray DCR(R) Mrs A Milne DCR(R) BSc(R) Mrs N Wilson MSc BSc TDCR(R) HDCR(R) DCR(R) Cert Ed Mr J Burton DCR(T) Mrs K Smith MSc DCR(T)
Yorkshire & North Trent	From 07.11.13	Mr B Stenberg MSc PgD BSc (Hons) (R)
Northern	To 03.07.13	Mrs P Black DCR(R) NVQ PgDip
North West	From 03.07.13	Mr Neil Howard DCR(R) BSc (Hons) MA PgC Mrs T Gilleece MSc DCR(T) PgD(RNI) PgCHEP
Northern Ireland	From 03.07.13	Mrs J Hughes DCR(R)
Wales	To 03.07.13 From 03.07.13	Mr A Thomas TDCR Mr G Thomas BSc (Hons) PgDip FHEA
Midlands	From 03.07.13	Mrs S Johnson FCR MA BSc (Hons) DCR(R) PgC
Eastern	To 03.07.13 From 03.07.13	Mrs Z Mitton DCR(R) DRI FCR Mrs S Webb BSc (Hons) Mrs S Hassan DCR(T)
London	To 03.07.13	Mrs G Dolbear FCR MSc PgCL&T(HE) DCR(R) DMU
South East	From 03.07.13	Mr S Herring BSc (Hons) PgD
South West	From 04.09.13	Mrs D Riches DCR(R) BSc (Hons)

SENIOR OFFICERS OF THE SOCIETY OF RADIOGRAPHERS

Chief Executive Officer	Mr R Evans HDCR
Head of Professional Policy	Professor A Paterson OBE FCR MSc TDCR DMU
Head of Industrial Strategy	Mr W Town MA DCR(T) DLS
Head of Finance and Operations	Mr D Goulds MBA FCMA FCIS
Editor 'Synergy News'	Mrs C Aspin
Editor 'Imaging and Therapy Practice'	Ms M Armstrong
Editor 'Radiography'	Professor R C Price PhD MSc FCR

The Council members are indemnified by a directors' and officers' insurance.



Radiographers are leading change

Pam Black, President 2013/14

As I've been contemplating and reflecting on the past months, I've come to the conclusion that it's been a funny old year! There was no single 'big issue', although the publication of the Francis and Keogh reports reminded us of our key focus – to care for our patients as we would wish to be cared for. Simple.

But the sad fact is that delivering high quality healthcare has become far from simple. It's too expensive. It's not cost effective. Where's the value for money? Increase productivity. Do more for less. Innovation. Transformation.

These are just a few of the words and phrases we've been hearing over recent years. But if you take a good look at departments across the UK, you'll find radiographers doing just that... changing the way services are provided,

and leading these changes across all professional disciplines.

You need only look at the accomplishments of those honoured at the Radiographer and Team of the Year awards. Inspirational to say the least. And, of course, the Rep of the Year awards which demonstrate the work of our IR reps, supporting and advising members in difficult and challenging circumstances.

Being part of the presidential team has enabled me to attend these events, as well as our major conferences, home and abroad. I feel an enormous sense of pride to be president of an organisation with such a committed membership.

In 2013, the national Radiotherapy Board was established to support the delivery and development of radiotherapy services in the UK. The initiative got us thinking and work has now begun to establish a national clinical imaging board. It is hoped that the board will develop to become the definitive voice for clinical imaging services in the UK.

So what does the future hold as we move into 2014 and beyond? There are changes afoot as the SoR prepares to say goodbye to Professor Audrey Paterson. Audrey has been the profession's greatest influence in modern times and radiography is where it is today

because of her vision, motivation and determination. As she retires, we will miss her wise words, but wish her health and happiness as she (literally) sails into another chapter of her life. Thanks Audrey!

There is more potential change afoot as Scotland prepares to vote 'yes' or 'no' for independence, and the SoR is already working with Scottish council to identify any potential issues. We will, of course, do everything to support our members whatever the outcome of the vote.

Council, together with the Directors, is preparing to develop and deliver the organisation's next three year strategy. Much of what I've highlighted here will be taken into consideration as we plan for the coming years, not forgetting we will be facing a general election in 2015! With that and the Scottish vote, who knows what the future will look like for radiographers?

What I can say is that the SoR, its Directors, officers and staff will continue to work to support the members of this organisation. As will Council – a group of individuals elected by the membership to represent radiographers across the UK. I thank each and every one of them for the help and advice they have given – and hopefully will continue to give – during my term as President.

Welcoming new friends and saying 'thank you' to old ones

A round-up from UK Council by Jackie Hughes, Immediate Past President and Chair of Council

2 013/14 has been a busy year and as always there has been excellent attendance at Council meetings.

There have been a lot of comings and goings and we have welcomed some new friends around the table and said goodbye to some old ones.

During the year we said farewell to Kenny McMurray (Scotland), Zena Mitton (Eastern), Gill Dolbear (South East), Andy Thomas (Wales), Terri Gilleece (Northern Ireland), and John Carmichael (Northern).

More recently, Sue Johnson, my predecessor as Chair of Council, has resigned to take up a post as a professional officer at the Society. Sue had been a member of Council for many years, as well as a stalwart and long-time chair of the Midlands Region. We are very sorry to see her leave Council but are delighted that she will remain with the SCoR in another role.

We welcomed Gareth Thomas (Wales), Sue Webb (Eastern), John Burton (Scotland), Steve Herring (South East), Debbie Riches (South West) and Ben Stenberg (Northern).

Neil Howard has proved to be an excellent alternate for Pam and has added to debate around the table with his wealth of industrial relations representative experience.

Pam Black has continued her successful Presidential year ably supported by Karen Smith, President Elect and Sheila Hassan as Vice President.

There are eight council meetings to attend each year along with strategy and training sessions. UKRC and UKRO are also supported by UK Council. The Annual Delegates conference is always a highlight of the year, ensuring that UK Council is kept busy not only with the on-going programme of work but with plenty of new challenges to keep us going.

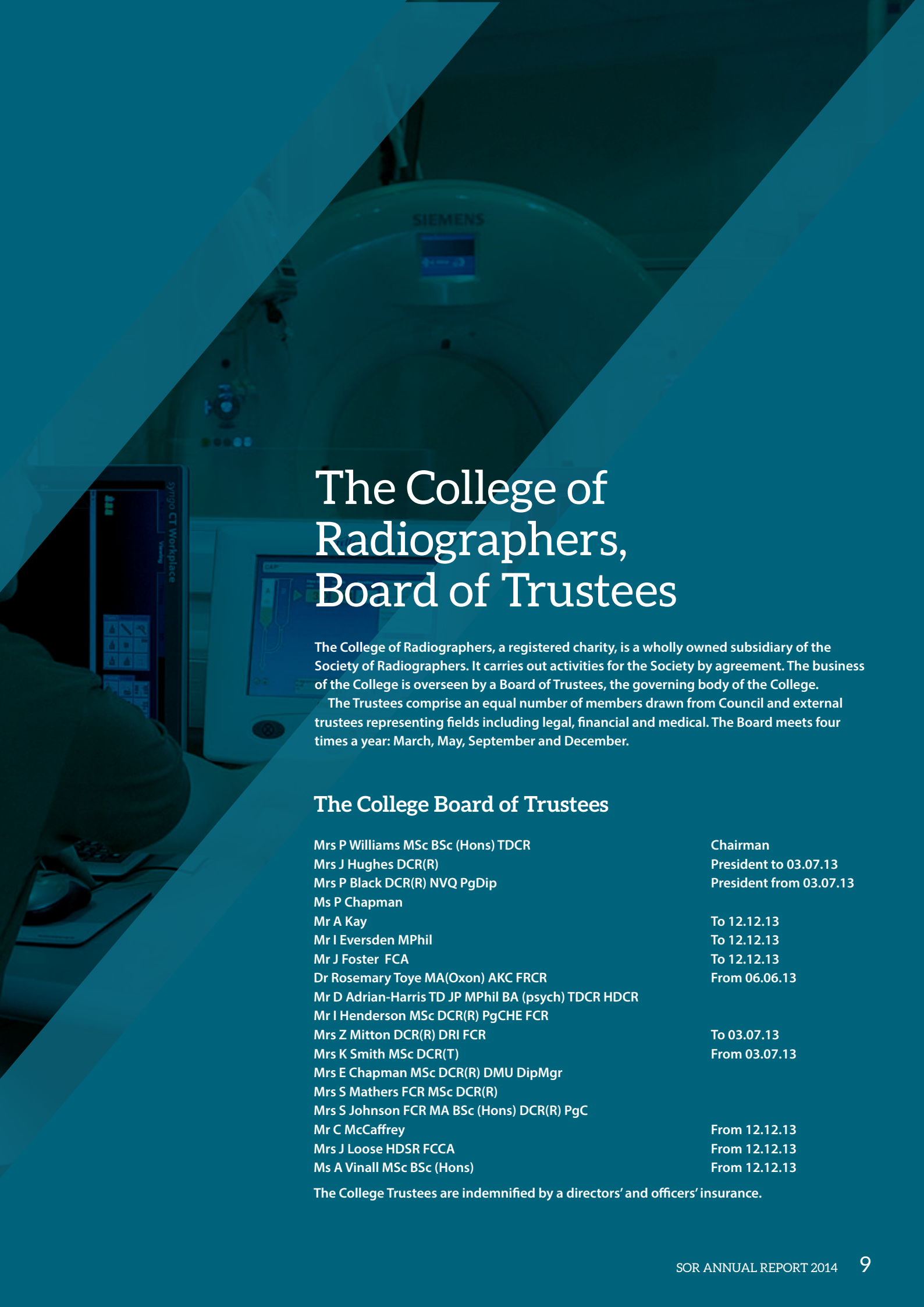
Being a member of UK Council is not something that should be taken on lightly. You must have a huge amount of commitment and a supportive manager because you will need to be away from your workplace regularly and it may be wise to invest in new glasses to read the vast quantities of information you receive!

Council members also take part in a variety of associated committees and bodies including Communications, Allied

Health Professions Federation, Awards and, this year, the Francis Working Group.

However, Council members benefit greatly from the experience. The workplace is certain to appreciate the new knowledge gained and the national overview that council members obtain.





The College of Radiographers, Board of Trustees

The College of Radiographers, a registered charity, is a wholly owned subsidiary of the Society of Radiographers. It carries out activities for the Society by agreement. The business of the College is overseen by a Board of Trustees, the governing body of the College.

The Trustees comprise an equal number of members drawn from Council and external trustees representing fields including legal, financial and medical. The Board meets four times a year: March, May, September and December.

