

CARDIAC RISK IN THE YOUNG

England & Wales · Charity number 1050845

Details

Other names	C R Y, CARDIC RISK IN THE YOUNG (CRY), CRY - CARDIAC RISK IN THE YOUNG
Status	Registered
Legal form	Charitable company
Company number	03052985
Registered	1995-11-18
Register	View on the Charity Commission register

Contact

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Surrey
KT22 7RD

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Email cry@c-r-y.org.uk

Website www.c-r-y.org.uk

Activities

Objects: THE CHARITY'S OBJECTS ('OBJECTS') ARE SPECIFICALLY RESTRICTED TO THE RELIEF OF SICKNESS,SUFFERING AND DISTRESS OF THOSE PERSONS SUFFERING FROM INHERITED AND/OR CONGENITALAND/OR ACQUIRED CARDIAC CONDITIONS IN PARTICULAR BUT NOT EXCLUSIVELY BY:(I) THE PROVISION OF A SCREENING SERVICE;(II) THE PROVISION OF GRANTS TO SPECIALIST CARDIAC UNITS;(III) THE PROVISION OF SUPPORT SERVICES TO THOSE AFFECTED BY THE ABOVE CONDITIONS, INCLUDINGTHOSE SUFFERING FROM THE CONDITIONS, THEIR FAMILIES, CARERS AND FRIENDS.

Activities: CRY provides bereavement support to families affected by a young sudden cardiac death (YSCD/SADS) & supports young people with heart conditions. It raises awareness, runs a national heart screening programme to identify conditions such as cardiomyopathy, ARVC, Brugada, WPW, HCM, DCM & Long QT, & funds medical research, specialist NHS inherited cardiac services & expert cardiac pathology.

Classification

- **How:** Makes Grants To Organisations, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People

Geography

- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-05-31	£5,040,381	£4,364,360	£6,476,965	99
2024-05-31	£4,287,680	£3,622,270	£5,800,944	98
2023-05-31	£3,720,504	£3,416,963	£5,135,534	93
2022-05-31	£2,852,587	£3,088,053	£4,831,993	76
2021-05-31	£1,912,079	£2,373,796	£5,067,459	68

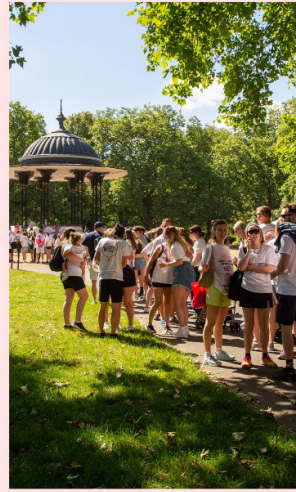
Trustees

Name	Role	Appointed
Atul Pushkar Mehta		2024-12-09
Dr Jayesh Makan		2018-12-18
Dr Nicholas Robert Jones		2023-01-13
Dr Rachel Jane Russell		2025-10-09
James Brown		2023-12-14
Jonathan Miller		2024-12-09
Paul Quarterman		2017-12-13

CARDIAC RISK IN THE YOUNG

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Accounts



ANNUAL REPORT

Report and financial statements for the year ended May 31st 2025

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Executive Summary



Statement from CRY's Chairman Paul Quarterman

The year 2024–2025 has been one of strong progress and growing impact for Cardiac Risk in the Young. CRY delivered 352 cardiac screening days, screening 31,295 young people across

the UK. This continued growth reflects both the increasing demand for our services and the extraordinary commitment of CRY's staff, clinicians, volunteers, fundraisers and supporters.

This year also saw a change in the leadership of the Board of Trustees. I am honoured to take on the role

of Chair and would like to thank my predecessor, Hugh Mulcahey, for his dedication and the positive impact of his leadership on CRY's work.

CRY achieved record income of £5.04 million, with free reserves now meeting the charity's reserve policy, providing greater resilience as we plan for the future. Alongside this, CRY's research continues to influence clinical practice internationally, while demand for our bereavement support services remains high, underscoring both the devastating impact of young sudden cardiac death and the importance of CRY's work.

On behalf of the Board, I thank everyone who supports CRY. Together, we remain committed to saving young lives and supporting families when they need us most.



Executive Summary Dr Steven Cox, Chief Executive

The year ended 31 May 2025 has been one of meaningful progress for Cardiac Risk in the Young (CRY). Driven by the charity's core mission to prevent young sudden cardiac death through awareness, screening, research and

support we have delivered a record number of life-saving services while strengthening CRY's foundations for the future.

Screening Milestones

CRY delivered 352 screening days over the past year, reaching 31,295 young people across the UK. These heart checks continue to identify those with hidden cardiac conditions who might otherwise be unaware of their risk. Screening remains at the heart of our work and our hope: early diagnosis can lead to early intervention, saving lives and changing futures for young people and their families. We continue our efforts to expand our reach and streamline our processes through research and increasing medical expertise.

Financial Growth

This year we achieved a record £5.04 million in income, thanks to extraordinary support from individuals, community fundraisers, trusts, and partners. With 85% of our expenditure focused on charitable activities, CRY continues to invest where it matters most—on the frontline of screening, research, awareness and support. Our reserves are now at target levels, reflecting improved financial resilience and enabling us to plan confidently ahead.

Research excellence

CRY's research continues to illuminate the causes, prevalence, and outcomes of inherited cardiac conditions. Under the expert leadership of Professors Sanjay Sharma, Michael Papadakis and Mary Sheppard, CRY-supported studies are shaping clinical

understanding and practice internationally. This work remains central to our goal of preventing young sudden cardiac death and supporting clinicians with evidence that makes a difference.

Supporting Families and Young People

We provided specialist bereavement support through our trained peer network and held national remembrance events that bring comfort and community to those touched by tragedy. Through the myheart network, we also continue to stand alongside young people living with diagnosed cardiac conditions, helping them find information, connection and optimism for the future.

Awareness and Advocacy

A significant number of CRY's fundraisers focus on supporting screening which enables CRY to run a national screening programme throughout the UK. In order to expand and respond to the high demand for our screening services, we will require more funding for research fellows. This calls for an increase in core funding or donations specifically designated for research.

Our public campaigns such as Raising Awareness Week, Heart Month and the 12-A-Week Challenge, have helped bring the issue of young sudden cardiac death into wider view. We continue to advocate with policymakers for a national strategy to prevent these deaths, reflecting our belief that every young life matters and every family deserve the chance of prevention.

Looking Ahead

As we build on this year's achievements, our priorities remain clear: to strengthen our Centres of Excellence, expand screening capacity, grow research fellowships, enhance support services and deepen awareness of young cardiac risk. Alongside these priorities, we are laying the foundations for innovative digital and AI-enabled approaches that will help significantly extend the reach and sustainability of our clinical expertise and further strengthen screening and prevention. With the ongoing dedication of our trustees, volunteers, staff, donors and clinical partners, CRY will continue striving to save young lives and support families long into the future.



Legal Structure and Governance

The Trustees present their annual report and audited financial statements of the company for the year ended 31 MAY 2025.

Reference and Administrative Details

Company Registration Number: 3052985

Registered Charity Numbers: 1050845 & SC052581

Registered Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Principal Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Bankers: Lloyds Bank Plc, High Street, Epsom, Surrey, KT19 8AT

Auditors: BGM Helmores Ltd, Emperor's Gate, 114a Cromwell Road, Kensington, London, SW7 4AG

Trustees:

Paul Quarterman	(Chairman)
Louise Brooker-Carey	(served until her death on 27th February 2025)
James Brown	
Monique Choudhuri	(resigned on 25th November 2024)
Dr Nicholas Jones	
Atul Mehta	(appointed on 9th December 2024)
Dr Jayesh Makan	
Jonathan Miller	(appointed on 9th December 2024)
Hugh Mulcahey	(resigned on 9th December 2024)
Paedar O'Donnell	(resigned on 26th September 2024)
Rachel Russell	(appointed on 9th October 2025)
Rebecca Trewinnard	(resigned on 26th September 2024)

Chief Executive: Dr Steven Cox

Structure, Governance and Management

Governing Document

Cardiac Risk in the Young was incorporated on 3 May 1995 as a company limited by guarantee and is governed by its Memorandum and Articles of Association. The company was subsequently registered as a charity with the Charity Commission and is also known by its initials – CRY. CRY was registered with the Scottish Charity Regulator on June 1st 2023.

Appointment of Trustees

The charity or the Trustees may appoint a person who is willing to act to be a Trustee either to fill a casual vacancy or as an additional Trustee. As set out in the Articles of Association the board appoints the chair of the Trustees.

Trustee induction and training

New Trustees are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the Trustee board and decision-making processes, the business plan and recent financial performance of the charity. Their induction involves the meeting of key employees and other Trustees. Trustees are encouraged to attend appropriate external training events.

Organisation

The board of Trustees administers the charity. The board meets four times a year. A Chief Executive is appointed by the Trustees to manage the day-to-day operations of the charity. To facilitate effective operations, the Chief Executive has delegated authority for operational matters including development, finance, employment, public relations and fundraising.

Audit Committee

The Audit Committee is comprised of Hugh Mulcahey (CRY Trustee) (resigned on 9th December 2024), Peadar O'Donnell (CRY Trustee) (resigned on 26th September 2024), Rebecca Trewinnard (CRY Trustee) (resigned on 26th September 2024), James Brown (CRY Trustee) (appointed 26th September 2024), Paul Quarterman (CRY Trustee), Jonathan Miller (appointed on 9th December 2024), Atul Mehta (appointed on 9th December 2024), and Dr Steven Cox (CRY Chief Executive). The Committee meets at least four times a year. The Committee helps to ensure that sound financial policies and internal controls are in place by providing a formal mechanism for reviewing matters of corporate governance and risk management together with external audits.

Research Committee

The Research Committee is comprised of Paul Quarterman (CRY Trustee), Hugh Mulcahey (CRY Trustee) (resigned on 9th December 2024), Dr Jayesh Makan and Dr Steven Cox (CRY Chief Executive). The Committee oversees CRY's research strategy.

Related parties

Professors Sanjay Sharma and Michael Papadakis, CRY's Consultant Cardiologists, who are based at University of London and St George's Hospital, oversee the CRY research programme plus the clinical aspects of the CRY cardiac screening programme. All services provided by Professor Sharma and Professor Papadakis are on a voluntary basis.

Professor Mary Sheppard, CRY's Expert Cardiac Pathologist, who is based at University of London, oversees the CRY Centre for Cardiac Pathology. Professor Sheppard is part funded by the Pathology research grant to the CRY Centre for Cardiac Pathology.

About CRY

At Cardiac Risk in the Young (CRY), our mission is to prevent sudden cardiac deaths in young people through free heart screenings, life-saving research and raising awareness – whilst also offering specialist bereavement support to affected families. Central to this mission is addressing Sudden Arrhythmic Death Syndrome (SADS) — a silent condition in which a seemingly healthy young person dies suddenly from an undiagnosed heart rhythm abnormality, often linked to a congenital issue. Our commitment to scientific research and a realistic understanding of the limitations of current medical practice has enabled us to show that Young Sudden Cardiac Death (YSCD) is one of the UK’s leading causes of death in young people, tragically claiming at least 12 young lives every week. Every screening test performed, every family supported, and every campaign launched brings us closer to a future where no young person dies needlessly from an undiagnosed heart condition. As we reflect on the past year’s achievements and look ahead, our resolve remains clear: to protect young hearts and reduce the devastating impact of YSCD

Operating a National Screening Programme

Young Sudden Cardiac Death is unimaginably devastating, to young people, their families, and communities, but it can be preventable. Systematic screening programmes are essential to establish the prevalence of cardiac conditions in young people. The goal of a screening programme is to detect a heart condition, or its risk factors early, enabling preventative or therapeutic interventions to be implemented before the disease progresses. In the case of cardiac conditions, the aim is to put in place treatments and lifestyle changes that will minimise the risk of a sudden cardiac death. In some cases, the condition can be cured with the risk of sudden cardiac death removed. CRY operates screening programmes for the general public (between the ages of 14 and 35), sports clubs and teams across the UK



Cardiac Screening

The CRY screening programme aims to detect underlying heart conditions in young people aged 14 to 35, helping to prevent sudden cardiac death. It involves a simple, non-invasive process, including a health questionnaire and electrocardiogram (ECG), which continues to be the most cost-effective way of testing large numbers of young people. For those with abnormal or inconclusive ECG results, echocardiogram tests are conducted on the same day. These tests can identify conditions that may increase the risk of cardiac issues during exercise or everyday life.

The screenings are typically conducted across the country at community events, schools, universities, sports clubs and CRY’s national screening centre, providing vital early detection and peace of mind to young people and their families. The costs of screening are covered by CRY, including using funds raised by families of people who have had someone die of a sudden cardiac death. Following the tragic loss of a young person, families often raise funds specifically for screening, ensuring that the heartbreak they experienced can help potentially save the life of another young person.

Reach and Impact

Tens of thousands of young people are screened every year all around the UK thanks to the dedication of CRY’s supporters who enable us to run a National Screening Programme saving as many young lives as possible.

This financial year, CRY had 352 screening days and screened 31,295 young people. CRY’s mobile screening

is fundamental in bringing specialist services to local communities. This makes screening accessible to people across the United Kingdom, with CRY offering screening from the Orkney Islands to Cornwall, and from the East Coast of England to the West Coast of Wales, as well as Northern Ireland.

In the past year, we held:

- 307 screening days in England
- 6 screening days in Wales
- 5 screening days in Northern Ireland
- 30 screening days in Scotland, including 6 in the Scottish Isles (Orkney 2, Shetland 2, Isle of Lewis 2)
- 4 screening days on the Isle of Man.



World-leading Research

CRY funds vital medical research through Research Fellowship grants covering a wide range of areas from fast-track screening to post-mortem pathology. These grants support the development of specialist knowledge of sports cardiology. The field-gathered data in CRY’s screening programme is analysed and reported in peer reviewed journals.

This research is crucial for providing essential information on the understanding of cardiac conditions, with findings being used to guide better preventative care for young people at risk.

CRY Research Fellows

CRY Research Fellows have considerable expertise in the athlete’s heart, cardiomyopathies and ion channel diseases, significantly expanding the pool of specialist doctors in this complicated field of medicine. Fellows play an instrumental role in the CRY Inherited Cardiovascular Conditions Clinics within the NHS and with the field work conducted in CRY’s screening programme. Each Fellow also pursues a specific area of research. CRY has funded 3 full-time Research Fellows during all or part of the year:

• Dr Daniel Abioye and Dr Khalda Halim (pictured left and centre below) began their grants under the supervision of Professors Sanjay Sharma and Michael Papadakis, in September and October 2023 respectively.

• Dr Nirmitha Jayaratne (pictured right below) started her grant in November 2022 under the supervision of Professor Sanjay Sharma and Dr Sabiha Gati.



Impact of CRY's Research

CRY's screening programme continues to surpass all expectations and has fed into crucial research for the benefit of all involved in this field. Among our pioneering achievements:

CRY was the first to identify the upper limits of wall thickness and cavity size in British athletes.

First organisation in the world to characterise cardiac dimensions in adolescent athletes – knowing how to differentiate pathology from physiology is vital for diagnosis.

First organisation to characterise ECG changes in athletes in a document that is now the blueprint for the Sports Cardiology Section of the European Society of Cardiology.