The College Board of Trustees

Mrs P Williams MSc BSc (Hons) TDCR	Chairman
Mrs J Hughes DCR(R)	President to 03.07.13
Mrs P Black DCR(R) NVQ PgDip	President from 03.07.13
Ms P Chapman	
Mr A Kay	To 12.12.13
Mr I Eversden MPhil	To 12.12.13
Mr J Foster FCA	To 12.12.13
Dr Rosemary Toye MA(Oxon) AKC FRCR	From 06.06.13
Mr D Adrian-Harris TD JP MPhil BA (psych) TDCR HDCR	
Mr I Henderson MSc DCR(R) PgCHE FCR	
Mrs Z Mitton DCR(R) DRI FCR	To 03.07.13
Mrs K Smith MSc DCR(T)	From 03.07.13
Mrs E Chapman MSc DCR(R) DMU DipMgr	
Mrs S Mathers FCR MSc DCR(R)	
Mrs S Johnson FCR MA BSc (Hons) DCR(R) PgC	
Mr C McCaffrey	From 12.12.13
Mrs J Loose HDSR FCCA	From 12.12.13
Ms A Vinall MSc BSc (Hons)	From 12.12.13

The College Trustees are indemnified by a directors' and officers' insurance.

A profession-wide contribution

Richard Evans, Chief executive officer

Looking back is what annual reports are all about.

By the time any company gets its financial year accounts completed, audited, approved and sent to Companies House, the prospect of inviting members to an AGM to adopt those accounts and to provide a report on the activity that took place behind the figures feels like an exercise in history.

Things move particularly quickly in the world of healthcare, so looking backwards, even over a time-span of six months, can be like taking a view of a different world. However, this reflection gives us the chance to recognise the constants – the things that change quite slowly. We can also spot the cycles – the features that seem to repeat. And hopefully, we get the chance to appreciate what has gone well so that we can work at becoming even better.

This report is about the year that ended on 30 September 2013. It was a very busy and successful year for the SoR.

Economic constraint

The economy continued to provide the background to all aspects of life in the UK. Despite political assertions (in England at least) that spending on health was protected, continuing growth in demand for services meant that the NHS in all parts of the country faced an enormous challenge to make cost savings.

The particular strategic importance of clinical imaging and radiotherapy services does not, unfortunately, protect resources and the year was one of unprecedented pressure for our members in the workplace. And with some commentators predicting that funding for the NHS will never return to the levels seen at the point of the downturn, these

pressures seem likely to continue for the foreseeable future.

However, the dominant feature in the UK healthcare environment this year was the publication of the second report by Robert Francis QC. Heavy media coverage of the catastrophic failings of Mid Staffs NHS Trust – up to eight years previously – resulted in much speculation about the focus of the new report. In England, the Chief Health Professions Officer initiated a debate about what being a professional means in the present day, pressurised NHS.

The SoR's approach to Francis' findings is at www.sor.org. It is clear that the focus on professional values and attitudes was correct. The professionalism of healthcare staff was firmly in the spotlight, alongside a number of other factors. Individuals and their membership bodies needed to take time to reflect and to respond. It is a discussion that will continue well into the future because if we, as a profession, are going to play our part in ensuring that care failures are avoided, it is essential that we build and maintain ever stronger professional values.

Finding a balance

The interplay between professional leadership and industrial relations activity has to be a particular priority for the handful of organisations like the Society, which are trades unions and professional bodies. There are considerable challenges in managing this at organisational level.

However, for our members it is a balance that must be considered every day. The professional duty to give patient care the utmost priority is no less professional if it also drives a passion to ensure that there are appropriate

workforce resources to deliver that care. Or that the workforce is fairly treated, protected from harm and supported to develop and improve.

The sections of the full annual report written by Warren Town and Audrey Paterson record our activities in the industrial relations and professional arenas. It is less easy to portray the excellent way in which Audrey and her team of officers work closely with Warren and his staff on a day-to-day basis. As always, I am grateful to them, as I am to David Goulds, the Director of Finance and his team for the outstanding support they provide to members and for the dedication they have to our organisation.

Celebrating professionalism

It was a particular pleasure to see the SoR National Officer for Scotland, Elizabeth Stow recognised in the Queen's Birthday Honours List for her services to partnership working in the NHS in Scotland.

In the same list, SoR member Polly Anjam from Velindre Hospital in Cardiff was awarded an MBE for services to radiotherapy in Wales. Polly had been recognised in the SoR Radiographer of the Year Awards in 2012, so quite a year for her!

The annual awards programmes identify great individuals and teams. They are a brilliant celebration of good practice and excellent standards of professionalism at the grass roots of radiography. It is also good to see our members recognised in other high profile awards schemes – the Advancing Healthcare Awards for allied health professionals and healthcare scientists is featuring more radiographers than ever before.



Elizabeth Stow, the Society's national officer for Scotland, with her MBE at Buckingham Palace.



Sarah James is Macmillan Patient Information Lead at the Lynda Jackson Macmillan Centre in Hertfordshire, as well as SoR professional officer for radiotherapy. The Macmillan Team Excellence Award 2013 was given to Sarah and the team for the way they have worked together to support patients not only in their own centre, but across the country.



Richard Evans

Unsung heroes

Although we encourage our members to enter awards, we know that – for every eventual winner – there are countless others who do not achieve recognition. As I have commented in previous reports, I come across truly excellent examples of innovative practice when I visit departments, even when the circumstances are particularly difficult. All too frequently, this sort of professionalism and dedication – which makes a genuine difference to patients and to the efficiency of services – goes unrecognised.

It is through the individual contributions of members, however unseen, that the public is served and the profession carried forward. All of the work described in this report is not only for members, it is undertaken by and with members.

It is members giving up their time to contribute to our regional committees and national councils in Scotland, Wales

and Northern Ireland. It is our network of elected representatives who bring the SoR to life in workplaces throughout the UK.

It is the research enthusiasts who juggle clinical and educational commitments in order to advance our professional evidence base. It is clinical experts who commit to serving the SoR on one of the advisory groups, or members who take on management positions to preserve clinical leadership, often absorbing extraordinary amounts of pressure to ensure their teams are able to practice safely.

It is our elected members of UK Council who carry the responsibility as legal directors of our organisation.

It's true that these are challenging times for healthcare but this report shows good progress for the Society and this could not have been achieved without the support of an extraordinary number of very committed professionals.



In recent years radiographers have increasingly become involved in research. Heidi Probst was appointed a Reader in Radiotherapy at Sheffield Hallam University. Previously a Senior Lecturer and Research Fellow, now around half of her workload is dedicated to research activity.



It is our network of elected representatives who bring the SoR to life in workplaces throughout the UK. At the Annual Delegates Conference they supported five motions about issues such as violence towards women. Among them was the Society's Scottish Council's call to members to stand up and 'Get Cross' in support of the United Nation's Stop Rape Now campaign.

Supporting research that can change people's lives

One of the objects for which the Society and College of Radiographers is established is "To promote study and research work in radiography and radiotherapeutic technology and allied subjects and to publish the results of all such study and research."

The College of Radiographers Industry Partnership Scheme (CoRIPS) provides industry with the opportunity to provide financial support for radiography research and educational projects.

It also provides companies with access to the knowledge, experience and expertise within the SCoR and throughout the membership of 26,000 radiographers and students, as well as collaborations with UK governments, regulatory bodies, health care employers, managers and educators, other professional groups, and international partners.

In addition, business has the opportunity to improve user involvement in product development and testing and companies can work collaboratively with the professional body to rapidly introduce new technology.

Twenty-three companies are currently actively involved in CoRIPS:

DIAMOND PARTNERS

InHealth
Vertual
Elekta

PREMIER PARTNERS

Guerbet

PARTNERS

Accuray
Agfa Healthcare
Alliance Medical
Bayer HealthCare
Carestream
Mallinckrodt
Fujifilm
GE Healthcare
Healthcare Software Systems
Integrated Radiological Services Ltd

Jennie Reeves Radiographers Agency
Matchtech
Medica Group
Mirion Technologies
OSL/TomoTherapy
Philips Healthcare
Rig Healthcare Recruit
Siemens Medical
Toshiba Medical Systems

CoRIPS provides funding for radiographers researching any aspect of the science and practice of the profession. Bids may be made up to £5000 for small projects and up to £10,000 for one larger project, although bids for funding exceeding these amounts will be considered.

Research radiographer Beverley Atherton is using funding from a CoRIPS grant to look at ways of identifying if patients attending for nuclear medicine bone scans are displaying any of the early signs of metastatic spinal cord compression, a rare but serious condition which can lead to paralysis if treatment is not given.

She submitted her first set of results as part of a Masters in clinical research dissertation.

"We developed a detailed questionnaire which was presented to over 100 cancer patients at various stages within their treatment plan. We also used a second standardised pain questionnaire as a comparator," Beverley says.

The next step is to undertake further analysis of the results and assess clinical outcome over a longer follow up period of time.

"At a very minimum what's come out of it so far is that the staff who deal with these patients, whilst aware of late stage symptoms, were not always fully familiar with the subtle signs of this condition," she explains.

"Ideally, we would like to develop a brief screening tool to identify spinal cord compression in the earliest stages to speed up referral for further assessment."



Beverley Atherton takes a patient through the questionnaire.

Trade union and industrial relations review

Defending pay and nationally agreed terms and conditions

Our message, in the post Francis report era, is that the problems facing the NHS cannot be cured by continually attacking the pay and conditions of those who deliver the service.

Yet employers seem more interested in cutting costs than improving quality and see staff as the soft option to save money. In England, earnings are being frozen or cut and staff threatened with downbanding and redundancy.

This year saw us defending Agenda for Change, the nationally agreed UK-wide package for NHS staff. We spoke out in opposition to employers' attempts to slash the agreement, emphasising our strong belief that the package of changes is unnecessary, divisive and will do nothing to improve morale, the commitment of staff, or the quality of healthcare.

We also joined forces with other NHS unions to condemn a 20 Trust consortium aiming to reduce annual leave, increase working hours and push down wages in the south west.

The South West Pay Cartel signalled a potential large-scale move away from nationally agreed terms and conditions. A combination of parliamentary lobbying, local organising and a strong media presence led to the cartel's announcement that there were no further plans to introduce regional pay. Most of the 20 Trusts have confirmed they will stick with Agenda for Change.

We're now calling on the government to reverse the decision to cancel the proposed 1% pay increase for NHS staff across the UK. The Department of Health's statement that it 'can no longer be afforded' simply adds insult to injury as the 1% falls well below the gap that has opened up between NHS pay and inflation

since 2010.

This 'pay grab' will have a negative impact on our members and morale, which is already low in many parts of the NHS, is unlikely to improve as a result. We're putting pressure on the PRB to prove its independence by awarding the increase in full, despite the government's submission.

There is ongoing work to support members who suffer injuries at work or have a claim made against them. This year has seen nine professional indemnity cases put forward. Nineteen personal injury claims were submitted to the solicitors, three of which were concluded, amounting to £35,975 in compensation.