In addition to advancing diagnosis, CRY's research has also been pivotal in identifying the prevalence of conditions such as hypertrophic cardiomyopathy (HCM) in athletes. This includes recently identifying conditions, such as Long QT, as more common than HCM.

CRY's research is published in top-tier, peer-reviewed journals, and our screening guidelines are now recognised both nationally and internationally. With current international cardiac screening guidelines being based on data from a Caucasian population in the Veneto region of Italy, CRY's research is crucial in emphasizing the importance of establishing "normal" cardiac parameters for diverse ethnic groups. Our findings are now guiding international screening recommendations when applied to these groups. Being part of the CRY screening programme is more than just identifying individuals at risk. It means participating in a national research programme that is transforming how we approach cardiac health in young people.

Conferences

CRY also seeks to share the outcomes of its research more widely, including through scientific conferences, including hosting our own conference in September 2024.

British Cardiovascular Society Conference – 3 - 5 June 2024

The largest cardiology conference in the UK highlighted the impact of CRY's research. Former CRY Research Fellow Dr Raghav Bhatia - who has presented CRY Research in the "Best of the Best" award category three years running - took runner-up for his incredible research work. This recognition reflects the quality of research being produced by the CRY research team, reinforcing our position at the forefront of research into young sudden cardiac death.

European Association of Preventative Cardiology (EAPC) / American College of Cardiology (ACC) Sports Cardiology Course, hosted by Cardiac Risk in the Young (CRY) & Cleveland Clinic London - 3 September 2024

Almost 300 delegates attended an intense, informative and interactive event, held in Central London, sharing the very latest developments in sports cardiology as part of the EAPC Sports Cardiology Course, on its 10th anniversary. For the first time, CRY and EAPC, an association of the ESC, joined forces with the American College of Cardiology Foundation to bring a truly international flavour to the course. In a strategic move, CRY's annual International Medical Conference—typically held in October—was rescheduled to follow directly after the 2024 European Society of Cardiology (ESC) Congress (also held in London). This allowed delegates to extend their stay and build on

momentum from ESC, creating one of CRY's most successful in-person research events to date. The format delivered a 'packed programme' of presentations on key aspects of sports Cardiology practice, discussion and interactive sessions. Details of the full agenda and speakers can be found here

Chief Executive of CRY, Dr Steven Cox; explains:

"The fact that 'every cardiologist was in town' across the weekend of 30 August to 2 September, led us to rearrange and restructure our annual research conference – it just made perfect sense to reduce travel times and costs and 'keep the conversation going' after an amazing ESC meeting in London. As such, we welcomed one of our biggest 'in person' events ever (with many other delegates joining us online) and it was just incredible to have such a global 'cardiology community' making up our audience, from so many different countries across Europe and the rest of the world, plus a large contingent from the US, thanks to our new collaboration with the American College of Cardiology Foundation.

"The feedback from delegates and speakers alike has been unanimously positive and has reassured all of us involved in the organisation of this event that we 'got it right' in terms of the timings, themes and overall tone.

"Sports cardiology – alongside our mission of achieving a greater understanding of the causes and risk factors of young sudden cardiac death in the general population – is at the core of CRY's research portfolio. It's vital that those involved in furthering developments in the ways athletes are screened, monitored and [when necessary] treated can come together to share knowledge and international guidelines. As a UK-based research organisation, CRY was delighted to organise and host this pioneering event, and we look forward to working with the EAPC team again in the future."

The agenda comprised 3 key 'umbrella' sessions, with 14 expert-led presentations delivered during the day.

CRY's myheart network and Research Fellows attend the AICC conference – 12 November 2024

CRY attended the Association for Inherited Cardiac Conditions (AICC) Conference to promote our myheart network, which supports young people living with inherited or congenital cardiac conditions. CRY's myheart coordinator, Kanika Bhateja attended the conference share insights into how the initiative provides personalised support, and information to individuals who have been

diagnosed with a potentially life-threatening inherited or congenital cardiac condition.

British Journal of Cardiology article: 30 years of supporting families and preventing young sudden cardiac deaths – 1 April 2025

To mark CRY's 30th anniversary, the British Journal of Cardiology published a feature highlighting CRY's impact over the past three decades. The piece explores CRY's role in transforming cardiac screening, research, and bereavement support, and introduces a new series on sudden cardiac death, featuring contributions from UK and international experts.

Professor Sanjay Sharma comments on CRY's involvement and support for the British Society of Echocardiography's (BSE) new guideline on echocardiographic assessment of young athletes – 4 April 2025

A new echocardiography guideline, co-authored by CRY physiologists, Research Fellows, and senior cardiologists, outlines best practices for identifying structural heart conditions in athletes. The guideline reflects decades of CRY-led research into the 'athlete's heart' and marks a major step forward in improving and standardising cardiac assessment in sport, helping to identify risks early and save young lives.



Support

CRY is committed to supporting individuals and families affected by young sudden cardiac death (YSCD) and those living with a diagnosed cardiac condition. Our support services encompass both medical and emotional care, ensuring families are not alone following a tragedy and young people receive guidance as they navigate life with a heart condition.

Supporting families affected

Following the sudden and unexpected death of a young person, families often face overwhelming grief, confusion, and uncertainty. CRY provides specialist cardiac information written by experts in the field, specifically for families or a non-medical community. Following a young sudden cardiac death, it is vital that all first-degree relatives are referred to Inherited Cardiac Conditions specialists for clinical testing. CRY can help with advising the family about seeing a cardiologist who specialises in these conditions and offers direct medical support via the specialist Centre for Cardiac Pathology and Centre for Inherited Cardiovascular Conditions at St George's Hospital, London.

Emotional Support

Many grieving families and friends contact CRY asking if there are others they could talk to who have suffered similar tragedies. To support those who have lost a loved one to a young sudden cardiac death, CRY has established an all-encompassing bereavement support system, including:

Telephone bereavement support

A select group of 29 trained Bereavement Supporters - volunteers who have themselves experienced a similar tragedy. Our Bereavement Supporters have all completed CRY's two-year Counselling Skills and Theory course so that they can support others through their loss in a safe and empathetic way.

Between 1 June 2024 and 31 May 2025, CRY Bereavement Supporters accepted 52 new referrals, representing a 38% increase compared to the previous year. Support was provided to bereaved mums, dads, siblings, partners, and grandparents.

"No matter how much professional help is available, sometimes the most meaningful support comes from someone who has truly been there."

In-person community events

CRY offers opportunities for bereaved families to meet and reflect together at events such as The Heart of London Bridges Walk and The Heart of Durham Walk. These annual gatherings foster a sense of connection and remembrance.

Private networks through Facebook groups for bereaved:

- Mums (254 members)
- Dads (43)
- Siblings (146)
- Partners (132)
- Grandparents (4)
- Aunts & Uncles (22)
- Friends (20)
- A general "Family & Friends" group (95)

Bereavement resources

CRY provides free information packs for newly bereaved families - available in digital and printed formats - and has published a series of grief booklets that speak to the unique experiences of different family members and friends:

- A Mother's Grief
- A Father's Grief
- A Partner's Grief

- Sibling Grief
- A Friend's Grief
- Aunts & Uncles' Grief
- Coping with Christmas after a Young Sudden Cardiac Death
- Coping with Anniversaries following a Young Sudden Cardiac Death.

Supporting those affected: myheart Network

CRY's myheart network is a support community specifically for young people who have been diagnosed with cardiac condition. The network was developed as a support system that increases effective coping and decreases social isolation for young people who have been diagnosed with a cardiac condition. It was created based on feedback from young people who found that the existing support groups were not effective in helping them deal with issues such as having an ICD fitted or undergoing ablation surgery.

We hold two national myheart meetings annually, offering members the opportunity to participate in 'Question and Answer' sessions with a specialist cardiologist, and share experiences with other young people who have been diagnosed with a cardiac condition. This year's meetings were:

- October 2024 (Virtual via Zoom): 6 attendees joined a session led by CRY cardiologist Dr Sabiha Gati.
- March 2025 (in-person at Friends' House, London): 7 attendees participated in a session facilitated by CRY cardiologist Dr Raghav Bhatia.

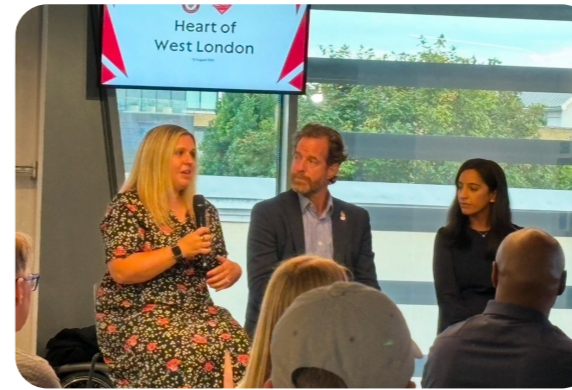
The myheart website contains medical information, personal stories from young people who are living with a cardiac condition, and video Q&As with myheart's Consultant Cardiologist, Professor Michael Papadakis. The private myheart Facebook group provides a secure space exclusively for young people living with cardiac conditions.



Raising Awareness of Cardiac Risk in the Young

CRY remains committed to raising awareness of cardiac risk in young people, ensuring that the public, healthcare professionals, and the sporting community understand the symptoms, implications, and importance of early detection. We aim to make the public aware of courses of action that can help to minimise their risk, including the choice to be screened at one of CRY's screening clinics. The medical community will benefit from access to the specialist services we offer to facilitate diagnosing these conditions, as well as how to best manage these patients. And elite athletes can access specialist cardiac services available at the CRY Centre for Sports Cardiology, as well as the importance of screening athletic populations.

For such a large-scale issue as young sudden cardiac deaths, it is essential that policymakers are well informed of the latest research as well as the implications these findings have on public policy. For this reason CRY and our supporters, work hard to raise awareness in parliament as well.



Faculty of Sport and Exercise Medicine UK collaborates with CRY - 11 June 2024

CRY partnered with the Faculty of Sport and Exercise Medicine UK (FSEM) to highlight the need for cardiac screening for all young people, as well as the CRY screening programme. We believe all young people should have the opportunity to have their heart tested and were pleased to produce a policy recommendation which highlights the importance of family history and the red flag symptoms to be aware of, as well as where any young people can go to get tested (www.testmyheart.org.uk). The document can be accessed on the British Association of Sports and Exercise Medicine (BASEM) website. We would encourage organisations to share it with their members to highlight the key issues relating to young sudden cardiac death and how to help promote screening.

Two years of the Heart of West London Partnership – 13 August 2024

We were delighted to celebrate the Heart of West London (HoWL) partnership at an evening reception held at the Gtech Community Stadium, the home of Brentford FC who originally pioneered this inspiring partnership. The event marked two years since the launch of the initiative, looking back on the successes so far as well as exploring future ambitions. It also saw the welcome introduction of a new corporate partner; MatchWornShirt. Representatives

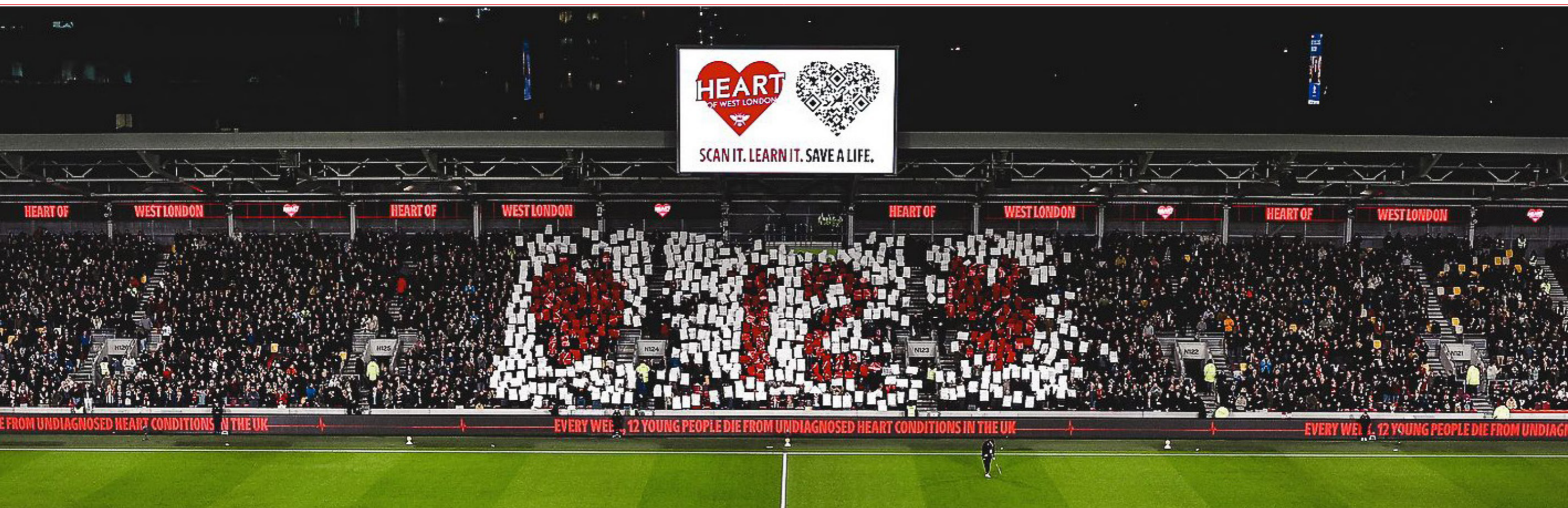
of CRY joined an expert speaker panel alongside other charity partners – and had the opportunity to say a few words about CRY's work and the importance of cardiac screening.

CRY Representative and supporter Suzanne Rowan, spoke movingly about what it means to have so much continued support from Brentford FC in memory of her husband Robert, who was working at the club as Technical Director at the time of his sudden death in 2018. Consultant Cardiologist (and former CRY Research Fellow) Dr Sabiha Gati delivered a fascinating presentation about the research project currently being funded through the partnership.

The event was then rounded off with a well-deserved "Special Recognition" for Nity Raj (General Counsel at Brentford FC and Trustee of Brentford FC Community Sports Trust) to officially acknowledge and applaud everything he has done to bring together all those involved, as well as his ongoing efforts to champion the HoWL - an initiative which CRY is very proud to be a part of!

Raising Awareness Week – 23 November to 1 December 2024

Now in its fourth year, the 12 A Week Challenge saw supporters across the UK walk, run, cycle, swim, hike, and ride 12 miles to represent the 12 young people who die each week from young sudden cardiac death. The CRY Great Cake Bake, now in its 14th year, was another highlight of the week with 36 events taking place. Supporters hosted bake sales at schools, universities,



workplaces, and in their communities, helping raise awareness and funds for CRY's vital work. It was inspiring to also see many supporters actively promoting on social media, sharing, liking and boosting our posts to raise awareness of CRY's important work.

ISS2024 Congress on sudden cardiac death in sports and recreation – 14 December 2024

Professors Sanjay Sharma, Marco Guazzi (Italy) and Dr Steven Cox were invited as international speakers at the "Meet the Experts" session during the Serbian Association of Sports Cardiology congress in Belgrade. The presentation highlighted CRY's work in preventing young sudden cardiac death, the evolution of its screening and support programmes since 1995, and the ongoing challenges in the field.

Celebrating Sunrise Radio's support for Cardiac Risk in the Young – 10 January 2025

CRY marked five years of partnership with Sunrise Radio, a vital media ally in reaching British Asian communities. The station's commitment to promoting CRY's mission has helped raise awareness across diverse ethnic

groups. Young sudden cardiac death is indiscriminate – it takes young people, at the prime of their lives, from every community and ethnic background across the UK. It is our duty to ensure we continue to have a strong voice in the British Asian community. The support of the entire Sunrise team, coupled with Tony Lit's generosity and vision, allows us to do this and we are all extremely grateful for this support over the past 5 years.

Premiership League match Brentford FC v Manchester City – 14 January 2025

Brentford FC took on Manchester City at home in a match dedicated to the work of the Heart of West London (HoWL) initiative. CRY CEO, Dr Steve Cox, took part in a pitch-side interview before the match, talking about CRY's work and the HoWL initiative, alongside CRY Research Fellow Dr Sabiha Gati. We feel very privileged that Brentford chose this game against Manchester City, at the start of our 30th anniversary year, to highlight and raise awareness that hidden heart conditions continue to claim the lives of 12 young people every week in the UK. CRY has had a long relationship with Brentford FC, going back to when CRY patron Andy Scott was at the club and a cardiac screening session was held at their ground in 2009 in memory of

young fan, Tom Claburn. The ongoing partnership took a new level of momentum in 2018, following the sudden death of Robert Rowan, the club's Technical Director, who tragically died in his sleep aged just 28.

Meeting with the Parliamentary Under Secretary of State at the Department of Health and Social Care – 27 January 2025

CRY Supporter Gill Ayling and her husband Steve met with the Parliamentary Under-Secretary of State at the Department of Health and Social Care, Andrew Gwynne in London on January 27, to discuss their campaigning for heart screenings to be offered to all young people in the UK. CRY CEO Dr Steven Cox, along with Professor Mary Sheppard and the Director of Screening for Public Health England, Professor Ann Mackie, were also in attendance. Prior to this meeting, Dr Steven Cox was interviewed alongside Gill by ITV Calendar News.

Heart Month – throughout February 2025

This year we were pleased to announce a new campaign as part of Heart Month: Charity Heroes. The campaign aimed to highlight and thank exceptional individuals

connected to CRY. It was fantastic to see so many of our amazing supporters highlighted for their efforts, from fundraising events, to screening days. CRY has always been driven forward by our amazing supporters. Their dedication and inspiring fundraising have remained the foundation of CRY's ability to achieve all that it has over the past 30 years. In addition CRY partnered with Total Active Hub to encourage supporters to move 100km during February, boosting activity levels whilst supporting CRY.

Women in Cardiology – 11 February to 4 March 2025

Starting on International Women in Science Day (February 11) until International Women's Day (March 8) we highlighted the incredible women working to save young lives through CRY's cardiac screening and research programme. Throughout the campaign, we shared their stories about what inspired them to pursue cardiology and what being part of CRY meant to them across social media and on the CRY website.

Social Media

CRY continues to strategically strengthen its digital presence across key platforms including Facebook, X (formerly Twitter), Instagram, TikTok, LinkedIn, Threads, and YouTube. By expanding and integrating these channels into a unified social media strategy, we aim to increase visibility, deepen engagement, and reach new audiences. To ensure our messaging remains impactful and responsive to trends we utilise SproutSocial - a comprehensive social media management tool that enables us to monitor performance, analyse audience behaviour, and refine our communications.

CRY's in-house content team create eye-catching graphics, informative infographics, and engaging short-form videos to educate, inspire, and drive impact across our media. We continuously evaluate platform performance and allocate resources to the most effective channels for each audience segment, ensuring our messaging is targeted and efficient.

CRY websites

- Total number of visitors to the main CRY website was **186,815**.
- Total number of visitors to the myheart website was **10,822**.
- Total number of visitors to sads.org.uk website was **11,541**.
- Total number of visitors to testmyheart.org.uk website was **225,897**.



Facebook

- The CRY page gained 2,927 new followers (+6.64%), reaching 47,020.
- A new private Facebook group for supporters was launched, attracting 383 members.
- The myheart page saw total followers increase to 1,040.

Instagram

- CRY gained 2,215 new followers (+19.98%), bringing the total to 13,301.
- In November of 2024 CRY launched myheart's profile on Instagram and has a following of 96 by the end of May 2025

X (formerly Twitter)

- @CRY_UK saw totalled 18,123 followers as of May 2024.
- @myheart_uk had a total of 504 followers.

TikTok

- CRY gained 188 followers (+65.96%), with a total of 473.

YouTube

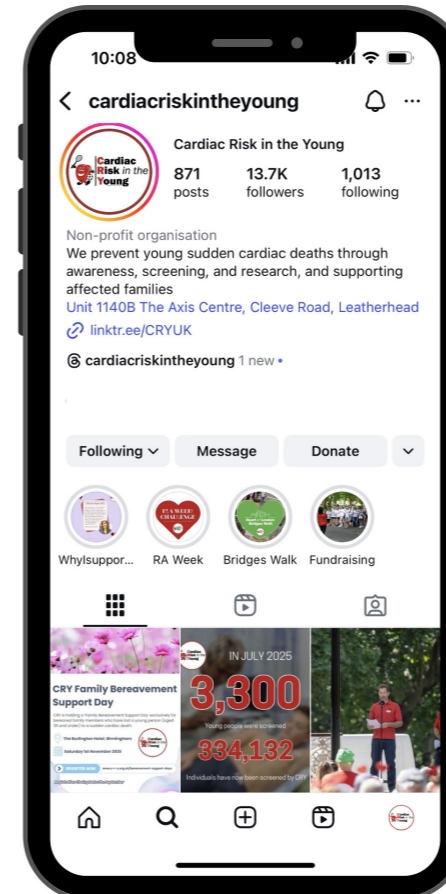
- CRY's channel received over 68,206 new views, expanding its library of awareness, support, and conference content.
- The myheart channel had 9,918 new views, focused on support-related videos.

LinkedIn

- The CRY company page grew by 1,681 followers (+44.57%), reaching 5,453.

Threads

- CRY gained 446 new followers, totalling 1,898.



Challenges and advocacy

As our online presence continues to grow, so do the challenges of navigating an increasingly polarised social media environment. One significant concern is the spread of misinformation — particularly from the antivax movement — which has contributed to confusion around sudden cardiac deaths. CRY remains committed to providing accurate, evidence-based information, advocating for cardiac screenings, and raising awareness of young sudden cardiac death through all available digital channels.

Core Fundraising Events

PLEASE NOTE: The figures detailed below are based on the total amount raised throughout the duration of each event. Due to the process of collecting sponsorship and donations, these final totals raised can often span more than one financial year and so do not reflect the figures that are presented in the audited accounts.



CRY Heart of London Bridges Walk 2024

Now in its 18th year, the Bridges Walk remains one of CRY's most meaningful and widely attended events. We have continued to offer a virtual option for the walk known as 'My Walk For CRY', so that our supporters who are unable to join us in London are still able to feel part of the day. 1,134 people registered to participate, with 1,092 walkers at Southwark Park, raising a total of £43,991.03. A moving

tribute wall displayed 208 photos and messages both in the park and online, turning CRY's homepage into a space of remembrance for 24 hours. The day featured speeches by Professor Sanjay Sharma and Dr Steven Cox. A minute silence was observed before the walkers set off at 11am. See the full write-up here – www.c-r-y.org.uk/hlbw-write-up-2024/

AJ Bell Great North Run 2024

The 2024 event was another big success for CRY. Despite it being a very rainy day, 67 CRY runners took part in the event, raising a massive £46,993. See the full write-up here - www.c-r-y.org.uk/great-north-run-write-up-2024/

CRY Heart of Durham Walk 2024

The 15th CRY Heart of Durham Walk took place on Sunday 6th October 2024, starting at Durham Amateur Rowing Club. 256 supporters registered to take part in the event: 254 joining us in Durham and 2 supporters joining virtually and doing the walk in Australia, raising a total of £9,481.15. The Durham Walk homepage turned into a digital message wall on the day, displaying photos and messages that had been submitted. See the full write-up here – www.c-r-y.org.uk/durham-walk-write-up-2024/

Royal Parks Half Marathon 2024

The Royal Parks Half Marathon is London's original half marathon. Over 16,000 runners took part in the 2023 event on Sunday 8th October. 8 CRY Runners took part in the event raising £6,120.00 to date.

12-A-Week Challenge 2024

12-A-Week Challenge took place during Raising Awareness Week, running from the 23rd of November to the 1st of December 2024. A total of £19,776 has been raised to date by 111 participants who clocked up miles through various activities, including walking, running, horse riding, swimming, hiking, cycling, and jogging. See the full write-up here - www.c-r-y.org.uk/12-a-week-challenge-write-up-2024/

CRY Great Cake Bake 2024

On Friday 29th November, CRY's 13th annual Great Cake Bake was held as part of Raising Awareness Week. 36 amazing supporters got baking and raised an incredible £8,938.36! It has been so wonderful to see supporters' creations as they raised funds and awareness by baking for their offices, schools, neighbours, friends and family. Special thanks go to the Avenue Cookery School, the Cookery School at Little Portland Street, Chloe's Cakes and Oppo for providing prizes for our winners of the Great Cake Bake competitions. For the full CRY Great Cake Bake 2024 write up, please follow this link: www.c-r-y.org.uk/cake-bake-write-up-2024/

London Landmarks Half Marathon 2025

34 CRY runners were cheered on by a spirited CRY squad, complete with cowbells, whistles, and mascots. The creative costumes were a particular highlight—everything from iconic landmarks to a gorilla, an elephant, and of course, our very own Echo taking part in the Mascot Dash! A total of £26,522 to date. See the full write-up here - www.c-r-y.org.uk/london-landmarks-write-up-2025/

TCS London Marathon 2025

90 CRY runners braved one of the hottest and most record-breaking London Marathons ever. The team has raised an incredible total of £246,294. See the full write-up here - www.c-r-y.org.uk/london-marathon-write-up-2025/

Trust donations

In this financial year CRY received 83 donations from Charitable Trusts and Foundations totalling £308,955. In total £84,460 went towards Ringfenced Memorial Funds, £109,000 was ringfenced for certain projects / items and £115,495 went to core funding. We are grateful to every Trust and Foundation for their continued confidence in our work and their commitment to our mission.

Fundraising Regulator requirements

As members of the Fundraising Regulator, CRY is committed to having a complaints procedure in place. During the period of this annual report, we received no fundraising complaints.



CRY on Television and Radio

Over the past year, CRY has maintained a strong media presence across national and regional platforms. We continued, and are grateful for, our partnership with Sunrise Radio, leveraging this platform to reach the British Asian community, a key demographic for their awareness campaigns.

CRY's media presence has also extended to numerous national and regional television and radio pieces, where CRY representatives provided insights into their research and screening programs, stressing the urgency of early detection of heart conditions in young people. This outreach plays a vital role in educating and maintaining public awareness about the risks and the life-saving impact of CRY's screening efforts, driving forward our mission to save young lives, inform public health policy, and encourage more young people to get their hearts tested.



Television and radio interviews throughout the year included:

July 2024

ITV News crew attend screening organised by CRY Supporter Gill Ayling – July 17

A TV crew from ITV's flagship news programme in the Northeast, 'Calendar' attended a screening organised by CRY supporter Gill Ayling. The piece was broadcast on July 17th with a follow up article also featured across local media, highlighting the screening of three sisters, who

attended the event following the sudden death of their 17-year-old cousin, Mary. Gill and her husband Steve have been fundraising for CRY screening since the tragic death of their son, Nathan, in 2019. The vital awareness raised by CRY supporters like Gill, means that more young people in the UK will find out about CRY's aims and have the choice to have their heart screened.

BBC Midlands & ITV Central attend CRY screening event - More than 100 young people were screened at the first screening in memory of Anthony Lane in July. The story was covered by BBC Midlands, ITV Central and multiple local news outlets.

September 2024

ITN News feature on the need for greater training in ECG interpretation focusing on the story of Clarissa Nicholls – September 22

CRY supporter Hilary Nicholls and Cardiologist Professor Michael Papadakis appeared in an ITN News feature highlighting the need for specialist ECG interpretation and the potential of AI to improve diagnosis. The segment aired across seven regional bulletins and was featured on ITN's website.

BBC Radio Hereford and Worcester & BBC Online - September 27

CRY supporter Andrea Joyce spoke on BBC Radio Hereford & Worcester about cardiac screening and her fundraising in memory of her son Kieran. Since 2019, the Kieran Joyce Memorial Fund has raised over £100,000, funding screenings for 700+ young people -15 of whom required further tests or treatment. One was Ella Bowen, sister of footballer Jarrod Bowen, who underwent surgery following her screening. The Bowen family also donated a signed match shirt, raising £5,500 to fund another screening day.

October 2024

BBC Radio Cambridge interview for cardiac screening weekend - October 17

CRY supporter Hilary Nicholls, Jess Reeve, and Izzy Winter were interviewed on BBC Radio Cambridge during a two-day screening event at the University of Cambridge, held in memory of Clarissa Nicholls, who died from Arrhythmogenic Cardiomyopathy in 2023. Their campaign, "Clarissa's Campaign for Cambridge Hearts,"

aims to fund a permanent university screening service to help prevent future tragedies.

November 2024

Professor Sanjay Sharma featured on Sunrise Radio - November 28

CRY Cardiologist Professor Sanjay Sharma appeared on Sunrise Radio to launch coverage of Raising Awareness Week. He discussed CRY's milestone of screening over 300,000 young people and highlighted the importance of early cardiac screening. Thanks to Sunrise Radio for supporting CRY's awareness efforts throughout the week.

January 2025

ITV News Granada featured a piece on the recent campaigning activity of two CRY Supporters – January 3

CRY supporters Donna Parker and Lesley Mease were featured on ITV Granada, sharing their fundraising and awareness efforts in memory of their children, Vicky Parker and Wilson Shepherd, who died within weeks of



each other. Their story, which highlighted the importance of heart screening, was also covered by several local news outlets, helping raise awareness of CRY's work.

ITN broadcast reporting on the Symposium at the Italian Embassy - January 29

CRY supporter Hilary Nicholls and Lord Stuart Polak hosted a symposium at the Italian Embassy on UK and Italian cardiac screening programmes. UK speakers included Professor Sanjay Sharma, Dr Gherardo Finocchiaro, and Dr Nabeel Sheikh. The event was covered by ITV News, with a report by journalist Lauren Hall broadcast across multiple regional programmes. A follow-up ITV News piece also featured footage from a CRY screening in Cambridge, funded by Clarissa's Campaign 4 Cambridge Hearts.

February 2025

BBC Breakfast featured interviews with CRY Supporters, Research Fellows and Doctors after CRY's screening waiting list hit 100,000 people - February 4

New figures released in early 2025 revealed that demand for CRY's UK-wide cardiac screening programme has surpassed capacity, with over 105,000 young people on the waiting list. BBC Breakfast aired a feature highlighting this issue, including interviews with CRY supporters Paul & Ellen Clabburn, Debbie Dixon, and Hilary Nicholls, as well as expert insight from Professor Aneil Malhotra. A follow-up report was broadcast later that day.