Warren Town

Director of Industrial Strategy





Society past president Jackie Hughes speaks to TUC Congress 2013.

Controversy at TUC

We caused controversy at the TUC with a motion written to help protect a vulnerable section of the community. We asked Congress to support a proposal calling for action to stop premature deaths of patients with learning difficulties. The motion attracted opposition (and eventually fell) because of an innocent reference to the charity Mencap which has been criticised by unions for supporting the closure of Remploy factories.

Our other motion, which argued for a nationwide campaign to tackle the issue of poor health and wellbeing among NHS workers, was carried unanimously.

We contributed to the general healthcare debate, asking unions to mobilise their members to fight for the patient to be put back at the centre of the NHS. "Yes, we should be ending the scandal of poor care and neglect," said chief executive Richard Evans. "But we should also be shouting about the other scandal of wilful neglect, misinformation, marketisation and misanthropy at the heart of health policy."



Paul Moloney joins the SoR as industrial relations manager

We welcomed Paul Moloney to the team, in the new role of industrial relations manager.

Paul, who has many years' experience in the trade union movement, works with the management team to ensure the different strands of the union's work are effectively co-ordinated. He coordinates the SoR's regional officers to ensure that members receive the best possible service from the union and that the SoR is well equipped to meet the challenges that changes in the NHS will inevitably bring.

Changes to professional indemnity insurance

Earlier this year, the government proposed that all health professionals must hold professional indemnity insurance (PII) as a condition of registration.

Independent regulator the Health and Care Professions Council will be obliged to make sure that all registrants, at registration and when employed, have an insurance policy in place in the event that a claim is made against them or their employer for injury or malpractice.

We've produced a comprehensive range of guidance to ensure that our members are fully aware of the implications of these changes to their professional responsibility.

The message we sent was clear: As a member of the SoR you have sufficient insurance cover to satisfy HCPC requirements. The total amount of indemnity provided is £5 million in respect of any one accident or series of accidents. The insurance applies anywhere in the world, with the exception of the USA and Canada.

These changes to HCPC registration make SoR membership even more important but we're careful to stress that the policy is only valid when members are working in accordance with its conditions and, most importantly, within their scope of practice.

You need
engagement st

Terms and conditions amendments are 'thin end of the wedge'

Changes were proposed to the national Agenda for Change (AfC) pay and conditions agreement. This was due to determined efforts from employers to revisit aspects of the agreement, including the way sick pay is calculated.

After consulting our members, we voted to reject the proposals. We emphasised our strong belief that this was the "thin end of the wedge" and that other changes are likely to be tabled by employers in the future.

However, the majority of the unions disagreed – they believe that by reaching this agreement, we can stop employers imposing further change. The amendments were accepted and whilst the NHS trade unions were not unanimous in our rejection, we are united at local level and oppose any attempt to further water down national terms and conditions.

We have revised the guidance on resisting local changes to AfC. The new version includes information to help reps engage in meaningful consultation over financial plans and possible redundancies. NHS Employers has declared it will not impose any additional changes on those who do not want it. What this will mean in practice is decidedly open to question...

Further attacks on pensions

Against a backdrop of a global economic crisis and financial instability, the Coalition has embarked on an unprecedented level of cost cutting across the whole spectrum of public services. And two areas that have definitely been in their sights are the NHS and public sector pensions.

The Public Service Pensions Act comes into effect in 2015. As well as a shift in career average pensions and increased contributions, the new legislation links the NHS pension age to the state pension age, which is set to rise to 68. The Society joined other unions to call for a delay in any changes until a review of public sector pensions has reported its findings.

The Working Longer Review is examining the impact of a later retirement age for NHS staff, with particular reference to staff in frontline and physically demanding roles including emergency services.

We've also seen the start of a new pension system which requires NHS employers to automatically enrol eligible workers into a qualifying pension scheme. The Society welcomed auto enrolment as a step in the right direction but expressed disappointment that employer contributions stand at just 1% of pay, too low to secure a decent income in retirement. We continue to campaign for a fairer deal for our members.

And as the government pushes forward with its plans for a single tier pension, we have joined NHS Employers and other unions in a drive to head off proposals that we believe will fuel deeper cuts to public services and jobs. Our message is clear. We will fight these short sighted policies to protect the long term future of the NHS Pension Scheme and the retirement prospects of our members.





The SoR contingent wore high viz vests and carried the banner with pride.

Marching for the NHS!

Wearing skull and crossbones T-shirts emblazoned with the words 'Public services cut to the bone', the SoR joined more than 50,000 demonstrators at the Save the NHS march and rally in Manchester.

Organised by the TUC, the protest sent a strong message to the Conservative party conference – that it needs to defend jobs and services and save the NHS from cuts and privatisation.

"We spoke out loud and clear on behalf of our members," said SoR CEO Richard Evans. "The way the government is dealing with public services is completely out of hand and it's leading to the fragmentation and failure of the NHS in particular.

"We want to see a change in the government's austerity programme and better support for health."

The three mile march ended with a rally in Whitworth Park, at which shadow secretary of state for health, Andy Burnham, gave a rousing speech: "David Cameron needs to be forcefully reminded that he has never been given the public's permission to put the NHS up for sale."

Earlier in the year, members joined a pre-budget rally in London to tell the government that its austerity agenda is standing in the way of delivering the jobs and growth that the country needs.

Workplace bullying survey shows alarming results

Results of an SoR survey showed that more than 40% of respondents have been subjected to incidents of bullying and harassment at work in the last two years.

Of the 1463 members who replied, 21% identify bullying as a serious issue, whilst 7.4% identify bullying as a very serious issue within their departments.

"Bullying and harassment is a very sensitive issue and can take a number of forms, but ultimately can devastate a member and their confidence," says SoR health and safety officer Lyn West-Wigley. "Swift action is necessary but it must be sensitive to the member's needs."

We continue to raise awareness and tackle this issue, championing our anti-bullying campaign through our network of accredited representatives and providing specific CPD accredited training on bullying and harassment.

TU education is thriving

Education of our new IR, H&S and UL representatives continues to be vibrant and thriving. Nearly 200 new reps attend training each year and the volume of participants in our induction programme rivals many larger unions.

In response to demand, the education programme for reps will now offer second level training. In conjunction with the trade union department of Leeds College, we will launch a three day residential course in 2014 for reps who have at least one year's experience.

Course content will focus on the strategies needed to build confidence in negotiating, speaking up in meetings and dealing with difficult conversations.



Mark Cassidy, a member from the south-east region, makes a point from the podium at the Society's Annual Delegates Conference.

Keep your grubby hands off our NHS!

Delegates at April's Annual Delegates Conference in Brighton were under no illusion that the bedrock and foundation of the NHS in England is under threat of collapse.

Conference was populated by motions opposing privatisation of the NHS, as well as regional pay, protecting terms and conditions and career progression erosion.

This year, like no other, was about recognising the threats, seeing the opportunities, challenging the government but – more importantly – protecting what we hold dear and holding on to what we believe is our right.

Conference voted overwhelmingly for a survey into members' working conditions, including staffing levels, patient numbers, skill mix levels, rest breaks, sickness absences, bullying, harassment and stress.

Janine Pierson is UK Rep of the Year

An industrial relations representative from Pinderfields Hospital in Wakefield was the SoR's 2013 UK Representative of the Year.

Janine Pierson of the Yorkshire & North Trent Region was praised for staunchly upholding members' interests during negotiations on out-of-hours working. She was lauded for her enthusiasm as her region's delegation leader at the Annual Delegates Conference. Having personally emailed all members in the region to encourage them to attend the conference, Janine achieved a full delegation at the conference for the first time in some years.

Holding back tears at the awards ceremony, Janine commented: "You never do this work expecting to get recognition – that's not why you do it. To know that what you're doing makes a difference to people, it does mean a lot to me."

Slip, trips and falls cost dearly

The NHS needs to do more to prevent falls in hospitals because a slip or a trip is costing the NHS £2.3 billion per year.

But it should be remembered that it is not only patients who suffer and that poor maintenance of the working environment is just as much a danger for staff. Since 2006, 10 Society members have been injured at work due to slips, trips and a fall and the SoR has recovered from the NHS more than £110,000 in total compensation.

Every one of these cases was avoidable. We will continue to support members and promote safety in the workplace for all who work in or visit the NHS, as no amount of money can compensate for poor health or an injury.

Let's be careful out there!



From left: Elizabeth Smith, of sponsors Howard Kennedy FSI, SoR UK Rep of the Year 2013
Janine Pierson and SoR President Jackie Hughes

Professional, educational and research review

Setting standards for practice and education

This year saw the revision of the profession's most significant policy document – **the Code of Professional Conduct**.

The document sets out the behaviour expected in radiography practice based on values of respect, empowerment, empathy, trustworthiness, integrity and justice. Its release is timely – never before have professionalism and ethics within healthcare come under such scrutiny.

The publication of the Francis report in February 2013 was a stark reminder to the entire workforce, and those that aspire to be part of it, that the duties and responsibilities of practitioners are non-negotiable. The report's core message is 'put patients first' and it stresses the need for a renewed focus on patient safety and quality of compassionate care.

A comprehensive **response to the Francis report** has been developed by a cross-organisational working group and was published in December.

Two other core policy documents were also revised and updated, **The Scope of**

Practice 2013 and the **Education and Career Framework for the Radiography Workforce**. In addition, we made significant contributions to the revision and publication of the HCPC's **Standards of Proficiency for Radiographers**, a very important document for the profession.

On the ultrasound front, we completed the strengthening of the **Public Voluntary Register for Sonographers** and the migration of all voluntary registrants to the new register.

We've made major contributions to various national screening workstreams, including the revision of the fetal anomaly screening standards, abdominal aortic aneurysm screening in England and Scotland, breast screening, and the debate on whether vasa praevia screening is required.

Much of the work set out above, and

more, depends heavily on the input of many members who contribute through various advisory groups, networks, forums and special interest groups; this report is an opportunity to publically acknowledge their vital contributions and to thank them.

Working in partnership We continue to forge strong partnerships with our colleague professional bodies and other stakeholders groups and have worked on a range of joint projects over the past year.

The **Team working in clinical imaging** document was produced with the RCR. Its key message is that robust team working enables roles and responsibilities to be shared across professional groups to deliver cost-effective, high quality clinical



Audrey Paterson
Director of Professional Policy



At the publication of *Team working in clinical imaging* from left Dr Pete Cavanagh, Vice President of the Royal College of Radiologists; Jackie Hughes, SCoR President; Dr Richard Fowler, Warden of Fellowship and Warden of the Faculty of Clinical Radiology of the RCR; Dr Jane Barrett, President, RCR; Professor Audrey Paterson OBE, SCoR Director of Professional Policy.

imaging services.