Times Radio - February 7

CRY supporters Hilary Nicholls and Ailsa Gray, whose fiancé Mike Harper died during the Bristol Half Marathon, were interviewed live on Times Radio by Cathy Newman, following coverage on BBC Breakfast. The story was also picked up by BBC Hereford & Worcester, including a live interview with CRY supporter Andrea Joyce. These interviews helped raise awareness of CRY's screening programme and its wider mission to prevent young

sudden cardiac death.

BBC Radio Oxford - February 12

Former CRY research fellow, Dr Tracey Keteepe-Arachi was interviewed by BBC Radio Oxford, discussing the importance of cardiac screening in young people.

BBC Radio 5 and Sports Agent Podcast - February 13

CRY supporter Joe McEwan was interviewed live on BBC Radio Five Live as he completed a 130-day, 3,000km trek across New Zealand, raising awareness after surviving a cardiac arrest and being diagnosed with Brugada Syndrome. Joe also appeared on Gabby Logan's podcast *The Sports Agent*, discussing his recovery, CRY's screening programme, and his fundraising journey.

BBC Radio West Midlands - February 28

CRY supporter Kulbir Nagra was interviewed on BBC Radio West Midlands ahead of his family's heart screening weekend, raising awareness of young sudden cardiac death (YSCD) and CRY's screening programme. The Nagra family has funded screenings for over 1,000 young people in memory of Pardeep Nagra. A follow-up interview later in the show further highlighted their impact and commitment to CRY's mission.

March 2025

The Sun: CRY Supporter Nicky Parris wins The Sun 'Mum Idol' Competition - March 31

CRY Supporter, Nicky Parris, has raised over £50,000 and organised a CRY screening day in memory of her son, Daniel Parris, who tragically died in 2021. Nicky was nominated for, and won, The Sun's 'Mum Idol' competition for her fundraising work for CRY and the Daniel Parris Foundation. The Sun featured an article with Nicky discussing her fundraising efforts in order to hold a CRY screening day in Daniel's memory, and her aim to have defibrillators placed in all Police vehicles.



April 2025

BBC Radio Cumbria - April 29

CRY Consultant Cardiologist Professor Aneil Malhotra was invited to talk about the importance of cardiac screening and CRY's UK-wide screening programme, in the context of two local mums - Lesley Mease and Donna Parker, who will be funding their first screening later this summer in memory of their children.

BBC Radio Gloucester - April 30

Dr Tracey Keteepe-Arachi was invited to talk about the importance of cardiac screening and CRY's UK-wide screening programme, in the context of a screening taking place that day at the University of Gloucestershire and jointly funded by CRY supporters, Geoff and Linda Goodwin in memory of their son, Ashley.

May 2025

ITV Calendar and BBC Look North - May 9

Dr Steven Cox took part in two local news interviews as part of the media coverage around the fundraising and awareness work of bereaved mum, Monica Chatterton who is pledging to bring CRY screening to NE Lincolnshire in memory of her daughter Josephine who died 26 years ago.

ITV Calendar - May 21

A heart screening event organised by CRY supporters Gill and Stephen Ayling received widespread media attention — including a powerful feature on ITV Calendar's early evening news (Wednesday 21st May). The segment included an interview with CRY cardiologist Dr Veronika Azidou, highlighting the importance of early detection.



CRY in Print Media

There were 740 articles on CRY published in print media, including 32 articles in national newspapers.

June 2024 - 46 Articles

Mirror. “Keen footballer, 23, collapsed and died at home after condition went undetected” – CRY was mentioned in an article about Debbie Dixon, who launched the Aaron Dixon Memorial Fund in conjunction with the charity following the sudden death of her son Aaron due to an undetected heart condition. Her efforts have helped fund cardiac screenings for thousands of young people.

Daily Mail. “My agony at the day my daughter, 20, went for a hike on holiday in the South of France – and the terrible twist of fate that meant she never came back” – CRY was mentioned in an article about Hilary Nicholls, whose daughter Clarissa died from a sudden cardiac arrest due to an undiagnosed heart condition. Hilary has since campaigned with CRY to raise awareness and extend cardiac screening for young people, including launching Clarissa’s Campaign for Cambridge Hearts.

July - 34 Articles

Mirror. “My best friend died suddenly and now I’m urging people to get this free test” – CRY was mentioned in a piece featuring Katie Mary, who is raising awareness about cardiac screening following the sudden death of her best friend from an undiagnosed heart condition. She promotes CRY’s free heart screenings for young people and is fundraising through the Heart of London Bridges Walk in memory of her friend.

August - 39 Articles

September - 67 Articles

October - 51 Articles

November - 41 Articles

Mirror. “Fit and healthy young dad, 33, dies of rare syndrome after waking up in a ‘panic’” – CRY was mentioned in an article about Greg Carr, who died suddenly from Sudden Adult Death Syndrome. His family is now working with CRY to raise awareness of sudden cardiac death and has set up a memorial fund with the charity, alongside local fundraising events in his memory.

December - 47 Articles

The Times. “Nick Isiekwe: Fit, fierce and back from open-heart surgery” – CRY was mentioned in an interview with Saracens and England rugby player Nick Isiekwe, who shared how a heart condition discovered through CRY-led screening led to life-saving surgery. He now advocates for awareness around cardiac health in young athletes and continues to support CRY’s mission.

January 2025 - 61 Articles

Daily Mail & The Scottish Sun. “Schoolboy, 15, died playing football just weeks after he complained of shortness of breath, inquest hears” – CRY was mentioned in coverage of Jake Lawler’s death from a rare genetic heart condition while playing football.

February - 57 Articles

Daily Express. “Countdown star Rachel Riley issues urgent health warning after heartbreaking news” – CRY was mentioned in an interview with Rachel Riley, who spoke about the sudden death of her friend from an undiagnosed heart condition. She highlighted CRY’s free cardiac screening programme for young people and urged others to take control of their health and get tested.

March - 83 Articles

The Sun on Sunday & The Scottish Sun. “Daniel would be so proud... I want his death to help others says our brave Mum Idol winner who raised £50k in son’s memory” – CRY was mentioned in a feature about Nicky Parris, who lost her 23-year-old son Daniel to sudden cardiac death. Since his death, she has raised nearly £50,000 for CRY, funding screenings, defibrillators for police cars, and awareness campaigns. Her efforts earned her the title of Mum Idol 2025.

April - 120 Articles

May - 95 Articles

The Sun. “Boy, 15, collapsed and died during football game at school just days after doctors wrongly diagnosed him with asthma” – CRY was mentioned in another article about Jake Lawler, who died from a genetic heart condition misdiagnosed as asthma.



THE Sun


THE TIMES

Daily Mail

THE SCOTTISH Sun

DAILY Mirror

DAILY EXPRESS

Our Centres of Excellence

CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's Healthcare NHS Trust

In 1995, St George's became the first hospital in the UK to establish a family screening clinic for young sudden cardiac death, thanks to CRY's donation of an echocardiogram machine. Offering services for affected families, competitive athletes and the general population, The CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's, embodies three essential features of CRY's mission to eliminate young (aged 35 and under) sudden cardiac death.

CRY Centre for Inherited Cardiovascular Conditions

Led by CRY's consultant cardiologists, Professor Sanjay Sharma, Professor of Inherited Cardiovascular Conditions and Sports Cardiology at St George's Hospital, London, and Professor Michael Papadakis, Professor of

Cardiology at City St George's, University of London, the Centre ensures that families affected by a sudden cardiac death are seen quickly after referral.

The Centre operates as a 'one-stop shop,' conducting all comprehensive screening tests in one day for young people and offering the opportunity to family members to be seen together even if travelling from different parts of the country. This unique service is made possible by CRY's funding of the specialist doctors and support staff.

Sports Cardiology at St George's Healthcare NHS Trust

The Centre for Inherited Cardiovascular Conditions is also home to The CRY Centre for Sports Cardiology (CRY CSC), the leading referral hub for elite athletes whose results can often mimic underlying conditions and they can easily be misdiagnosed, making it essential for them to be assessed by an expert cardiologist. CRY CSC specializes in interpreting these differences accurately, ensuring that athletes receive the correct diagnosis and guidance. As a leader in sports cardiology research, the centre studies how exercise impacts the heart, particularly in young people, refining screening guidelines and advising on safe exercise practices for those with cardiac conditions. This expertise enables many young athletes to continue their sports careers safely while maintaining both their physical and mental well-being.

CRY Centre for Cardiac Pathology

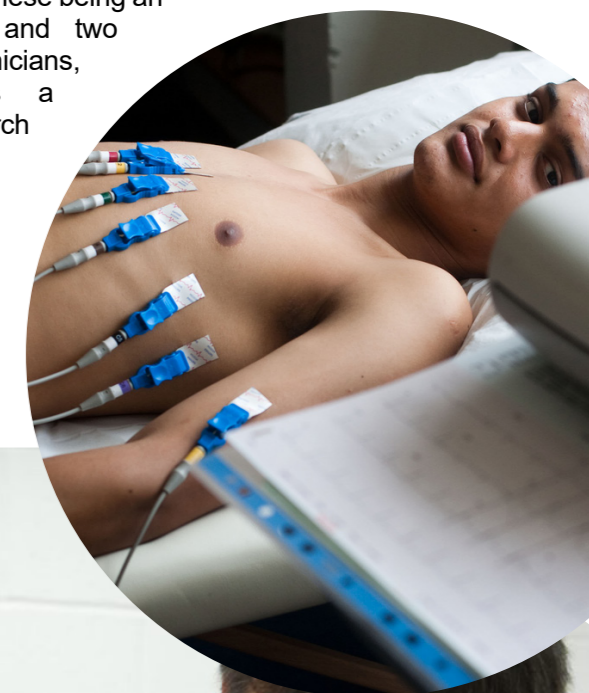
The CRY Centre for Cardiac Pathology (CRY CCP) is an international cardiac referral centre and the leading centre in the UK. Established with a generous donation from the Howard and Sebastian English Memorial

Fund, the Centre is led by Professor Mary Sheppard, a renowned cardiac pathologist with a dedicated team funded by CRY.

When the cause of death of a person aged 35 years or under is 'unascertained', the Centre offers a free, fast-track diagnostic service. On average, the examination and report are completed within two weeks, providing critical answers for bereaved families. Outside this highly specialist centre, it can take up to 2 years for an expert investigation to be conducted. The importance of correct pathology cannot be overstated as it gives families the opportunity to understand what caused the death as well as assisting in informing the correct clinical pathway for first degree blood relatives, helping to quantify the risk posed to other family members. When expert pathology is not conducted, the family could be offered inappropriate clinical tests and there is potential for false reassurance.

The Centre also plays a crucial role in advancing research into young sudden cardiac death, with important findings that can help move forward our mission to prevent further

deaths. In this financial year, CRY continued to fund the staff that support Professor Sheppard at the centre, these being an administrator and two clinical technicians, as well as a PhD Research fellowship.



Screening



Mobile Screenings

The first public events this year were held on the 1st and 2nd of June in memory of Charlotte Adams in Maldon, in memory of Matthew Seymour in Bishopton, and in Memory of Aaron Dixon in Carrington.

- 24 days of screening were funded in memory of Aaron Dixon
- 12 days of screening were funded in memory of Daniel Hughes
- 8 days of screening were held in memory of Carli Lansley
- 8 days of screening were funded in memory of Robert Rowan
- 4 days of screening were funded in memory of Matthew Dewhirst
- 4 days of screening were funded in memory of Ben Forsyth
- 4 days of screening were funded in memory of Adam Lewis
- 4 days of screening were funded in memory of Harry Dubois
- 4 days of screening were funded in memory of Jamie Loncaster
- 4 days of screening were funded in memory of Jude Harvey

- 4 days of screening were funded in memory of Martyn Luckett
 - 4 days of screening were funded in memory of Mia Jennings
 - 3 days of screening were funded in memory of Charlotte Adams
 - 3 days of screening were funded in memory of Jasper Bryan Cook
 - 3 days of screening were funded in memory of Matthew Cragg
 - 3 days of screening were funded in memory of Nathan Blake
 - 3 days of screening were funded in memory of Rory Embling
 - 3 days of screening were funded in memory of Sarah Pilkington
- Once again there were 4 days of screening on the Isle of Man, where hundreds of people were screened by CRY for the charity Craig's Heartstrong Foundation, which raised money for screening in memory of Craig Lunt.
- 3 days of screening were funded in memory of Matthew Cragg

There have been some first screenings this year in memory of:

Anthony Lane, Daniel Parris, Nathan Blake, Ben Peters, Freya Davidson, Peter Hinchliffe, Cameron Slater, Jasper Bryan Cook, Richard Ponting, Calum Mackintosh, Jono Stead, Sam Polledri, Christopher Cowe, Jude Harvey, Steffani Broughton, Clarissa Nicholls, Mark Hudson.

This year we had events held in memory of:

Adam Green (2), Adnan Deumic (2), Aiden Joyce (2), Alan Bain (2), Amy Osborne (2), Alex Reid (2), Alden Price (2), Andrew Key (2), Andrew Macleod (2), Anthony Fitzgerald (2), Anthony Lake (1), Ashley Goodwin (1), Ben Daniels (2), Ben Birch (1), Ben Hammond (2), Ben Smith (2), Bethany Mycroft (1), Calum Mackintosh (1), Cameron Slater (1), Charlie Craig (1), Chloe Waddell (2), Christian Thunhurst (1), Christopher Cowe (2), Christopher and Steven Phillips (1), Clayton Olson (2), Craig Rawlinson (1), Dale Tennent-Butler (2), Daniel Parris (1), David Brown (1), David Hill (2), David Moss (1), David White (1), Dean Mason (2), Freya Davidson (1), Hamish Ross (2), Harry Faulkner (2), Jack Maddams (1), Jack Thomas (2), Jake Anthony Pickford (1), James Murgatroyd (2), James Nicholas (1), James Patterson (2), Joanne Fotheringham (2), John Pirie (2), Jono Stead (2), Jordan Burndred (1), Kayleigh Griffiths (1), Kieran Joyce (2), Kyle Hancock (1), Lewis Marsh (2), Mark Hancock (2), Mark Hudson (1), Matthew Hesmondhalgh (2), Matthew Gore (1), Matthew Seymour (2), Michael Land (1), Nathan Butler (2), Neil Ward (2), Oliver Griffin (1), Pardeep Nagra (1), Peter Hinchliffe (2), Philip Standing (1), Richard Ponting (1), Richard Waight (1), Ryan Tilley (1), Sam Polledri (1), Sam Wright (2), Shamil Hamid (1), Stevie Wiggins (1), Stewart Howard (2), Therese Field (2), Thomas Hardman (1), Tom Claburn and Claire Prosser (1), and Yasmin Caldera (1).

CRY's school screening continues to be an important factor in making these services readily available to young people. This year we screened:

Eton College, Emanuel School London, Royal Grammar School High Wycombe, Wellington College, Chislehurst and Sidcup Grammar School, Sedbergh School Cumbria, Millfield School, Canford School, Bryanston school, Aylesbury Grammar School, Shiplake College, Reed's School Cobham, Moreton School Shropshire, Chesham Grammar School, Gresham's School Norfolk, Malvern College, Cranleigh School, Tonbridge School, City of Freemans School, Hope Valley College, Harrow school and Charterhouse School Godalming.

A number of school and college screening events are being funded by CRY ringfenced Memorial Funds. Screening at Berkhamstead School was funded in memory of Harry



Faulkner, C a m p i o n School was funded in Memory of James Patterson and Kings Langley School in Memory of Dale Tennent-Butler.

2 screening days were funded by Ben Aldred myheart Fund.

Screening equipment

This year we had 1 GE Healthcare Vivid iQ ECHO machine donated in Memory of Thomas Hardman.

Cardiac screening at CRY National Screening Centre

Regular screening events are taking place at the CRY National Screening Centre in Leatherhead. The first screening in this financial year was held on 8th June 2024. A total of 17 screening events were held at the CRY Head Offices in Leatherhead; 3 days were funded in memory of Matthew Cragg, 2 days in memory of Adnan Deumic, 1 day in memory of Rory Embling and 1 day in memory of David Brown. 10 days of screening were held part funded by Trusts; 6 days were funded by Garfield Weston Foundation, 1 day was funded by Westfield Health &

Grace Trust, 1 day was funded by Aubrey Orchard-Lisle Charitable Trust & The Sir Cliff Richard Charitable Trust, 1 day was funded by The Jan and Catherine Nasmyth Charitable Foundation, and 1 day was funded by The Sir Cliff Richard Charitable Trust, The Margaret Rolfe Charitable Trust and Chapman Charitable Trust.

Screening in sport

CRY has provided cardiac screening services to the following governing bodies / organisations:

Gallagher Premiership Rugby for senior / contracted academy players and u16s / u18s: Bath Rugby, Bristol Bears, Exeter Chiefs, Gloucester Rugby, Harlequins, Newcastle Falcons, Northampton Saints, Leicester Tigers, Sale Sharks, Saracens and Yorkshire Rugby Academy.

Championship Rugby Union: Ampthill RFC, Bedford Blues RFC, Cornish Pirates, Doncaster Knights RFC, Coventry RFC, Cambridge RFC, Ealing Trailfinders RFC, Gloucester Rugby, Hartpury RFC, and London Scottish RFC.

RFU: GB Rugby 7s, England Women's Rugby squads including the 'Red Roses' senior squad and also their u20s squad Harlequins women's squad.

Football: AFC Wimbledon, Arsenal FC Academy, London City Lionesses FC, Notts County FC, Bromley FC, Brentford FC (u15s).

Cricket: Surrey County Cricket, Sussex County Cricket, Leicestershire County Cricket, Bedfordshire County Cricket and England Cricket Disability.

INEOS cycling, Lawn Tennis Association and the Royal Ballet School.

Olympic and Paralympic: British Athletics, British Canoeing, British Diving, British Gymnastics, British Rowing, British Swimming /Para-swimming, British Weightlifting, England Hockey, Artistic Swimming, England Badminton, Modern Pentathlon, GB Wheelchair Rugby and Wheelchair Fencing.



Academic Papers

The academic papers published in this financial year include:

“Are patients with hypertrophic cardiomyopathy given appropriate advice on exercise at a central London inherited cardiac conditions outpatient service?” N Jayaratne, et al. *European Journal of Preventive Cardiology*, 2024 June 13

“A longitudinal study of quantitative late gadolinium enhancement analysis in young athletes versus non-athletic individuals with acute myocarditis” H Butt, et al. *European Journal of Preventive Cardiology*, 2024 June 13

“Feasibility of novel points-based health questionnaire utilised in a nationwide cardiac screening programme for young individuals” H Maclachlan, et al, *European Journal of Preventive Cardiology*, 2024 June 13

“Predicting non-specific myocardial fibrosis in clinical setting in a large cohort of young and veteran athletes using a powerful machine learning model” E Androulakis, et al, *European Journal of Preventive Cardiology*, 2024 June 13

“Longitudinal insights into coronary plaque amongst master athletes” S Fyyaz, et al, *European Journal of Preventive Cardiology*, 2024 June 13

“The impact of drug use in athletes on resting LV systolic function and contractile reserve” S Marwaha, et al, *European Journal of Preventive Cardiology*, 2024 June 13

“Left ventricular morphology and geometry in elite athletes characterized by extreme anthropometry” E Moccia, et al, *Hellenic journal of cardiology*, 2024 July 5

“Sudden cardiac death with morphologically normal heart: always do toxicology” D Radaelli, et al, *Journal of clinical pathology*, 2024 Aug 16

“Ethnicity and sudden cardiac death in athletes: insights from a large United Kingdom registry” G Finocchiaro, et al, *European journal of preventive cardiology*, 2024 Sep 6

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Strategic Report

Financial Review

During the year, the funds received by the charity increased from £4.29 million to £5.04 million. Expenditure increased from £3.62 million to £4.36 million. The chart to the right “How CRY spends donations 2024-25” highlights the percentage of expenditure by each of the key areas of CRY’s operations. These are screening, research, raising awareness, support (of affected families and young people with inherited cardiac conditions), as well as fundraising and governance costs. The full breakdown of figures are shown on page 52.

Expenditure on research grants has increased from 13% last year to 21% this year. The research fellowship strategy has continued to adapt to meet with the current clinical environment and this has allowed the investment in research to increase. Research grants provide the funding for the CRY doctors who are essential to the CRY screening programme. The screening costs have reduced from 49% of total expenditure last year to 46% this year.

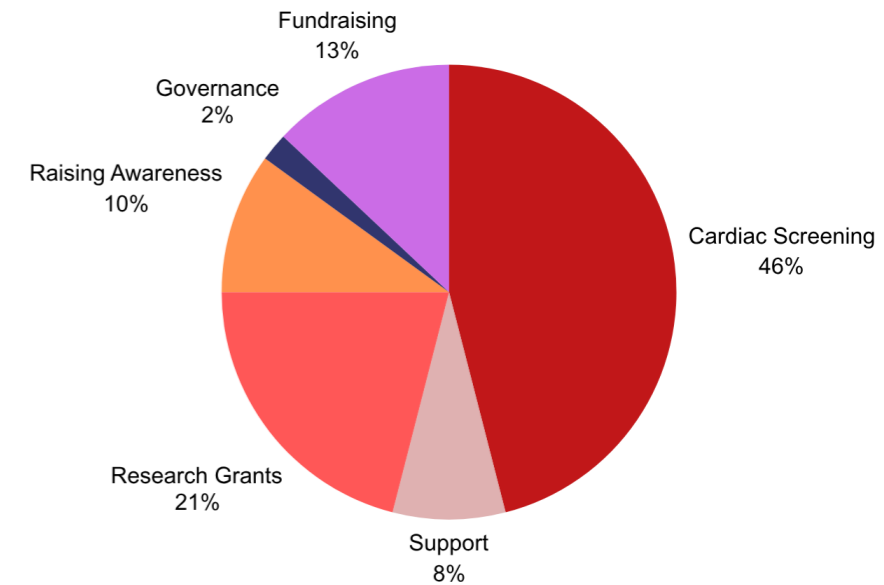
CRY continues to spend a high proportion of its funds to directly meet its charitable objectives. 85% of CRY’s expenditure went to screening, research, awareness and support, and just 15% going to fundraising costs and governance.

Reserves policy

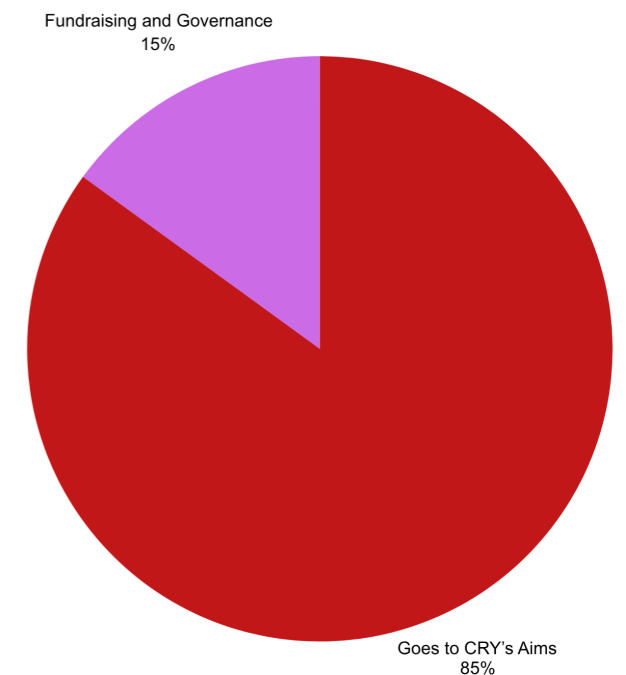
The Trustees have established the level of reserves that the charity ought to have. Unrestricted funds are needed to: cover support and management costs; provide funds which can be designated to specific projects to enable these projects to be undertaken at short notice; achieve a liquid reserve to provide cover for further capital expenditure.

The Trustees consider it prudent that unrestricted reserves should be sufficient to cover 6 months Support and Management Costs. The Trustees have set the required level of free reserves for the above matters at £350,000. Free reserves increased from £256,775 at 31st May 2024 to £547,112 at 31st May 2025. The free reserves are now above the level set out by the Trustees for the first time since the Covid-19 pandemic. This has enabled plans to

How CRY Spends Donations 2024-25



Total amount going to CRY's aims 2024-25



be made for a continued increase in areas such as research. The budgets over the next 12 months predict that this level of free reserves will be maintained.

In 2020, a plan was put in place to arrange a Coronavirus Business Interruption Loan (CBIL) to ensure CRY would maintain sufficient cash reserves going forward and this is recognised in the accounts in note 11 on page 52. This loan was borrowed against the value of CRY's office which was purchased in 2013 and was valued at £990,000 just prior to the loan being approved. The level of reserves is monitored and reviewed by the Trustees throughout the year. In October 2021 CRY fixed the interest of the loan at 2.44% for the full duration of the loan. Interest earned on our deposits currently more than covers this cost.

An explanation of CRY's reserves and Ringfenced Funds

A significant proportion of CRY's reserve funds are "ringfenced" and must be used for specific projects. The majority of these funds are raised by families who have suffered a tragedy from young sudden cardiac death, in order to take forward a screening programme in their community in memory of their child, sibling or partner. Once the family has reached the appropriate sum, CRY supports them in taking forward one or more screening events. £5.30 million is now ringfenced for CRY families who specifically request that it is spent on screening. CRY has significant ringfenced funds which provide the funding required for the screening programme going forward for the next 3 years.

By June 1st 2025, £1.57 million of the £5.30 million ringfenced had already been committed to screening events which had been booked in 2025-26 (£1,395,300)

and 2026-27 (£176,800). The ringfenced funds which are currently not committed will be allocated to events over the next 3 years.

CRY cannot use these funds for other activities such as bereavement support, raising awareness and clinical research. CRY encourages families to use the funds that are ringfenced, and funding their own screening programme in memory of their relative is important to many bereaved families. It is essential that CRY offers families the ability to raise funds safe in the knowledge that the funds can be dedicated to screening in the very community that raised the money.

Investment Policy

The Trustees have considered the most appropriate investment policy for funds and have decided that interest bearing accounts with clearing banks effectively meet their requirements to generate income and meet operational contingencies.

Risk Management

The Trustees have a risk management strategy, which comprises:

- a review of the risks the charity may face which is conducted at each board meeting;
- the establishment of systems and procedures to mitigate those risks identified;
- the implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

The major risks are considered to be those that would prevent CRY from carrying out its charitable objects permanently. The Trustees have identified the following as possible risks that the charity faces: impact of economic climate; failure to govern effectively; major fraud or financial mismanagement. The risks are regularly reviewed by the main board.

Achievements and Performance

Our achievements and performance are discussed in detail on pages 12-32 of this report.

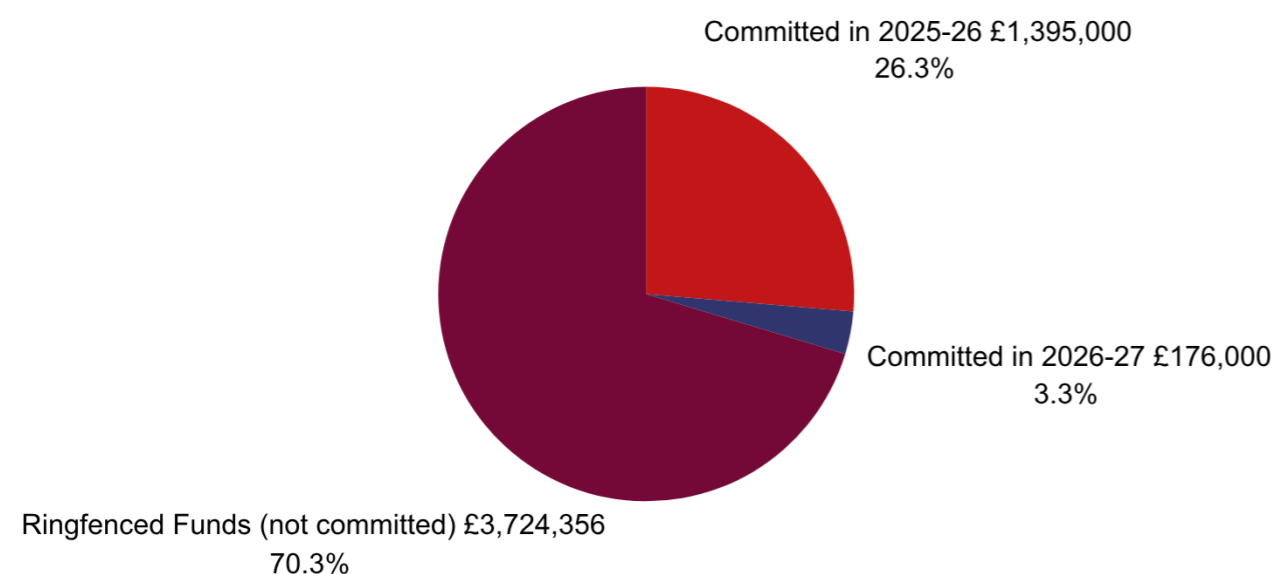
Going Concern

The Trustees have reviewed the budget for the next 12 months and consider the charity has adequate resources to continue for the foreseeable future.

Related Parties

None of the Trustees received remuneration or other benefits for their work for the charity. Any transactions between the charity and the Trustees or senior management or related parties must be disclosed to the board. In the current year no such related party transactions were reported.

Committed Funds



Plans for the future



Strengthen CRY's Specialist Clinical Centres at St. George's Hospital

Sustain and develop the CRY Centres for Cardiac Pathology, Inherited Cardiac Conditions, and Sports Cardiology by securing sustainable funding, maintaining specialist clinical expertise, and supporting timely NHS referrals.

Expand and Enhance CRY's Cardiac Screening Programme

Increase clinical capacity and strengthen ECG screening infrastructure to extend reach, meet rising demand, and maintain consistently high medical standards.

Invest in Research, Innovation, and Research Capacity

Increase investment in research fellowships and innovation to expand screening activity, strengthen referral pathways, and support high-quality research into young sudden cardiac death. This includes investing in artificial intelligence and machine learning to translate CRY's 30 years of clinical expertise and uniquely young person focused cardiac data into scalable tools. These innovations will support clinicians, enable AI-assisted ECG interpretation across emergency, community, and screening settings, advance research into smart wearable technologies, and improve the cost-effectiveness of screening through automated evaluation of symptoms and family history, while maintaining the highest clinical and governance standards.