As the new NHS structures bed down in England, we have joined with other groups in lobbying government to ensure that the focus on **improving cancer services**, especially **radiotherapy**, is not lost. Our work with CRUK, IPEM, and the RCR produced a joint report highlighting the success of the Radiotherapy Innovation Fund in England. The report addresses workforce and innovation challenges, as well as issues around service delivery and commissioning.

A new board has been established by the three colleges to support the delivery and development of **radiotherapy services** in the UK. The Radiotherapy Board will lead on quality standards, joint professional guidance and a workforce strategy.

A parallel board for **clinical imaging services** has also been developed by the three colleges, with an initial piece of work on CT equipment underway.

Guidance on commissioning imaging services, **Quality imaging services for primary care: a good practice guide**, was produced during the year, in partnership with the RCR and the RCGP. The aim of the guidance is to help imaging services understand and meet the needs of clinical commissioning groups in England.

The SoR led on the production of a **joint IMRT patient information fact sheet** and there is ongoing work with CRUK,

Macmillan and other charities to improve information for radiotherapy patients.

We are working with the RCR to produce a joint standards document relating to **audit and reporting quality in ultrasound** and are a major contributor to new **IR(ME)R guidance** for those in clinical imaging services, being developed in partnership. We are also involved in the development of various **MRI safety guidance** in partnership with the HSE, IPEM, BIR, BAMRR and the MHRA, and following on from the successful campaign work on the EU-PAD to ensure patients could continue to benefit from MRI examinations.

Our **public and patient liaison** group makes significant contributions to a number of our activities, particularly our work on professional and education standards, guidance and advice, and on our responses to various public consultations on health and public sector services. Amongst a wide range of work, members of the group have made particular contributions to a number of cancer related work streams, to work related to children's imaging and treatment, on ISAS, in the context of our support for the Falls and Fractures Alliance, and to our education approval work. Their contributions are invaluable and we take this opportunity to put on record our thanks for all that they do.

Well established relationships were

continued with health departments in England, Scotland, Wales and Northern Ireland.

More conferences and events Our conferences and events programme has expanded further to meet the professional and educational needs of our members.

This year's highlights include the inaugural joint conference of the CoR, the Heads of Radiography Education Forum and the Association of Radiography Educators. **Achieving Excellence in Radiography Education and Research** was a great success, attracting a delegation of 100 and generating very positive feedback.

The **Annual Radiotherapy Conference** became so successful that this was its last year in its traditional format. Work is now focused on building on the excellent reputation of our flagship radiotherapy event and developing the offering for the future.

The **student conference** is an annual fixture in the calendar, as is the national conference for **imaging services managers**, supported and sponsored by Philips Healthcare. This year's event – which included case study presentations and break out clinics – was more successful than ever with 200 managers in attendance. Feedback indicates that the conference is highly valued for its information sharing and networking opportunities and we are seeking new ways of supporting managers professionally.

We are also well represented at various overseas events, including two regular speaking slots at **RSNA** in the Associated Sciences Consortium programme and in the **ASRT@RSNA** programme.

Aligning education with service need The new education commissioning structures in England are focused on delivering high quality care through education. We have input to the overarching body, Higher Education England, and relationships with local education and training boards are now beginning to develop.

We have also provided input at national level to various pieces of work on workforce planning, particularly important given the chronic shortage of sonographers, and continuing shortfall of supply of therapeutic radiographers. We have also voiced our concerns about

the need to expand the diagnostic radiographer workforce to meet the demands of 7/7 services.

Similarly, the development of nuclear medicine practitioners is a significant concern as use of PET-CT and PET-MR grows; it is not easy to see how Modernising Scientific Careers is expanding this workforce.

We addressed the ongoing challenge of attrition from training placements for therapeutic radiographers with the publication of a new report. Commissioned by the National Cancer Action Team for the National Radiotherapy Implementation Group's Workforce subgroup, the document tackles this issue with key recommendations and evidence-based opportunities.

Work with eLfH continues and the **image interpretation programme** has expanded to include more than 200

learning units. **Radiotherap-e** – the advanced radiotherapy project – has been well received and free access to both programmes is now available to students and tutors, which is of tremendous benefit to the profession.

We are growing other e-learning opportunities for members through partnerships with carefully selected commercial and other partners. Currently these include **Educare for Health, Ziltron, Nelson Croom, the ASRT, and CORE-learning**, in partnership with Philips Healthcare, continues to increase the range of courses it offers.

Our online continuing professional development tool – **CPD Now** – has had a major refresh and features a new, modern interface. All accreditation systems have been integrated, which is of particular importance as accreditation becomes a requirement for assistant practitioner

membership in January 2014.

Advancing the quality of services for patients The Health and **Care Professions Council** published new standards of **prescribing** which outlined the extension of independent prescribing to appropriately trained chiropodists/podiatrists and physiotherapists. Following research by the SCOR into current practice, a business case in support of **independent**



prescribing by radiographers is being prepared for consideration by the Non-Medical Prescribing Board.

Work to explore the perceptions of **the imaging services accreditation scheme** took place, with subsequent refinement of its delivery to make it more flexible for service providers. An **ISAS** officer has been appointed to promote the benefits that accreditation can bring, and the rate at which services are seeking accreditation is beginning to gather pace.

We continue to monitor and provide advice and guidance on the **Any Qualified Provider** initiative in England; to maintain links with the Care Quality Commission, and to participate in relevant national specialist commissioning groups in England, including the **Radiotherapy Clinical Reference Groups**.

Opportunities and challenges of radiographer led research

The second round of funding is being offered through the Prostate Cancer UK/ CoR Clinical Research Training Fellowship (see page 25).

The CoRIPS research awards continue to see a healthy number of applicants (page 13) and our partnership with the Nuffield Foundation saw two student awards this

year.

We continue to support our members in sharing and disseminating their research and this year's **United Kingdom Radiology Congress** featured mentoring sessions on writing and reviewing for academic journals. At the **United Kingdom Radiation Oncology Conference** we offered author mentoring opportunities.

We are also involved in two important research collaborations, the **National Cancer Research Institute CT RAD**, and the **Allied Health Professions Research Network**. These provide opportunities to contribute to significant pieces of research and to strengthen the profession's research base and skills.

A recent issue of **Imaging & Therapy Practice**, dedicated entirely to student contributions, was very well received, and the 2013 edition of **Imaging and Oncology** has been much in demand and received high praise.

Our peer reviewed journal **Radiography** has continued to develop such that, under the leadership of the Editor-in-Chief, Professor Richard Price, we have submitted a further application to be indexed in Medline. We have also appointed the next Editor-in Chief and Dr Julie Nightingale takes over from Professor Price at the end of March 2014.

Future challenges There are numerous future challenges but two enduring ones

stand out. The first is the need to ensure that the learning from the Francis report really is sustained into the future. Almost daily, there is evidence of cost and corner cutting to the detriment of patients and to members of the profession struggling to do excellent work with inadequate resources.

The second major challenge is to make sure the profession is fit for the future which will include molecular imaging, ever more dynamic, precision cancer treatments, and the integration of diagnostics and treatment in the emerging field of theranostics.

There are other challenges, too, including ongoing work to ensure the profession is equipped to take on the challenge of delivering **minimally-invasive autopsy** services in England. With little in the way of current policy direction from the DH, it is important we take the lead on activity in this field.

Any qualified provider remains a controversial health policy that continues to impact on clinical imaging services across England, and we are part of a working group formed to consider how to support all members to deliver and lead in the current NHS landscape. Workforce planning and development, education provision, embedding our career progression framework, encouraging departments to become evidence and research led, are also major challenges for the coming years.

UKRC 2013: Can radiography survive the next decade?



Presenting the Stanley Melville Memorial Lecture at the United Kingdom Radiology Congress, Audrey Paterson identified two major developments that will shape the future of radiography: molecular imaging and theranostics (the fusion of therapeutics and diagnostics).

She said the profession must start to recognise the impact of these developments. There are two possible courses of events; first, that the profession's scope of practice becomes vast as the 'old' is retained and the 'new' embraced.

The second is that the profession contracts to serve a diminishing need for anatomical imaging, whilst molecular imaging becomes embedded in the healthcare sciences.

Radiographers are undoubtedly the 'best fit' to be the molecular imaging workforce but, to ensure that this happens, education and training must change and start to change now. Radiographers must become fully engaged in molecular imaging.

"Our newly revised education and career framework already includes a requirement to gain the underpinning knowledge about proton therapy within their pre-registration programme. We are ready to respond to the demands of this new service," says Charlotte Beardmore, the SCoR's professional and educational manager.

"Additional post registration education and training will be required to build on this existing expert knowledge and the SCoR is liaising with NHS trusts to define this requirement. The service offers an exciting development opportunity for our members and will become a core part of radiography practice."

Proton beam therapy is coming

We welcomed the news that proton beam therapy will be available in the UK and we're helping the radiotherapy community prepare to deliver the service.

From 2018, the treatment will be offered to up to 1500 cancer patients per year at the Christie NHS Foundation Trust in Manchester and University College London Hospitals NHS Foundation Trust.

The SCoR is a member of the NHS England Proton Steering Board which is overseeing this exciting development.

Sharing knowledge and new thinking

A broad range of professional documents setting standards and providing guidance for radiography professionals were published during the year and are available through the website (www.sor.org) in the online library.

Titles published include:

- Scope of practice of assistant practitioners
- Quality imaging services for primary care: a good practice guide
- Guidance on the management and governance of additional radiotherapy capacity
- Ultrasound examination times and appointments
- A project to develop draft modules and a credit framework to support development of management skills in radiographers
- Bariatric patients: Guidance and advice for the radiography workforce
- Guidance on out of hours working and your personal scope of practice
- Preliminary clinical evaluation and clinical reporting by radiographers: Policy and practice guidance

Radiographers triumph in national healthcare awards

Radiographer Emma Key-Yeomans was a winner in the rising star category of the Advancing Healthcare Awards for leading her department through the **Imaging Services Accreditation Scheme** in record time.

Despite only qualifying three years ago, Emma compiled the department's application, pulled together all the evidence and managed the inspection visits – completing the process in only 18 months.

The awards recognise and reward projects and professionals that lead innovative healthcare practice and make a real difference to patients' lives in the allied health professions and healthcare science.

Commenting after the ceremony, Emma said: "I was extremely surprised to win this award, and pleased that my achievements have been recognised in this way.

"However, we only achieved ISAS accreditation through the hard work and dedication of the great staff that work in the Radiology Department at the Norfolk & Norwich University Hospital NHS Foundation Trust – a proper team effort which I was proud to lead and be a part of."

Emma has now taken on the challenge of raising the departmental mandatory training compliance rates to the top of the Trust leader board.



Emma Key-Yeomans.



Polly Anjam (centre) receiving her Wales Radiographer of the Year award from Mark van Rossum from Fujifilm and Anna Van Der Gaag, Chair of the Health and Care Professions Council.