Strengthen Bereavement Support Services

Expand and enhance bereavement support for families following a diagnosis or bereavement by increasing the number of trained supporters and developing high-quality written and digital resources.

Increase Awareness of Cardiac Risk in the Young

Continue to raise public awareness of cardiac risk, early detection, and prevention, strengthening the reach and impact of Raising Awareness Week through an expanded representative and volunteer network.

Advocate for Prevention at a National Level

Continue to campaign for a coordinated national strategy to prevent young sudden cardiac death, ensuring sustained focus and action across policy and healthcare systems.



Statement of Trustees Responsibilities

The Trustees - who are also directors of Cardiac Risk in the Young for the purposes of company law - are responsible for preparing the Trustees' Report (including the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare the 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, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and 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, and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper 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.

In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditors

A resolution will be proposed at the Annual General Meeting that BGM Helmores Limited be re-appointed as auditors to the charity for the ensuing year.

By order of the Board

Trustee:

Paul Quarterman
Date: 19th November 2025

Independent Auditors' Report

Opinion

We have audited the financial statements of Cardiac Risk in the Young for the year ending 31 May 2025 which comprise Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable by law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as of 31 May 2025 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, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report, including the trustees' report – other than the financial statements – and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matter prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report and the strategic report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 require 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.

Responsibilities of Trustees

As explained more fully in the Trustees' Responsibilities Statement set out on page 37, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

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

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

This description forms part of our auditor's report.

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

Extent to which the audit was considered capable of detecting irregularities, including fraud

We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error,

and then design and perform audit procedures responsive to those risks, including obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion.

In identifying and addressing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

We obtained an understanding of laws and regulations that affect the company, focusing on those that had a direct effect on the financial statements or that had a fundamental effect on its operations. Key laws and regulations that we identified included the Companies Act 2006, Charities SORP (FRS 102). We also compliance with other laws and legislation which may not have a direct impact on the financial statements but whose compliance is paramount to the charitable company such as General Data Protection Regulation (GDPR), employment and health and safety legislation.

We enquired of the trustees and the Audit Committee, reviewed trustees' and Audit Committee meeting minutes for evidence of non-compliance with relevant laws and regulations. We also reviewed controls the trustees have in place to ensure compliance.

We gained an understanding of the controls that the trustees have in place to prevent and detect fraud. We enquired of the directors about any incidences of fraud that had taken place during the accounting period.

The risk of fraud and non-compliance with laws and regulations and fraud was discussed within the audit team and tests were planned and performed to address these risks. We identified the potential for fraud in the following areas: accounting estimates principally in respect of research grants, income recognition, related parties outside normal course of business, management override of controls, misappropriation of cash and other assets and compliance with debt covenants.

We reviewed financial statements disclosures and tested to supporting documentation to assess compliance with relevant laws and regulations discussed above.

We enquired of the trustees about actual and potential litigation and claims.

We performed analytical procedures to identify any unusual or unexpected relationships that might indicate risks of material misstatement due to fraud.

In addressing the risk of fraud due to management override of internal controls we tested the appropriateness of journal entries and assessed whether the judgements made in making accounting estimates were indicative of a potential bias.

Due to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing fraud or non-compliance with laws and regulations and cannot be expected to detect all fraud and non-compliance with laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 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 auditor's 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.

Paul Davis FCA (Senior Statutory Auditor)
for and on behalf of BGM Helmores Limited
Chartered Accountants and Statutory Auditors
114a Cromwell Road, London, SW7 4AG

BGM Helmores Limited

Date: 20th February 2026

Statement of Financial Activities

	Note	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total Funds 2025 £	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £
INCOMING RESOURCES							
Donations and Legacies	2	2,082,296	2,086,736	4,169,032	1,910,975	1,674,434	3,585,409
Investment Income		225,142	-	225,142	177,213	-	177,213
Screening		644,744	-	644,744	525,058	-	525,058
Other income		1,463	-	1,463	-	-	-
TOTAL INCOMING RESOURCES		2,953,645	2,086,736	5,040,381	2,613,246	1,674,434	4,287,680
RESOURCES EXPENDED							
Raising Funds		549,157	-	549,157	524,505	-	524,505
Charitable Activities							
Screening		540,355	1,474,819	2,015,174	637,609	1,140,619	1,778,228
Family support		349,875	-	349,875	320,687	-	320,687
Research Grants	3	725,649	176,319	901,968	409,118	75,986	485,104
Awareness & PR		458,591	-	458,591	430,993	-	430,993
		2,074,470	1,651,138	3,725,608	1,798,407	1,216,605	3,015,012
Other Expenditure		89,595	-	89,595	82,753	-	82,753
TOTAL RESOURCES EXPENDED	4	2,713,222	1,651,138	4,364,360	2,405,665	1,216,605	3,622,270
Net Incoming / (Outgoing) Resources		240,423	435,598	676,021	207,581	457,829	665,410
Transfers between funds		28,000	(28,000)	-	34,462	(34,462)	-
Net Movement in Funds for the Year		268,423	407,598	676,021	242,043	423,367	665,410
Total funds brought forward at 1 June 2024		894,086	4,906,858	5,800,944	652,043	4,483,491	5,135,534
Total funds carried forward at 31 May 2025		1,162,509	5,314,456	6,476,965	894,086	4,906,858	5,800,944

There are no recognised gains or losses other than disclosed above. All results derive from continuing operations.

Balance Sheet at 31 MAY 2025

	Note	2025 £	2025 £	2024 £	2024 £
Fixed assets					
Tangible assets	7		615,397		637,311
Current assets					
Debtors	8	279,594		291,082	
Cash at bank and in hand	9	<u>6,799,724</u>		<u>5,950,120</u>	
		7,079,318		6,241,202	
Creditors: Amounts falling due within one year	10	<u>1,129,578</u>		<u>799,397</u>	
Net current assets			<u>5,949,740</u>		<u>5,441,805</u>
Total assets less current liabilities			6,565,137		6,079,116
Creditors: Amounts falling due greater than one year	11		88,172		278,172
Net assets	13		<u>6,476,965</u>		<u>5,800,944</u>
The funds of the charity:					
Unrestricted funds:	14		1,162,509		894,086
Restricted funds:	14		5,314,456		4,906,858
Total Charity Funds:			<u>6,476,965</u>		<u>5,800,944</u>

The financial statements on pages 50 to 57 were approved by the Board of Trustees on 19th November 2025 and signed on its behalf by:



Paul Quarterman - Trustee



James Brown - Trustee

Date: 19th November 2025

Cash Flow Statement

	Notes	2025 £	2024 £
Net cash provided by operating activities	1	656,879	(13,189)
Cash flows from investing activities:			
Interest from investments		226,605	216,324
Purchase of plant and equipment		(33,880)	(83,249)
Proceeds from disposal of fixed assets		-	22,712
Net cash used in investing activities		<u>192,725</u>	<u>155,787</u>
Change in cash and cash equivalents in the reporting period		849,604	142,598
Cash and cash equivalents at the beginning of the reporting period		5,950,120	5,807,522
Cash and cash equivalents at the end of the reporting period	2	<u>6,799,724</u>	<u>5,950,120</u>
1. Reconciliation of net incoming resources to net cash inflow from operating activities		2025 £	2024 £
Net incoming/(outgoing) resources for reporting period		676,021	690,411
Interest from investments		(226,605)	(216,324)
Depreciation charges		55,794	52,395
Movement in debtors		11,488	(15,715)
Movement in creditors		140,181	(509,341)
Gain on disposal of fixed assets		-	(14,615)
Net cash provided by operating activities		<u>656,879</u>	<u>(13,189)</u>
2. Analysis of cash and cash equivalents		2025 £	2024 £
Cash at Bank		6,799,724	5,950,120
		<u>6,799,724</u>	<u>5,950,120</u>

Notes to the Accounts

1. Accounting Policies

1.1 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 (FRS 102) (Effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Cardiac Risk in the Young ("CRY") 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).

1.2 Legal status of the Charity

The charity is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

1.3 Incoming resources

Screening fees income are accounted for on a receivable basis

Donations are accounted for on a receivable basis as soon as they are capable of accurate financial measurement and includes any taxation recoverable under Gift Aid. Gifts in kind are included in the Statement of Financial Activities at their gross value to the charity.

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated items have been met, the receipt of economic benefit from the use by the charity of the items is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

Donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity. This is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Government grants are recognised at the fair value of the asset received or receivable when there is reasonable assurance that the grant conditions will be met and the grants will be received.

Donated fixed assets are taken to income at the value to the charity, with the other entry being capitalised in fixed assets.

Legacies receivable are considered on a case by case basis and recognised as the earlier of the date on which: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. If the legacy is in the form of an asset other than cash or an asset listed on a recognised stock exchange, recognition is subject to the value of the asset being able to be reliably measured and title to the asset has passed to the charity. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

1.4 Tangible Fixed Assets

Tangible fixed Assets are initially measured at cost net of depreciation and impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less than their residual values over their useful lives on the following basis- assets held under finance leases are depreciated in the same way as owned assets:

Leasehold Property 2%

Equipment 25%

Motor vehicles 20%

It is the charity's policy not to capitalise fixed assets costing below £500.

The gains or loss arising on disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to profit or loss.

At each reporting period end date, CRY reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis under the following activity headings:

Fundraising

Costs incurred in financing fundraising activities including allocated staff costs and support costs.

Screening

These include all costs associated with the screening of individuals including the salary cost of time spent by employees, travel, subsistence and depreciation of related fixed assets.

Family Support

Costs incurred in undertaking Family Support including allocated staff costs and support costs.

Awareness and PR

This includes all costs for the purpose of promoting the charity's activities and increasing awareness in the public.

Research

The costs include research fellows, research assistants, donated equipment and related research expenses.

Governance

Includes staff time and expenses for time spent in connection with trustees meetings, plus the cost of audit and professional fees. Salary costs are charged in accordance with time spent.

Support costs

Costs incurred directly in support of expenditure on the objects of the charity and include functions such as Human Resources and Information Technology. All costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource.

Stationery and brochures

Costs incurred in respect of stationery and brochures are written off as incurred.

1.6 Debtors

Trade and other debtors are recognised at the settlement amount due after any discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income and tax recoverable is included at the best estimate of the amounts receivable at the balance sheet date.

1.7 Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.8 Cash and Cash Equivalents

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

1.9 Creditors and Provisions

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

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

1.10 Employee Benefit

The costs of short-term employee benefits are recognised as a liability and an expense.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.11 Pensions

In line with recent changes in pension legislation CRY has enrolled eligible employees into an auto-enrolment pension scheme. The basic contributions for the scheme are 3% of pensionable earnings by CRY and 5% by the employees. Pension costs are charged to the Statement of Financial Activities as incurred. There were £14,703 (2024: £7,001) of outstanding contributions at the year end.

1.12 Leases

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

Assets held under finance leases are recognised as assets at the lower of the assets fair value at the date of inception and the present value of the minimum lease payments. The related liability is included in the balance sheet as a finance lease obligation. Lease payments are treated as consisting of capital and interest elements. The interest is charged to the profit and loss account so as to produce a constant periodic rate of interest on the remaining balance of the liability.

Rentals payable under operating leases, including any lease incentives received, are charged to income on a straight line basis over the term of the relevant lease except where another more systematic basis is more representative of the time pattern in which economic benefits from the lease asset are consumed.

1.13 Funds held by the charity are either:

- Unrestricted funds - these are funds which can be used in accordance with the charitable objects at the discretion of the trustees.
- Designated funds - these are funds which have been designated by the trustees for research projects.
- Restricted funds - these are funds that can only be used for particular restricted purposes within the charity's objects.
- Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

1.14 Going Concern

After producing a budget for 12 months from the date of signing the accounts, the trustees have reasonable expectations that the charity has adequate resources to continue acting as a going concern and has thus adopted this basis in preparing the accounts.

1.15 Significant areas of estimation and judgement

The preparation of the financial statements requires judgements, estimations and assumptions to be made which affect the reported values of assets, liabilities, income and expenditure. The nature of such could result in actual outcomes differing from expectation. Management has applied judgement in the following material areas:

- Research grants are recognised in full by the charity as soon as the criteria for a constructive obligation has been met, payment is probable, can be measured reliably and there are no conditions attached which limit their recognition.
- Estimation of the useful economic life of buildings, equipment and motor vehicles.
- The allocation of staff costs to the charitable activities based on an estimate of time spent.

2 Donations and Legacies

	2025 £	2024 £
Donations		
Gifts	3,950,773	3,439,555
Legacies	88,534	47,154
Trusts	116,005	98,700
Sponsorship	13,720	-
	<u>4,169,032</u>	<u>3,585,409</u>

3 Research

	2025 £	2024 £
Research costs		
Medical Research - Professor Sharma - St George's, University of London	298,348	83,670
Cardiac Pathology and Coroners' Referral Research	184,281	125,982
Medical Research - Dr Papadakis - St George's, University of London	359,257	206,851
Medical Research - Liverpool John Moores	500	2,265
Medical Research - Dr Gati	59,582	66,336
See note 12	<u>901,968</u>	<u>485,104</u>

Please see the trustees report page 52 for further information in respect of provisions for research grants.

4 Total resources expended

	Direct Staff Costs £	Other Direct Costs £	Support & Management Costs £	Total 2025 £
Screening	1,244,612	489,543	281,019	2,015,174
Family Support	246,992	20,578	82,305	349,875
Awareness & PR	196,642	163,490	98,459	458,591
Governance	16,076	-	73,519	89,595
Research (Note 3)	-	901,968	-	901,968
Fundraising	233,704	134,663	180,790	549,157
	<u>1,938,026</u>	<u>1,710,242</u>	<u>716,092</u>	<u>4,364,360</u>

Prior year analysis:

	Direct Staff Costs £	Other Direct Costs £	Other Direct Costs £	Total 2024 £
Screening	1,094,347	446,259	237,622	1,778,228
Family Support	218,467	23,614	78,606	320,687
Awareness & PR	176,387	160,798	93,808	430,993
Governance	14,242	-	68,511	82,753
Research (Note 3)	-	485,104	-	485,104
Fundraising	210,177	144,526	169,802	524,505
	<u>1,713,620</u>	<u>1,260,301</u>	<u>648,349</u>	<u>3,622,270</u>

4 Total resources expended - continued

	2025 £	2024 £
Support and Management Costs		
Staff Costs (not included in direct staff costs above)	303,819	281,772
Rent & Rates	10,819	9,463
Heat, Light & Power	10,469	13,285
Motor Expenses	15,024	17,363
Travelling	1,687	1,010
Printing, Stationery and Telephone	19,621	22,054
Postage and carriage	36,583	36,034
Computer Expenses	105,379	99,471
Professional Fees	18,104	7,606
Auditors Remuneration	26,620	27,750
Insurance	51,460	44,423
Maintenance	22,604	20,112
Bad Debts	6,837	450
General Expenses	3,299	2,502
Bank charges and Interest	27,973	27,274
Depreciation	55,794	52,395
Profit on disposal of fixed assets	-	(14,615)
	<u>716,092</u>	<u>648,349</u>

Support Costs allocated to activities	Screening £	Family support £	Awareness & PR £	Fundraising £	Governance £	Total 2025 £
Premises	3,424	872	11,359	3,291	2,342	21,288
General Office	108,452	15,409	152,043	47,223	52,359	375,486
Management	17,851	12,754	10,016	17,227	3,133	60,981
Finance	46,903	32,208	15,048	72,388	27,177	193,724
Information Technology	976	554	1,293	541	407	3,771
Human Resources	19,176	10,348	15,339	12,283	3,696	60,842
Total	<u>196,782</u>	<u>72,145</u>	<u>205,098</u>	<u>152,953</u>	<u>89,114</u>	<u>716,092</u>

Prior year analysis:

Support Costs allocated to activities	Screening £	Family support £	Awareness & PR £	Fundraising £	Governance £	Total 2024 £
Premises	3,190	937	12,496	3,621	2,502	22,746
General Office	74,428	13,912	145,066	44,343	45,964	323,713
Management	16,403	12,368	10,115	16,908	2,775	58,569
Finance	44,212	31,669	13,796	66,233	28,028	183,938
Information Technology	769	512	1,191	498	275	3,245
Human Resources	17,561	9,634	14,300	11,667	2,976	56,138
Total	<u>156,563</u>	<u>69,032</u>	<u>196,964</u>	<u>143,270</u>	<u>82,520</u>	<u>648,349</u>

Costs were allocated on the basis of staff time other than premises and general office costs which were allocated on a usage basis.