Royal honours

A therapeutic radiographer from Wales and the SCoR's national officer for Scotland (see page 11) were recognised in the Queen's birthday honours list.

Polly Anjam, who works at Velindre Cancer Centre, received an MBE for services to radiotherapy in Wales. Also nominated as the SCoR's Wales Radiographer of the Year 2012, she was described as the "epitome of an exceptional radiographer. Quite simply, she has revolutionised the centre's services in brachytherapy and skin treatments," said colleague Annabelle Jones. One of Polly's most significant achievements is a radiographer-led skin assessment clinic, which enables patients to be seen and planned in a one-stop service involving radiotherapy planning, counselling on side effects of treatment, obtaining informed consent and review of pathological results.



Collaboration raises hope for men with recurrent prostate cancer

We joined forces with **Prostate Cancer UK** to award a clinical training fellowship worth over £180,000, thanks to support from the Movember Foundation.

The winning proposal gives hope of eventual focused therapy for men with recurrent prostate cancer. One of the main barriers to curative treatment is that it cannot yet be effectively targeted.

James Stirling, the new Fellow and lead research radiographer at the Paul Strickland Scanner Centre, will look at using technology to get over the 'brick wall' and so help identify further treatment possibilities. He will use data obtained from currently available imaging technologies and analyse it in a new way.

The advanced technique, called textural analysis, will turn the separate information from each imaging technique into a detailed map of the prostate, showing precisely where the cancerous and normal tissue is.

This will allow the researchers to get more precise and detailed information about the extent of cancer within the prostate than has ever been gained before – much more than can be gained by looking at any imaging technique on its own.

Radiographer of the Year and Team of the Year

At the awards guest speaker Professor Lord Robert Winston acknowledged the "extraordinary" contribution of the profession, commenting that "the standard of radiography across the country is something of which you can be proud."

The special 10 year anniversary awards event, held at the House of Commons, celebrated individuals and teams who have been nominated by their peers for their dedication and commitment on a daily basis.

Gill Elkins from University Hospitals Coventry and Warwick was awarded UK Radiographer of the Year. "I see this as a tribute to the department as nobody achieves anything without a great team," she said. "I've had the most wonderful career and I can't think of anything else I'd have liked to have done more."

Radiographers from NHS Tayside received the UK and Scotland Team of the Year award. John Temple said that winning was "Unbelievable. There's some very good teams here and to actually win it, it's a dream come true."

The two student winners were equally delighted and proud. Diagnostic Student of the Year Richard Newman from the University of Exeter described the event as "awe inspiring".

Lucy Austin from the University of the West of England was awarded her prize as UK Therapeutic Student Radiographer of the Year. She said "It's such an honour. I feel so privileged to be here tonight."



The UK and Scotland Team of the Year, "honoured and delighted" with their award. From left: Chris Buchanan, Amy Low, Roderick Bruce, Rachel Cairns and John Temple.

Society of Radiographers' Benevolent Fund

The Trustees present their report and the independently examined accounts for the year ended 30 September 2013.

Aims and objectives

The Benevolent fund was established in 1983 as a registered charity with its own trust deed and constitution. The objects of the charity are "the assistance and relief of persons in the United Kingdom being members (including student members) and former members of the Society and their dependants who are in necessitous financial circumstances and in particular such of them as are old sick or incapacitated."

Public benefit

The Trustees have paid due regard to the guidance on public benefit published by the Commission in exercising their powers and planning the activities of the charity. The Trustees are satisfied that the trust has charitable purposes as set out in the Charities Act 2011 covering the prevention and relief of poverty for the public benefit.

Trustees at 30 September 2013

Phillip Edwards (Chair)

Ann Pollard

Zena Mossman

Indira Bhansali

Janis Loose

Nannette Spain

Rosemary Tubman

Gytha McBirney stepped down from her Trustee position on the Board during the year (26/11/12). The responsibility for the overall management and organisation of the charity rests with the Board of Trustees. The Board comprising of six Trustees are drawn from or are appointed by Society Council. (Note: Numbers exclude the Chair of the Board). Policies and procedures for the induction and training of trustees have been prepared and currently this is conducted according to need.

Activity in the year

The Trustees met twice during the year to discuss requests for assistance and the awarding of grants and to develop the strategy for heightening awareness and interest in the Fund. In between meetings the Trustees regularly discuss applications and approval of awards via an online facility. The available Trustees continued to attend and to give promotional talks at the Annual Delegates Conference.

Income for the year to September 2013 was £11,331, £6,725 less than 2012 mainly

due to receiving a legacy of £5,000 in the prior year. Income from donations decreased by £2,808 compared with the prior year which benefited from the winding down of an organisational development group and donations from members of the Society who could not partake in strike action. A £5,000 donation was made from the Society which is consistent with the previous year and income from the collections at Society meetings around the UK has shown a decrease. Affiliation income from the Society credit card continued to decline.

Expenditure in the year amounted to a total of £2,300 compared to £12,898 in 2012. This was due to a reduced number of applications and a reduced value of grants awarded and less Trustees' travel costs in relation to attendance at meetings.

The fixed-term deposit matured on September 2013 bringing the Fund's bank balance to £116,644. The £116,644 represented an increase of £5,921 over the combined total of the balance of the year before. The Trustees would like to thank all those who have made donations in the year or otherwise supported the Fund and also UK Council for their continued support of the Fund.

INVESTMENT, RESERVES AND RISK POLICIES

Investment

The charity's reserves amounted to £116,175 at 30 September 2013. Having completed a review of both their current reserves and investment policies, the Trustees concluded that the level of reserves held would not support investment in equities or investment funds without increasing the risk of the charity failing to meet its charitable objectives. As a result the Trustees will continue to pursue their low/medium risk investment objectives through interest bearing cash deposits.

This approach will be kept under regular review and if the level of reserves should increase significantly the Trustees' will consider the appointment of an investment manager. In the forthcoming year, the Trustees will be formally adopting a revised investment and reserves policy to reflect their wish to hold sufficient reserves to be able to ensure continuity in the operation of the charity in the event of a large variation of income and/or increase in applications

for financial assistance. To address this inherent uncertainty the Trustees deem it prudent to aim to hold the equivalent of two years' income in a readily accessible deposit account and a minimum of three years' income equivalent on deposit on appropriate notice.

Reserves

The Trustees' current reserves policy is to seek to maintain, on balance, the opening level of reserves while making grants of assistance to the level of the income received in the preceding financial year.

Awards granted in response to applications for assistance decreased from six in the previous year to four in the current year. (Although this did not include a further two grants of value of £1,659 which had been approved just after year end). The total value of the four awards at £1,080 was below the level of income received in the previous year by £16,976. The Trustees are mindful this did not match their stated current policy and have instituted a review of the underlying reasons why enquires in the year did not translate into full applications and why those that did, did not meet the established criteria.

Risk

The Trustees have discussed the major risks facing the fund and plan to document procedures to mitigate risks.

Going concern

We have set out above a review of financial performance and the charity's reserves position. We have adequate financial resources and are well placed to manage the business risks. Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are no material uncertainties that call into doubt the charity's ability to continue. The accounts have therefore been prepared on the basis that the charity is a going concern.

Phillip Edwards

Chair of the Trustees

Society of Radiographers' Benevolent Fund Statement of Financial Activities

for the year ended 30 September 2013

	2013		2012	
	£	£	£	£
INCOMING RESOURCES				
Donations	7,473		10,281	
Gift Aid reclaimed	239		392	
Legacies	-		5,000	
Income from credit cards	1,178		1,417	
Bank interest	<u>2,441</u>		<u>966</u>	
		11,331		18,056
RESOURCES EXPENDED				
Grants and donations	1,080		9,536	
Envelopes and advertising	-		160	
Bank charges	-		53	
Sundry expenses	<u>1,220</u>		<u>3,149</u>	
		(2,300)		(12,898)
Net movement in funds		9,031		5,158
RETAINED SURPLUS AT BEGINNING OF YEAR		107,144		101,986
RETAINED SURPLUS AT END OF YEAR		<u>116,175</u>		<u>107,144</u>

There are no other unrealised gains or losses which do not appear on the SOFA. All the above results are derived from continuing activities.

Balance Sheet as at 30 September 2013

	2013	2012
	£	£
CASH AND DEPOSITS		
Short term deposit	-	80,000
Cash at bank	<u>116,644</u>	<u>30,723</u>
	116,644	110,723
DEBTORS		
Gift Aid accrued	239	-
CREDITORS		
amounts due within one year	<u>(708)</u>	<u>(3,579)</u>
TOTAL ASSETS	<u>116,175</u>	<u>107,144</u>
UNRESTRICTED FUNDS	<u>116,175</u>	<u>107,144</u>

Approved and authorised for issue by the Trustees on 18 February 2014 and signed on their behalf.

Phillip Edwards
Chair of the trustees





Society and College of Radiographers

Financial report for the year to September 2013

TOTAL INCOME Income for the year to September 2013 was £6,099,382, £123,357 (2.1%) higher than last year. Membership subscription income increased by £163,556 (3.3%) through increased member numbers combined with an inflation-matching subscription fee uplift. Other income decreased by £40,199 (-3.9%) to £993,266, mainly due to the decision by ROC (the Radiology and Oncology Congress) to hold back from the award of grants to its constituent organisations in the year, together with a reduction in the level of grant funding received for the E-Learning for Health project.

TOTAL OPERATING EXPENDITURE Expenditure increased by £99,387 (1.8%) to £5,490,792 for the year to September 2013. Within this overall rise, staff costs increased by £174,958 compared to the previous year but were offset by reductions in operational and overhead expenditure of £75,571 to £2,890,377. This reflected decreases in the costs of members' professional indemnity insurance and legal support and lower costs of Approval, Accreditation and Standards work.

SURPLUS FOR THE YEAR The Society and College showed a stable operating surplus in 2013 of £608,590 (2012 £584,620) before investment gains of £294,006 and pension scheme actuarial losses under FRS17 of £161,000. As a result of these investment gains offset by pension scheme actuarial losses, the bottom line surplus in 2013 for the Society and College was £741,596 (£62,260 up on 2012).

INCOME AND EXPENDITURE £	Year to 30 September 2013				2012
	Society	College	Contra	Combined	Combined
INCOME					
Membership Subscriptions	5,106,116	-	-	5,106,116	4,942,560
Course Accreditation and Approval	-	96,789	-	96,789	98,188
Grant Income	-	145,611	-	145,611	248,892
Magazine and Journal Income	237,181	4,500	-	241,681	228,639
Conferences, Seminars and Courses	-	152,254	-	152,254	130,879
Income from Regional Committees and National Councils	38,226	-	-	38,226	29,055
Investment Income	66,054	64,724	-	130,778	136,909
Other Income	28,089	159,838	-	187,927	160,903
Contribution and Rent from Society	-	1,700,000	(1,700,000)	-	-
TOTAL OF OTHER INCOME	369,550	2,323,716	(1,700,000)	993,266	1,033,465
TOTAL INCOME	5,475,666	2,323,716	(1,700,000)	6,099,382	5,976,025
EXPENDITURE					
Staff Costs	1,501,022	1,099,393	-	2,600,415	2,425,457
Operational & Overhead Expenditure					
Contribution to the College of Radiographers	1,630,000	-	(1,630,000)	-	-
Donation to Benevolent Fund	5,000	-	-	5,000	5,000
Magazine and Journal Costs	464,694	131,703	-	596,397	584,261
Members' Insurance and Legal Costs	431,347	-	-	431,347	460,672
Website, CPD and Other Member Services	70,480	46,766	-	117,246	128,510
Accredited Representatives Network	108,448	-	-	108,448	108,491
ADC, Regional Committees and National Councils	160,750	-	-	160,750	129,159
Radiographer of the Year and President's Inauguration	34,494	-	-	34,494	29,101
TUC Affiliation and Campaigns	128,800	-	-	128,800	150,276
Approval, Accreditation and Standards	-	246,132	-	246,132	304,190
Research, Awards and Networks	-	71,388	-	71,388	82,800
Conferences and Seminars	-	107,920	-	107,920	100,326
Organisational Profile and Events Attendance	49,826	140,194	-	190,020	208,650
Professional Fees Including Audit	51,630	36,840	-	88,470	95,875
Travel and Subsistence Costs	200,916	15,150	-	216,066	216,903
Overheads (Office and Administrative Costs)	321,795	136,104	(70,000)	387,899	361,734
TOTAL OPERATIONAL AND OVERHEAD EXPENDITURE	3,658,180	932,197	(1,700,000)	2,890,377	2,965,948
TOTAL EXPENDITURE	5,159,202	2,031,590	(1,700,000)	5,490,792	5,391,405
SURPLUS BEFORE INVESTMENT GAINS	316,464	292,126	-	608,590	584,620
Investment Gains	147,015	146,991	-	294,006	315,716
Pension Scheme Actuarial (Losses)	(108,000)	(53,000)	-	(161,000)	(221,000)
SURPLUS AFTER INVESTMENT & ACTUARIAL GAINS / (LOSSES)	355,479	386,117	-	741,596	679,336



Commentary on Income and Expenditure

Total income for the whole organisation in 2013 amounted to £6,099,382, £123,357 (2.1%) up on 2012.

Income from membership subscriptions amounted to £5,106,116, a rise of £163,556 (3.3%) over the previous year. The increase was the result of a net 0.8% rise in the number of members combined with an inflation-matching 2.5% increase in subscription fee rates.

Other income amounted to £933,266, a decrease of £40,199 (-3.9%) from 2012 for the following main reasons:

- a) Grant income fell by £103,281 net as a result of –
 - i) Firstly, the decision by the Board of ROC (Radiology and Oncology Congress) to hold in abeyance any grant distribution to constituent organisations in the year (£48,000 in 2012).
 - ii) Secondly, as a result of a reduction of £65,000 in grant funding received from E-Learning for Health for the 2013 project year, and
 - iii) thirdly an off-set to these decreases arising from the receipt of a grant from the Society for Radiological Protection, in recognition of the support provided by the College for the SRP's leadership of the 13th International Congress of the International Radiation Protection Association held in Glasgow in 2012.
- b) The net reduction in grant income was further off-set by increases in several other income categories, including £21,375 (16.3%) from Conferences, Seminars and Courses, £13,042 (5.7%) from Magazine and Journal income and £27,024 (16.8%) from miscellaneous sources.

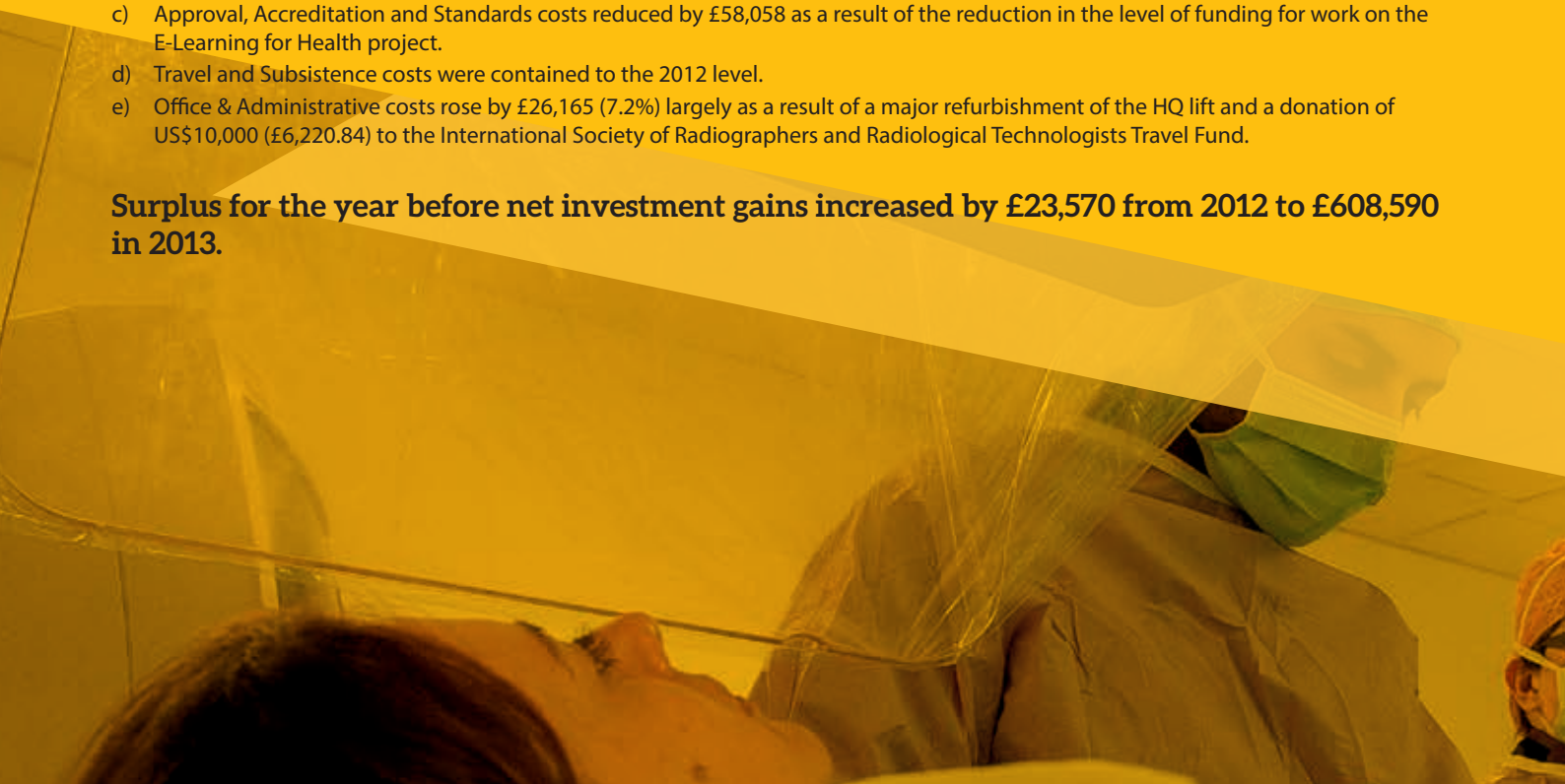
Expenditure for 2013 across the organisation amounted to £5,490,792, an increase of £99,387 (1.8%) from 2012.

Staff costs in 2013 were £2,600,415, an increase of £174,958 over 2012 and due to the full year effect of the revised pay and grading structure introduced from November 2011 onwards and a below inflation pay award for 2012-13.

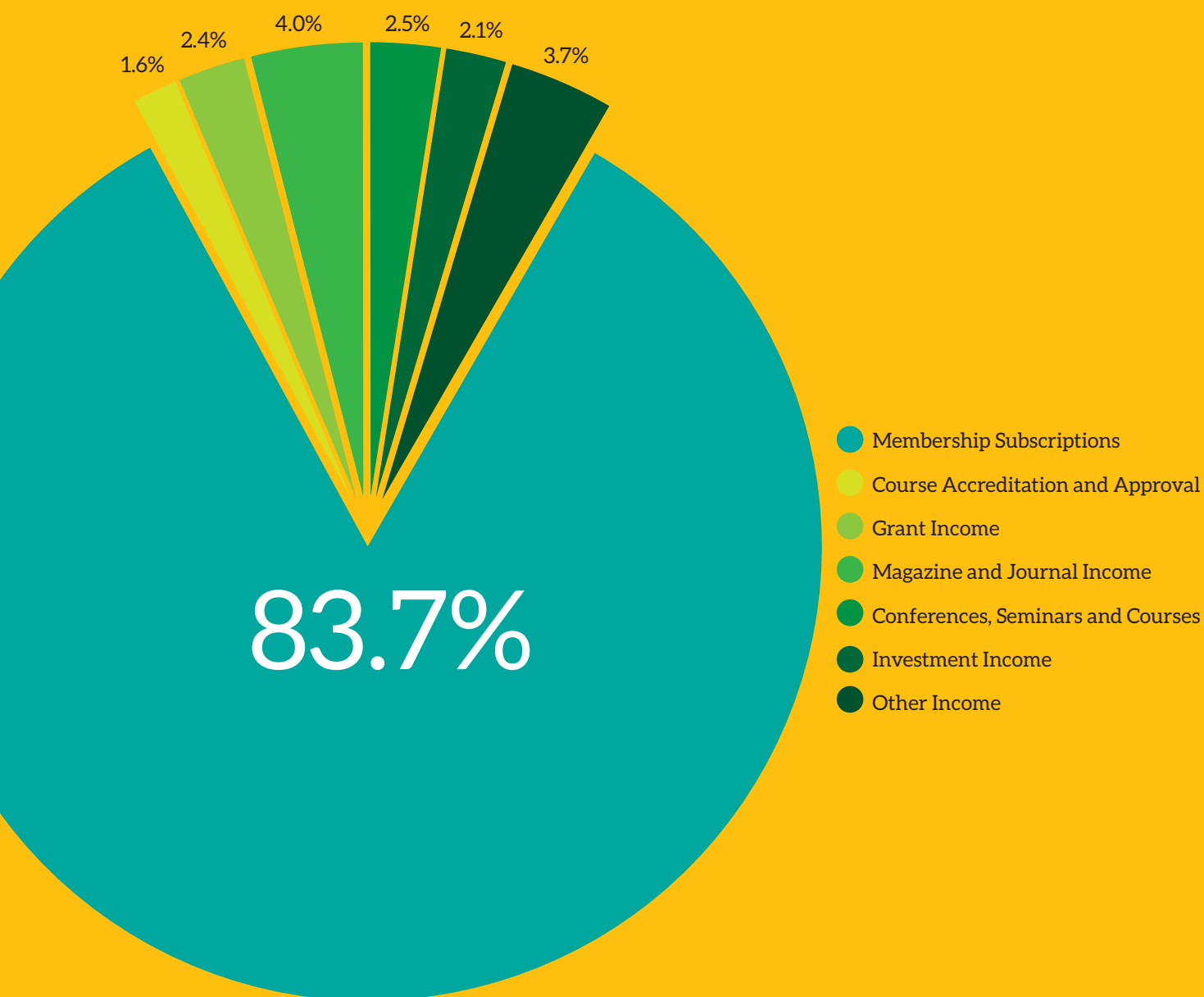
Operational and overhead expenditure amounted to £2,890,377, £75,571 (-2.5%) less than 2012:

- a) Members' professional indemnity costs and legal representation costs fell by £29,325 to £431,347.
- b) TUC Affiliation and Campaigns costs decreased by £21,476 to £128,800, reflecting a slight lessening in the level of engagement with changes to terms and conditions issues within the NHS compared with the intensity of the previous year.
- c) Approval, Accreditation and Standards costs reduced by £58,058 as a result of the reduction in the level of funding for work on the E-Learning for Health project.
- d) Travel and Subsistence costs were contained to the 2012 level.
- e) Office & Administrative costs rose by £26,165 (7.2%) largely as a result of a major refurbishment of the HQ lift and a donation of US\$10,000 (£6,220.84) to the International Society of Radiographers and Radiological Technologists Travel Fund.