5. Staff costs and number of employees

	2025	2024
	£	£
Wages and salaries	1,970,703	1,781,456
Social security costs	175,411	142,256
Pension costs	60,926	58,631
Other staff costs (including staff training)	34,805	13,049
	<u>2,241,845</u>	<u>1,995,392</u>
Direct Staff Costs	1,938,026	1,713,620
Support Staff Costs	303,819	281,772
	<u>2,241,845</u>	<u>1,995,392</u>

No employees received a salary in excess of £60,000 in the year to 31 May 2025 (2024: 1).

The charity trustees were not paid or received any other benefits from employment with CRY in the year (2024: £nil) neither were they reimbursed expenses during the year (2024: £nil). No charity trustee received payment for professional or other services supplied to the charity (2024: £nil)

The key management personnel of the charity comprise the Chief Executive Officer and the Director of Screening and Research. The total employee benefits of the key management personnel of the charity were £131,991 (2024:£124,217)

Total employee benefits include : Salary, pension and healthcare.

The average monthly number of employees during the year was:

	2025	2024
Management and administration	6	6
Charitable work	93	92
Total	<u>99</u>	<u>98</u>

The above includes the following part time staff

	52	52
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6. Net incoming resources before transfers:

This is stated after charging:	2025	2024
	£	£
Depreciation	55,794	53,395
Auditors' remuneration		
For audit services	10,270	9,970 (Based on 3% audit fee increase)
For other services	16,350	17,780
Loss/(Profit) on disposal of fixed assets	-	(14,615)

7 Tangible fixed assets

	Long Leasehold property	Equipment	Motor Vehicles	Total
	£	£	£	£
Cost				
At 1 June 2024	678,204	971,203	116,747	1,766,154
Additions	-	33,880	-	33,880
Disposals	-	-	-	-
At 31 May 2025	<u>678,204</u>	<u>1,005,083</u>	<u>116,747</u>	<u>1,800,034</u>
Depreciation				
At 1 June 2024	148,953	932,430	47,460	1,128,843
Charge for the year	13,488	20,141	22,165	55,794
Depreciation on disposal	-	-	-	-
At 31 May 2025	<u>162,441</u>	<u>952,571</u>	<u>69,625</u>	<u>1,184,637</u>
Net Book Value				
At 31 May 2025	<u>515,763</u>	<u>52,512</u>	<u>47,122</u>	<u>615,397</u>
At 31 May 2024	529,251	38,773	69,287	637,311

All fixed assets are used for charitable purposes.

8 Debtors

	2025	2024
	£	£
Trade debtors	88,770	101,482
Prepayments	89,590	88,455
Accrued income	101,234	101,145
	<u>279,594</u>	<u>291,082</u>

9 Cash at bank and in hand

	2025	2024
	£	£
Deposit account	5,926,123	5,410,644
Current account	871,256	536,922
Cash in hand	2,345	2,554
	<u>6,799,724</u>	<u>5,950,120</u>

10 Creditors: Amounts falling due within one year

	2025	2024
	£	£
Bank loan (Note 11)	193,240	194,609
Trade creditors	114,577	98,827
Other creditors	59,668	45,919
Taxation and social security costs	-	-
11 Accruals and deferred income	340,655	285,377
Research (Note 12)	420,069	174,665
	<u>1,129,578</u>	<u>799,397</u>

11. Creditors: Amounts falling due after one year

	2025 £	2024 £
Bank loan	88,172	278,172
	<u>88,172</u>	<u>278,172</u>

The bank loan is secured by fixed charges over all the charity's freehold property.

The loan is for a term of 6 years and with monthly instalment repayments having commenced in November 2021, after an initial 12 month capital repayment holiday. The final repayment date is 23 November 2026. Interest accrues at 2.44% per annum on a Fixed Rate.

12. Research

	2025 £	2024 £
Provision at 1 June 2024	174,665	234,216
Recognised in statement of financial activities (Note 3)	901,968	485,104
Grant payments in the year	(656,564)	(544,655)
Provision at 31 May 2025	<u>420,069</u>	<u>174,655</u>

Grant commitment at 31 May 2025

Institution	Activity	Type	2025	2024	2025	2024
			Number of grants		£	£
St George's University of London	Research under Professor Sharma	Fellows	6	4	344,902	106,331
St George's University of London	Research under Professor Sharma	Cardiac Physiologists	2	2	13,334	13,334
Cardiac Pathology and Coroners' Referral Research			1	2	61,833	55,000
Total Grants			<u>9</u>	<u>8</u>	<u>420,069</u>	<u>174,665</u>

See note 15 in respect of further information on these projects

13. Analysis of net assets between funds

	Tangible assets £	Net current assets £	Creditors: amounts falling due after more than one year £	Total £
Unrestricted funds	615,397	635,284	(88,172)	1,162,509
Restricted funds	-	5,314,456		5,314,456
	<u>615,397</u>	<u>5,949,720</u>	<u>(88,172)</u>	<u>6,476,965</u>

14. Analysis of Funds

	Balance at 1 June 2024 £	Incoming Funds £	Outgoing Funds £	Transfers Between Funds £	Balance at 31 May 2025 £
Unrestricted funds	894,086	2,953,645	(2,713,222)	28,000	1,162,509
Restricted funds (Note 16)	4,906,858	2,086,736	(1,651,138)	(28,000)	5,314,456
	<u>5,800,944</u>	<u>5,040,381</u>	<u>(4,363,360)</u>	<u>-</u>	<u>6,476,965</u>

15. Research Costs

Cardiac Pathology Research

After a death, fast track expert pathology is crucial. CRY has designated significant funds to support essential research and fund the expertise required to conduct these investigations at The CRY Centre for Cardiac Pathology (CRYCCP), which is based at St George's Hospital, University of London, Tooting, London. Expert cardiac pathology is essential to help understand the cause of death as well as inform which tests are required for the testing of first degree blood relatives.

Coroners' Referral

CRY is funding coroners' referrals to The CRY Centre for Cardiac Pathology for young people (aged 35 or under) where the cause of death in the initial pathology is "unascertained". Coroners sometimes do not have the funds to access a service where they can refer complex cases to an expert pathologist. This means that many deaths are simply recorded as unascertained or, incorrectly, such as epilepsy, asthma or drowning. This service allows coroners to refer cases directly and receive a full report of the actual cause of death within 2 weeks.

St George's, University of London

CRY has funded 6 research fellowship grants during this year. All 6 grants are supervised by Professor Sharma and Professor Michael Papadakis. The fellows under the supervision of Professor Sharma and Professor Papadakis focus on the data obtained in CRY's screening programme and take forward projects relating to Young Sudden Cardiac Death, inherited cardiovascular conditions and sports cardiology. Research Fellowship funding is essential for CRY's screening programme. A research fellow is present at every screening to ensure that all abnormal ECG findings are evaluated immediately with follow-up ECHO (ultrasound of the heart). CRY is also part funding two cardiac physiologists to work at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology. The research fellows and physiologists support Professor Sharma and Professor Papadakis to provide a specialist service for bereaved families after a tragedy, where all family members can be seen together and have all necessary tests conducted on the same day.

16 Restricted Funds

	Balance at 1 June 2024	Incoming Funds	Outgoing Funds	Transfer to Unrestricted Funds	Balance at 31 May 2025
	£	£	£	£	£
Restricted					
Memorial Funds	4,870,412	1,977,736	(1,523,692)	(28,000)	5,296,456
Cardiff City Football Club	4,946	-	(4,946)		-
Robert Luff Foundation	20,000	20,000	(40,000)		-
Aubrey Orchard-Lisle Charitable Trust	-	5,500	(4,000)		1,500
The Edith Florence Spence Memorial Trust	1,500	-	-		1,500
Chapman Charitable Trust	-	2,000	(2,000)		-
North West Project UKH Foundation	5,000	-	-		5,000
The Grace Trust	-	4,000	(4,000)		-
The Louis Nicholas Residuary Charitable Trust	-	5,000	-		5,000
The Jan and Catherine Nasmyth Charitable Foundation	-	10,000	(8,000)		2,000
Westfield Health	5,000	-	(4,000)		1,000
Garfield Weston Foundation	-	50,000	(48,000)		2,000
Sir Cliff Richard Charitable Trust	-	3,000	(3,000)		-
Surabhi Organisation	-	8,000	(8,000)		-
Margaret Rolfe Charitable Trust	-	1,500	(1,500)		-
	<u>4,906,858</u>	<u>2,086,736</u>	<u>(1,651,138)</u>	<u>(28,000)</u>	<u>5,314,456</u>

16. Restricted Funds (continued)

Restricted funds include 354 active funds (2024: 327) which have been set up to fund primarily screening events, but also provide funds for research fellows, raising awareness and for the purchase of ECG machines and equipment and a screening van.

These grants and donations have been restricted to provide funding for cardiac screening:

- Aubrey Orchard-Lisle Trust
- Garfield Weston Foundation
- Sir Cliff Richard Charitable Trust
- Chapman Charitable Trust
- Margaret Rolfe Charitable Trust
- The Grace Trust
- The Louis Nicholas Residuary Charitable Trust
- The Jan and Catherine Nasmyth Charitable Foundation.

These grants and donations have been restricted to finance research costs:

- Robert Luff Foundation
- Surabhi Organisation.

17. Contingent liability

The charity had no contingent liabilities at 31 May 2025.

18. Taxation

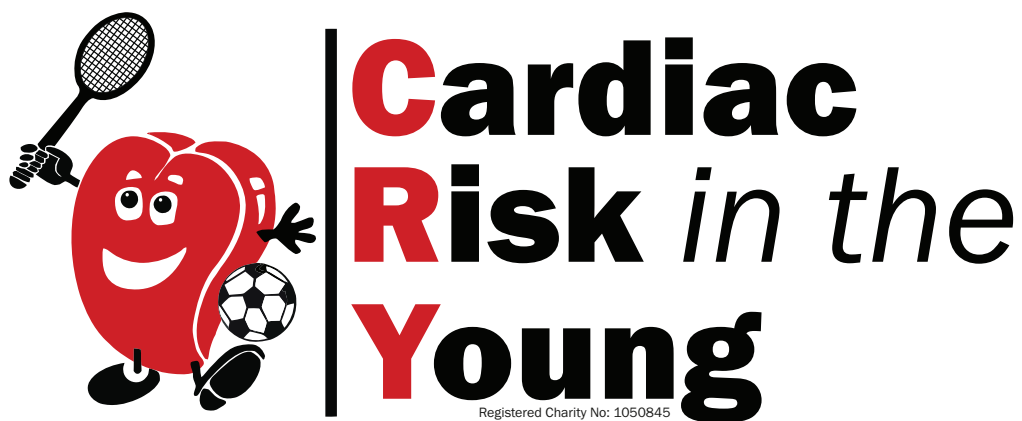
The charity is considered to pass the tests set out in Sch. 6, para. 1 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the company is potentially exempt from taxation in respect of income or capital gains received within categories covered by Pt. 11, Ch. 3 of the Corporation Tax Act 2010 or s. 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

CARDIAC RISK IN THE YOUNG

England & Wales - Charity number 1050845

Accounts

REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MAY 2024





Financial statements for the year ended 31 May 2024

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Executive Summary



Statement from CRY's Chairman

Hugh Mulcahey

This year was pivotal for CRY. Over 2023-2024 we screened 26,658 young people across 300 screening days, achieved record income, and strengthened our financial reserves. As the demand for CRY's screening services continues to grow, we are expanding our program to reach more young people by increasing the number of CRY doctors and exploring additional ways to broaden our services.

Our research efforts, led by Professors Sanjay Sharma, Michael Papadakis, and Mary Sheppard, have resulted in numerous publications that have significantly advanced the understanding of cardiac conditions in young people. The evidence and insights gained from this research are shaping clinical practice in this specialised field of cardiology.

This year, we supported more newly bereaved families than ever before. Whilst this highlights the urgent need for CRY's support services in the face of the devastating impact of young sudden cardiac death on families, friends, and communities, it also reassuring that awareness of CRY is growing. More families in need are finding CRY and reaching out to us for support.



Executive Summary

Dr Steven Cox

The 2023-2024 period has been a year of significant achievement for Cardiac Risk in the Young (CRY). We have continued our mission to save young lives through cardiac screening, research, and support for families affected by inherited cardiac conditions and young sudden cardiac death.

Screening Milestones

Over the past year, CRY has screened 26,658 young people across 300 screening days. These efforts have been critical in identifying those at risk and providing early interventions. We remain dedicated to making cardiac screening accessible across the UK, giving young people and their families vital knowledge and peace of mind. One challenge we face is the increasing demand for CRY's screening services, with over 80,000 young people registered on our waiting list as of June 2024—a number that continues to grow. To expand our reach, we recognise the need to recruit and train more CRY doctors. This, along with research to streamline our processes, will be essential for scaling our screening efforts in the years to come.



Financial Growth

CRY's financial position has strengthened significantly, with our free reserves increasing from £37,489 last year to £291,237. This ensures stability for future initiatives. We also achieved our highest-ever income, reaching £4,287,670 (up from £3,720,504 last year), thanks to the dedication of our supporters, donors, and partners. These funds will enable us to continue expanding our screening programs and research efforts, while investing in the training of additional doctors to further our mission.

Research Excellence

This year has also been a standout for our contributions to medical research. Numerous publications were produced under the leadership of our esteemed experts—Professors Sanjay Sharma, Michael Papadakis, and Mary Sheppard—alongside an expanding network of cardiologists and clinicians supporting CRY’s mission. Among these is the paper “Sudden Arrhythmic Death and Cardiomyopathy Are Important Causes of Sudden Cardiac Death in the UK: Results from a National Coronial Autopsy Database,” the largest dataset of its kind globally, with an evaluation of 7,456 hearts. Another key paper, “Prevalence and Clinical Significance of Electrocardiographic Complete Right Bundle Branch Block in Young Individuals,” is the first from a screening audit of over 100,000 young people. These groundbreaking studies, among others, continue to shape our understanding of cardiac risk in young people, influencing clinical practice and improving outcomes. Publishing 32 articles in leading international medical journals this year demonstrates our ongoing commitment to advancing knowledge and improving outcomes related to young sudden cardiac death. This underscores CRY’s role as a leader in the field, continually pushing the boundaries of research and enhancing our diagnostic and management capabilities. Each publication not only adds to the global medical community’s understanding but also reinforces the importance of CRY’s work in protecting young lives.