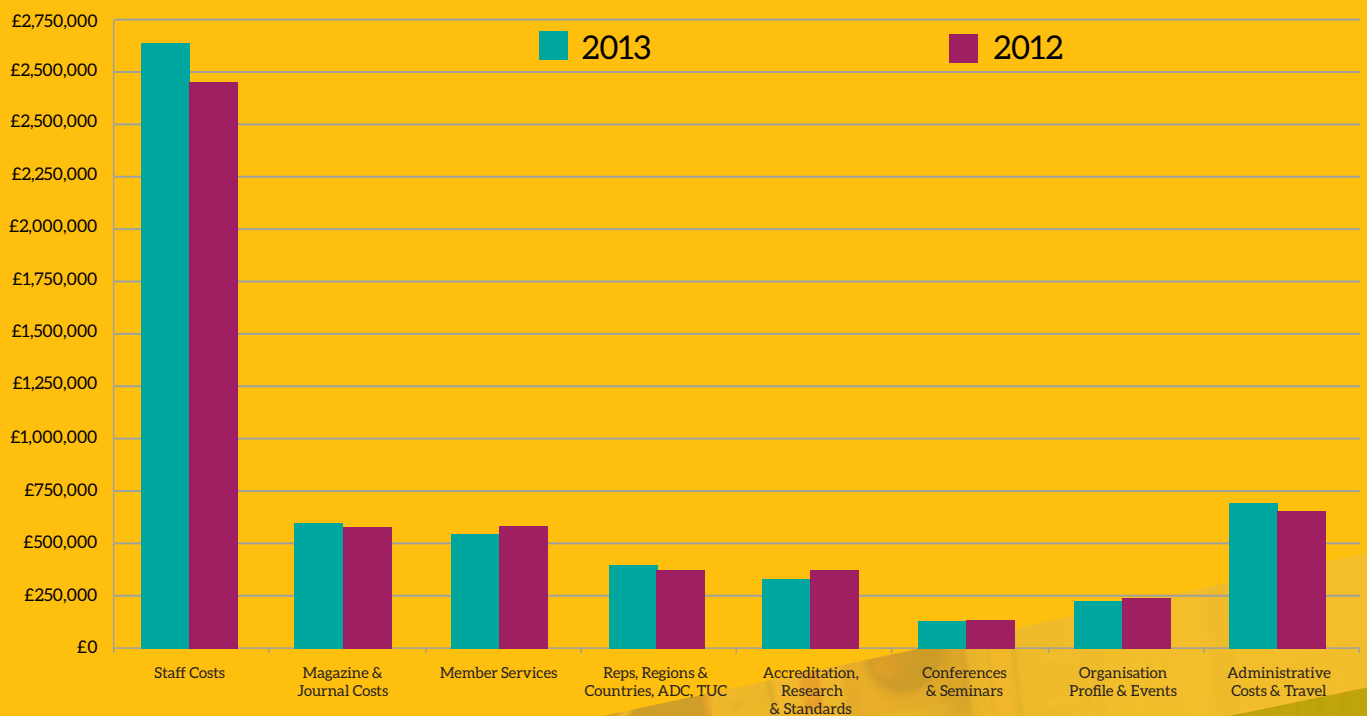
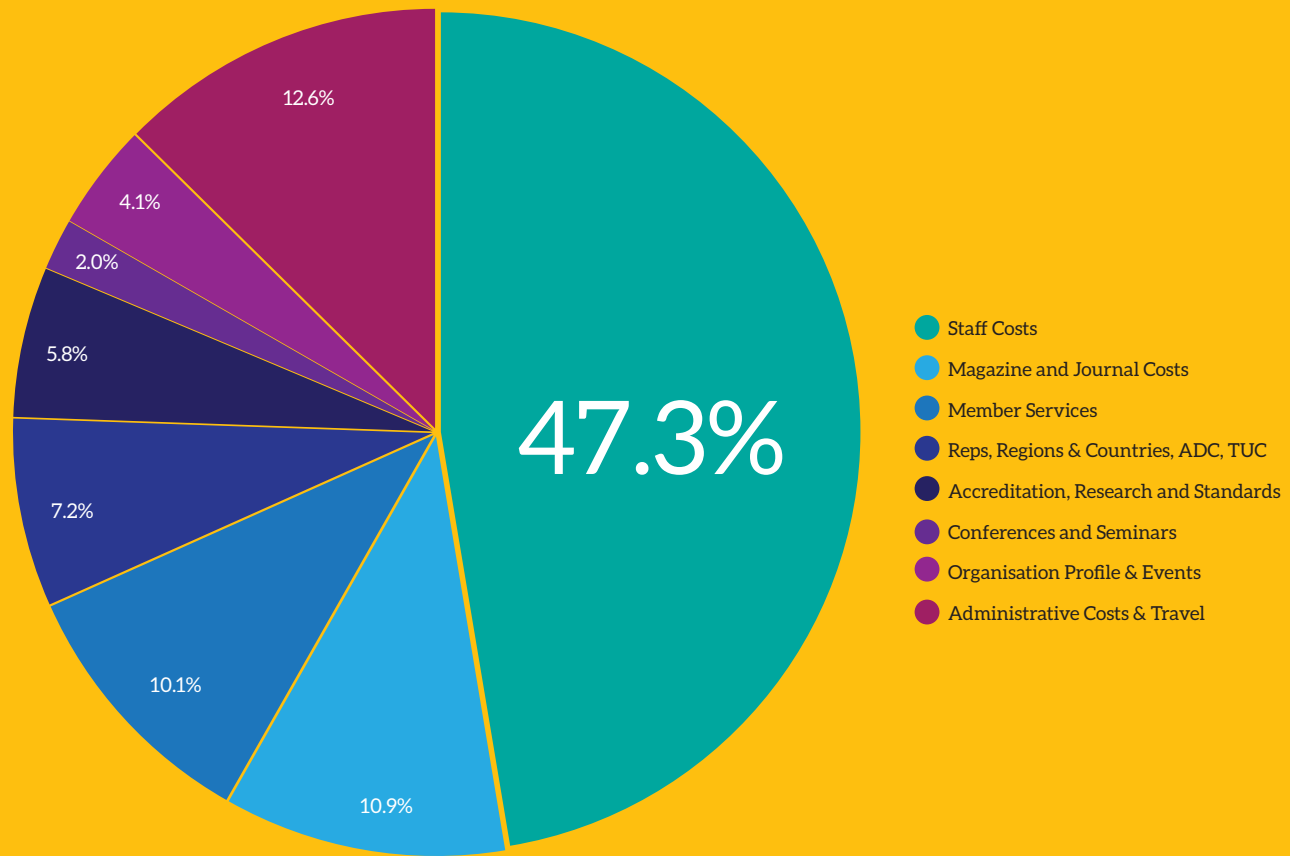
Surplus for the year before net investment gains increased by £23,570 from 2012 to £608,590 in 2013.



Income by Category - 2013



Expenditure by Category - 2013



Commentary on the Balance Sheet

Total assets at the 2013 year end amounted to £7,482,420, an increase of £741,596 from the value at September 2012 for the reasons set out in the previous section. Tangible fixed assets, which include the head office property, were down £35,982, mainly due to depreciation charges in the year exceeding asset additions.

The Society and College fixed assets investments amounted to £5,183,420, an increase of £1,394,764 in value after income re-investment, realised and unrealised gains and the transfer of £1,000,000 of short-term cash deposit holdings into the investment portfolios.

Current assets less liabilities at £1,318,256 were £488,186 lower than at September 2012, reflecting the realisation and transfer of £1,000,000 of fixed term cash deposits into the fixed asset investment portfolios and the effect of the surplus generated in 2013.

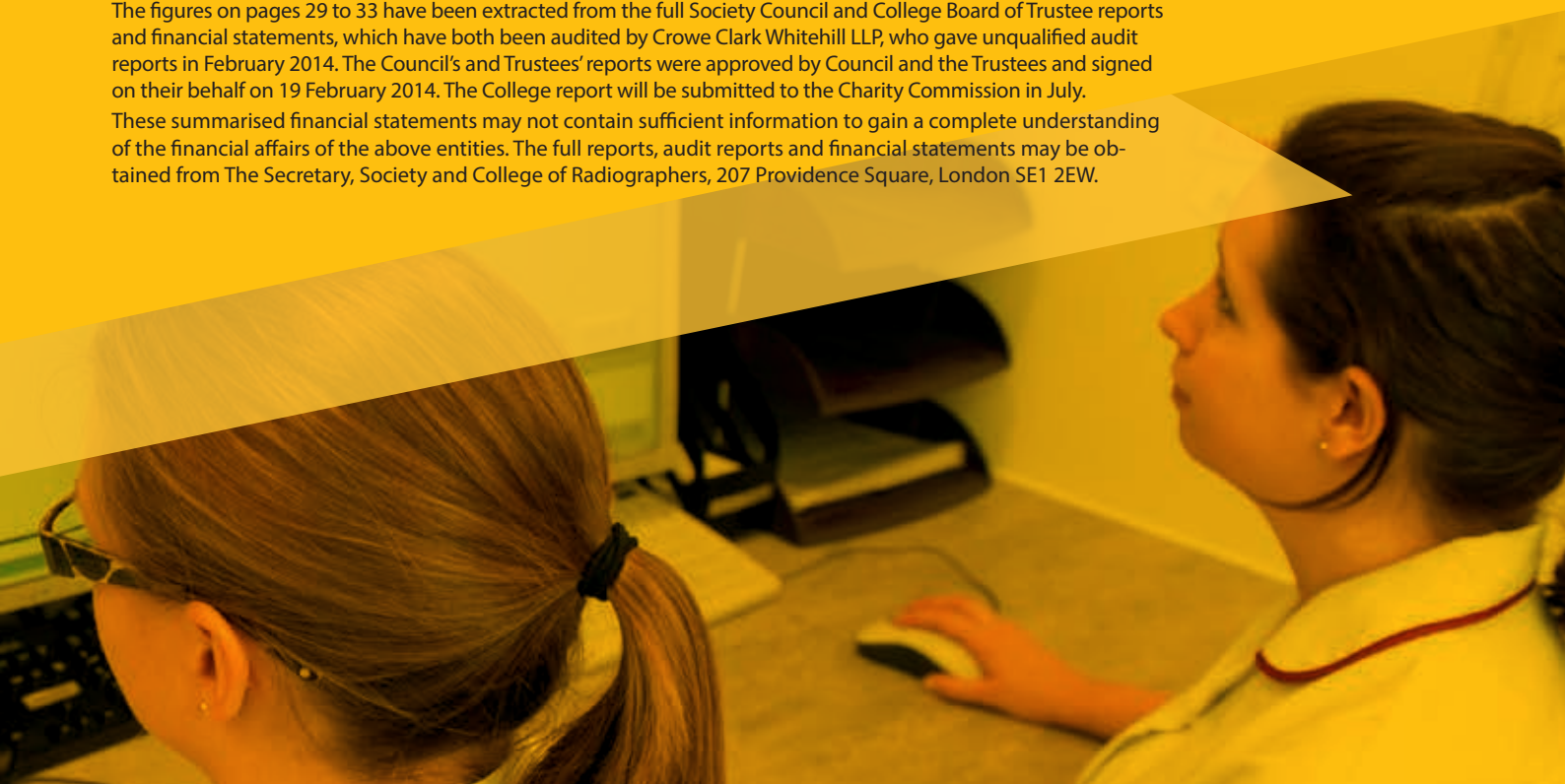
BALANCE SHEET

Figures in £	Society	College	Contra	Combined 2013	Combined 2012
Tangible Fixed Assets					
Long Leasehold Property	-	959,633	-	959,633	985,924
Fixtures	-	36,168	-	36,168	44,289
Computer Equipment	28,633	54,310	-	82,943	84,513
Total	28,633	1,050,111	-	1,078,744	1,114,726
Fixed Asset Investments	2,591,722	2,591,698	-	5,183,420	3,788,656
Investment in Subsidiary	2	-	(2)	-	-
Current assets less liabilities					
Debtors	374,288	54,973	(232,421)	196,840	277,151
Fixed term deposits	-	-	-	-	1,130,456
Bank balances	881,090	830,739	-	1,711,829	988,453
Creditors	(361,320)	(461,514)	232,421	(590,413)	(589,618)
Total	894,058	424,198	-	1,318,256	1,806,442
Pension scheme (liability)/asset	(65,000)	(33,000)	-	(98,000)	31,000
Total assets at 30 September 2013	3,449,415	4,033,007	(2)	7,482,420	6,740,824
Share Capital	-	2	(2)	-	-
Reserves					
General Fund	3,514,415	-	-	3,514,415	3,072,936
Restricted Funds	-	40,422	-	40,422	48,835
Unrestricted Funds	-	4,025,583	-	4,025,583	3,588,053
Pension Scheme Funding Reserve	(65,000)	(33,000)	-	(98,000)	31,000
Total Capital and Reserves at 30 September 2013	3,449,415	4,033,007	(2)	7,482,420	6,740,824

REPORTING ON SUMMARISED ACCOUNTS

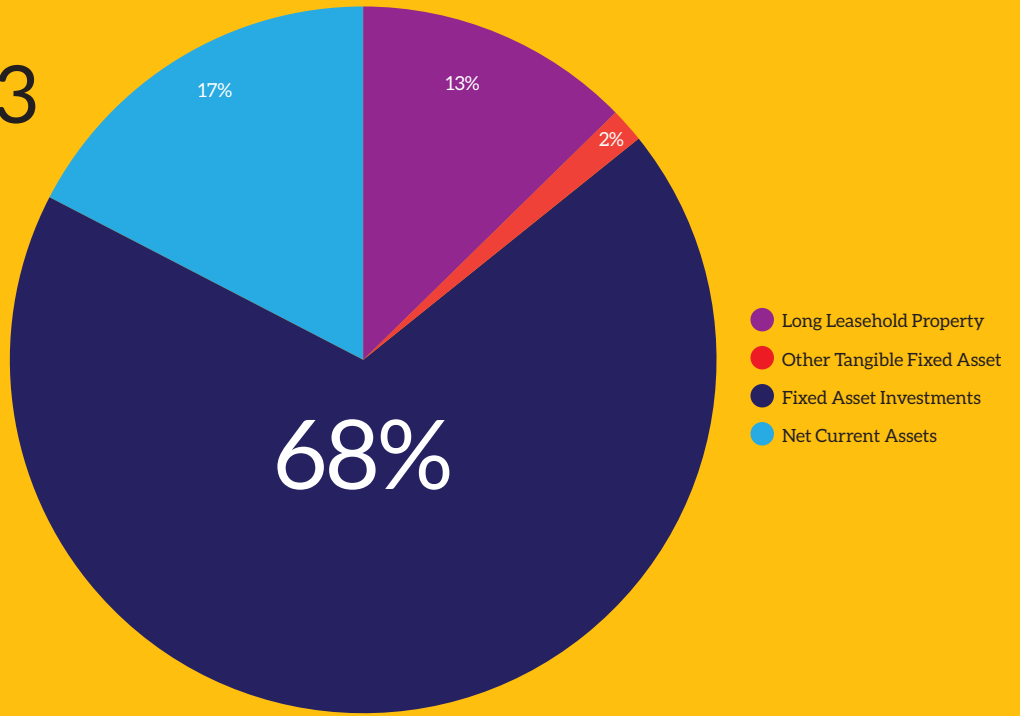
The figures on pages 29 to 33 have been extracted from the full Society Council and College Board of Trustee reports and financial statements, which have both been audited by Crowe Clark Whitehill LLP, who gave unqualified audit reports in February 2014. The Council's and Trustees' reports were approved by Council and the Trustees and signed on their behalf on 19 February 2014. The College report will be submitted to the Charity Commission in July.

These summarised financial statements may not contain sufficient information to gain a complete understanding of the financial affairs of the above entities. The full reports, audit reports and financial statements may be obtained from The Secretary, Society and College of Radiographers, 207 Providence Square, London SE1 2EW.



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Assets 2013



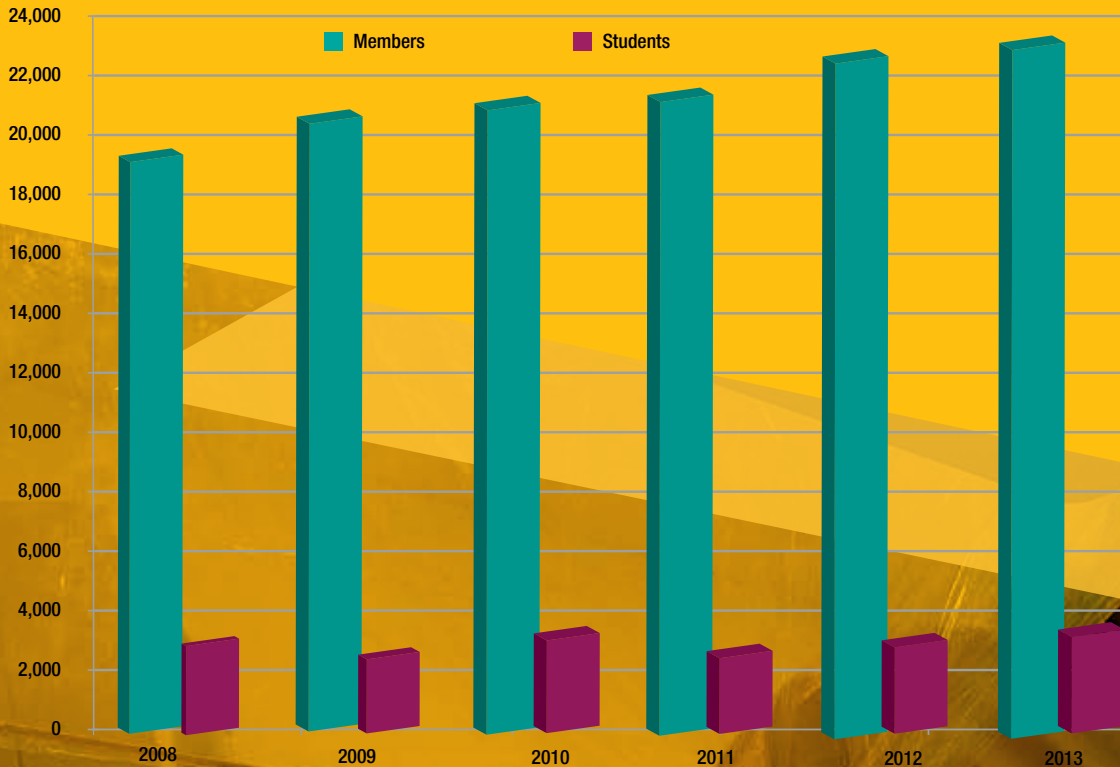
Review of Membership

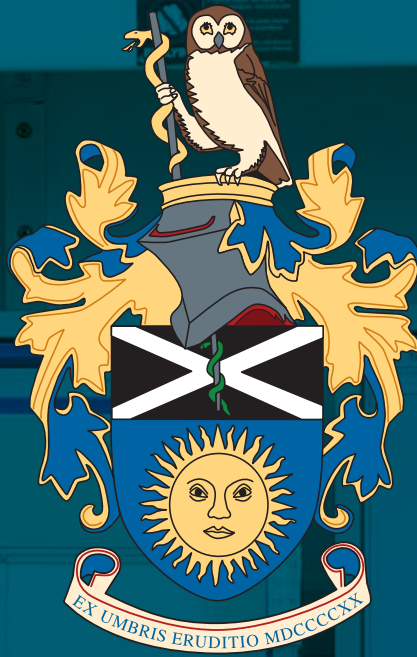
The Society's membership continues to grow:

2009: 20,388 2010: 21,093 2011: 21,541 2012: 22,263 2013: 22,532

As does student membership:

2009: 2,845 2010: 3,018 2011: 2,344 2012: 2,652 2013: 2,925





The Society & College of Radiographers



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Radiographers

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