Supporting Bereaved Families

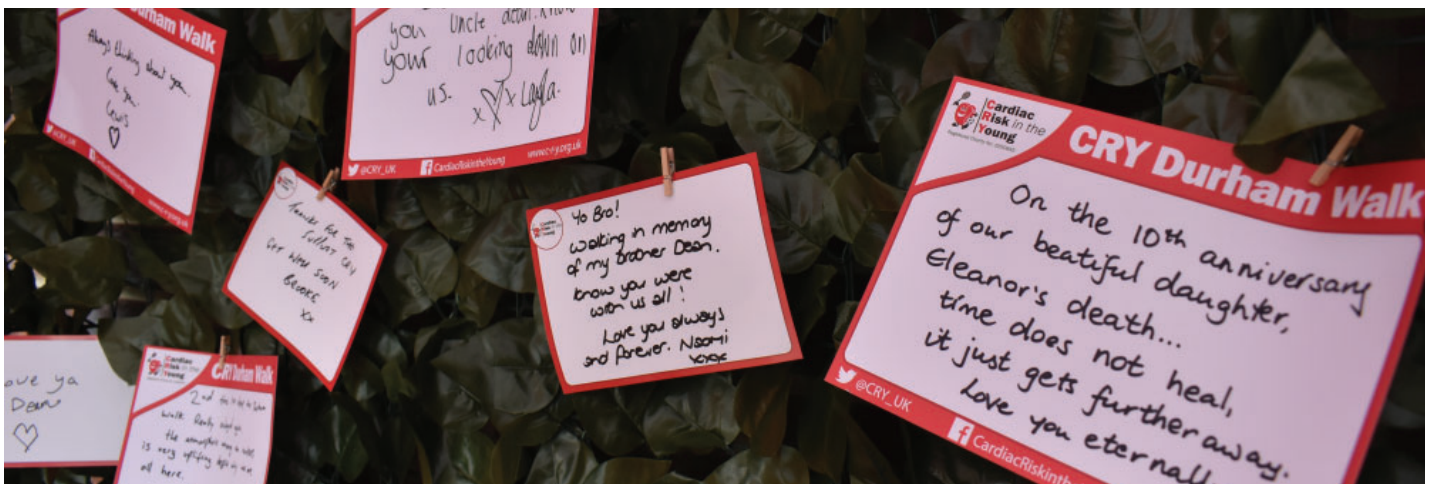
This year saw a rise in first-contact calls from newly bereaved families, marking the highest number ever recorded. This highlights the crucial need for our bereavement support services. CRY remains committed to offering compassionate support during these difficult times through our specialist bereavement peer-to-peer support program.

Ongoing Challenges

Although this year marked the first time the charity raised over £4 million since its founding in 1995, fundraising remains challenging, with many worthy causes needing support. A significant number of CRY’s fundraisers focus on supporting screening which enables CRY to run a national screening programme throughout the UK. In order to expand and respond to the high demand for our screening services we will require more funding for research fellows. This calls for an increase in core funding or donations specifically designated for research. The launch of the Financial Times partnership (www.c-r-y.org.uk/ft) is a step towards demonstrating the value of CRY’s services to potential corporate donors, trusts, and individuals with the capacity to make significant contributions. By advancing our research, we can extend our services to more young people and save even more lives.

Looking Ahead

The accomplishments of this year have laid a solid foundation for CRY’s future. As we move forward, our focus remains on expanding our reach, deepening our research, and supporting families affected by inherited cardiac conditions and young sudden cardiac death. By increasing the number of CRY doctors, we aim to reach more young people with our life-saving screenings. Together, we will continue to drive awareness, deliver vital screenings, fund transformative research projects, and offer hope to families across the UK.



Legal Structure and Governance

The Trustees present their annual report and audited financial statements of the company for the year ended 31 MAY 2024.

Reference and Administrative Details

Company Registration Number: 3052985

Registered Charity Numbers: 1050845 & SC052581

Registered Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Principal Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Bankers: Lloyds TSB, High Street, Epsom, Surrey, KT19 8AT

Auditors: BGM Helmores Ltd, Emperor's Gate, 114a Cromwell Road, Kensington, London, SW7 4AG

Trustees: Hugh Mulcahey (Chairman)

Louise Brooker-Carey

James Brown (appointed on 14th December 2023)

Monique Choudhuri (appointed on 14th December 2023)

Peadar O'Donnell (resigned on 26th September 2024)

Dr Nicholas Jones

Dr Jayesh Makan

Paul Quarterman

Rebecca Trewinnard (resigned on 26th September 2024)

Chief Executive: Dr Steven Cox

Structure, Governance and Management

Governing Document

Cardiac Risk in the Young was incorporated on 3 May 1995 as a company limited by guarantee and is governed by its Memorandum and Articles of Association. The company was subsequently registered as a charity with the Charity Commission and is also known by its initials – CRY. CRY was registered with the Scottish Charity Regulator on June 1st 2023.

Appointment of Trustees

The charity or the Trustees may appoint a person who is willing to act to be a Trustee either to fill a casual vacancy or as an additional Trustee. As set out in the Articles of Association the board appoints the chair of the Trustees.

Trustee induction and training

New Trustees are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the Trustee board and decision-making processes, the business plan and recent financial performance of the charity. Their induction involves the meeting of key employees and other Trustees. Trustees are encouraged to attend appropriate external training events.

Organisation

The board of Trustees administers the charity. The board meets four times a year. A Chief Executive is appointed by the Trustees to manage the day-to-day operations of the charity. To facilitate effective operations, the Chief Executive has delegated authority for operational matters including development, finance, employment, public relations and fundraising.

Audit Committee

The Audit Committee is comprised of Hugh Mulcahey (CRY Trustee), Peadar O'Donnell (CRY Trustee) (resigned on 26th September 2024), Rebecca Trewinnard (CRY Trustee) (resigned on 26th September 2024), James Brown (CRY Trustee) (appointed 26th September 2024), Paul Quarterman (CRY Trustee) (appointed 22nd May 2024) and Dr Steven Cox (CRY Chief Executive). The Committee meets at least four times a year. The Committee helps to ensure that sound financial policies and internal controls are in place by providing a formal mechanism for reviewing matters of corporate governance and risk management together with external audits.

Research Committee

The Research Committee is comprised of Paul Quarterman (CRY Trustee), Hugh Mulcahey (CRY Trustee), Dr Jayesh Makan and Dr Steven Cox (CRY Chief Executive). The Committee oversees CRY's research strategy.

Communications Committee

The Communications Committee is comprised of Hugh Mulcahey (CRY Trustee), Louise Brooker-Carey (CRY Trustee) and Dr Steven Cox (CRY Chief Executive). The Committee oversees CRY's communication strategy.

Related parties

Professors Sanjay Sharma and Michael Papadakis, CRY's Consultant Cardiologists, who are based at University of London and St George's Hospital, oversee the CRY research programme plus the clinical aspects of the CRY cardiac screening programme. All services provided by Professor Sharma and Professor Papadakis are on a voluntary basis.

Professor Mary Sheppard, CRY's Expert Cardiac Pathologist, who is based at University of London, oversees the CRY Centre for Cardiac Pathology. Professor Sheppard is part funded by the Pathology research grant to the CRY Centre for Cardiac Pathology.

Objectives and Activities

Objectives

The objective of the charity is to support affected families and prevent young sudden cardiac deaths through awareness, screening and research.

Public benefit

CRY is a UK charity that supports families after a bereavement, both clinically and emotionally. CRY supports expert fast-track pathology and fast-track cardiology referral into the NHS to test the family. CRY also provides literature for the public written by leading cardiac experts. CRY offers a unique bereavement support programme.

The screening programme that CRY has developed gives the opportunity to save the young lives of those at risk who are asymptomatic, “fit and healthy”. There is no other charity that offers screening for young people aged 14 to 35 to schools, elite and recreational athletes and communities in the UK. CRY does not discriminate in the service we offer, whether it is an Olympic Gold Medallist or an adolescent in any local community. CRY’s screening programme is not just a service provision; it is also a research programme. CRY offers support to all people affected by cardiac conditions that can cause young sudden cardiac death.

The charity has two main aims:

1. Saving young lives
2. Helping those affected

The strategies employed to save young lives are:

- raising awareness of cardiac risk in the young
- operating a national cardiac screening programme
- funding medical research into young sudden cardiac death

The strategies employed to help those affected are:

- supporting families after a tragedy
- funding the CRY Centre for Cardiac Pathology
- funding the CRY Centre for Inherited Cardiovascular Conditions & Sports Cardiology
- supporting those diagnosed through our myheart Network

The Trustees confirm that they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their powers or duties. The public benefits of the Charity’s activities are outlined under ‘Objectives and Activities’ above.

1. Saving young lives

Raising awareness of cardiac risk in the young

Through raising awareness of these conditions, the public, medical and sporting communities will become more alert to the symptoms that can lead to a young sudden cardiac death as well as the potential risks that these conditions have on an asymptomatic population. The public will be aware of courses of action that can help to minimise their risk, including the choice to be screened at one of CRY’s screening clinics.

The medical community will be aware of the specialist services that are available to facilitate diagnosing these conditions, as well as how to best manage these patients. The sporting community will be aware of the specialist cardiac services available at the CRY Centre for Sports Cardiology as well the importance of screening athletic populations. CRY also raises awareness within Parliament. It is essential that MPs are well informed of the latest research as well as the implications these findings have on public policy.

Operating a national screening programme

Systematic screening programmes are needed to establish the prevalence of cardiac conditions in the young. The aim of a screening programme is to detect a condition, or its risk factors. Once detected, preventative or therapeutic interventions can be implemented earlier, and the disease can be treated when it is less advanced. In the case of cardiac conditions, the aim is to put in place treatments and lifestyle changes that will minimise the risk of a sudden cardiac death. These preventative actions may include medications, surgery or lifestyle changes. In some cases, the condition can be cured with the risk of sudden cardiac death removed. CRY operates screening programmes for the general public (between the ages of 14 and 35), sports clubs and teams.

Funding medical research into young sudden cardiac death

CRY funds medical research through Research Fellowship grants. These grants cover a broad spectrum from fast-track screening to pathology after a death. The grants also help to provide specialist knowledge of sports cardiology. The field-gathered data in CRY's screening programme is analysed and reported in peer reviewed journals, providing essential information on the understanding of these conditions.

2. Supporting families affected

Following a tragedy in a family where a young person has died suddenly, family members will require support. CRY offers both medical and emotional support.

CRY provides specialist cardiac information written by experts in the field, specifically for families or a non-medical community. Following a young sudden cardiac death, it is important that all first-degree relatives are referred to Inherited Cardiac Conditions specialists for clinical testing. CRY can help with advising the family about seeing a cardiologist who specialises in these conditions. CRY offers direct medical support via the specialist Centre for Cardiac Pathology and Centre for Inherited Cardiovascular Conditions at St George's Hospital, London.

Funding the CRY Centre for Inherited Cardiovascular Conditions

CRY supports NHS clinics at St George's Hospital. At these clinics, specialist screening is offered to the family (first degree blood relatives) after the sudden death of a family member. The family can all be seen together, usually with all the tests required completed on the same day to minimise the number of return visits. Expert cardiac screening is vital following the sudden death of a first-degree blood relative.

Funding the CRY Centre for Sports Cardiology

The CRY Centre for Sports Cardiology (CRY CSC), led by Professor Sharma, provides expert cardiac diagnosis for elite athletes. Due to the unique heart physiology of athletes, distinguishing between a healthy athletic heart and underlying conditions can be challenging. The Centre specializes in accurately interpreting these differences.

As a leader in research, CRY CSC studies how exercise affects the heart, particularly in young people, refining screening guidelines and advising safe exercise for those with conditions. This expertise allows young people with heart conditions to receive tailored advice, helping many continue sports safely while preserving their physical and mental well-being.

Funding the CRY Centre for Cardiac Pathology

CRY also funds expert cardiac pathology. The importance of correct pathology cannot be overstated as it gives families the opportunity to understand what caused the death as well as assisting in informing the correct clinical pathway for first degree blood relatives, helping to quantify the risk posed to other family members.

Emotional Support

CRY has a select group of 30 Bereavement Supporters - volunteers who have experienced a similar tragedy themselves and have been trained to help others cope with their traumatic experience. Our Bereavement Supporters have all completed the two-year Counselling Skills and Theory course so that they can support others through their loss. So

many people have contacted CRY wondering if there are others who they could talk to who have suffered similar tragedies. CRY offers telephone bereavement support to anyone (aged 18 and over) who has lost a young person to a sudden cardiac death.

CRY has developed private Facebook groups specifically for bereaved mums, dads, partners, siblings, grandparents, aunts and uncles, and friends, as a place to connect with others who have experienced a similar tragedy, and to create a support network for one another.

CRY also offers other opportunities for bereaved families to come together at our annual Heart of London Bridges Walk and our annual Heart of Durham Walk.

CRY has produced a series of grief booklets designed to help families and friends feel less alone after the tragedy of a young sudden cardiac death. Our series of grief booklets includes: 'A Mother's Grief', 'A Partner's Grief', 'A Father's Grief', 'Sibling Grief', 'Coping with Christmas after a Young Sudden Cardiac Death', 'Coping with Anniversaries following a Young Sudden Cardiac Death' and 'A Friend's Grief'.

Supporting those diagnosed – myheart Network

CRY has a support network called myheart for young people who have been diagnosed with cardiac condition. The group was set up after feedback from young people who found that the existing support groups were not effective in helping them deal with issues such as having an ICD fitted or undergoing ablation surgery. The network was developed as a support system that increases effective coping and decreases social isolation for young people who have been diagnosed with a cardiac condition.

We hold two national myheart meetings a year where members are offered 'Question and Answer' sessions with a specialist cardiologist, and the opportunity to share experiences with other young people who have been diagnosed with a cardiac condition. The myheart website contains medical information, personal stories from young people who are living with a cardiac condition, and questions and answers videos with myheart's Consultant Cardiologist, Professor Michael Papadakis. There is also a private myheart Facebook group which is exclusively for people who have been diagnosed with a cardiac condition.



CRY supporters at the CRY Heart of London Bridges Walk 2023

Achievements and Performance

CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's Healthcare NHS Trust

In 1995, St George's was the first hospital in the UK to develop a family screening clinic after CRY's donation of an echocardiogram machine established a specialist clinic in young sudden cardiac death and meant that families could be screened together after a tragedy.

The CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's, combines three essential features of CRY's mission to eliminate young (aged 35 and under) sudden cardiac death - offering services for affected families, competitive athletes and the general population. The centre provides a 'one stop shop' for young people and affected families who wish to be screened for potentially life-threatening cardiac problems.

The CRY Centre is led by CRY's consultant cardiologist, Professor Sanjay Sharma, who is Professor of Inherited Cardiovascular Conditions and Sports Cardiology at St George's Hospital, London.

It is a unique service where, after a young sudden death, families will be seen shortly after the referral is received. As a 'one stop shop', all the tests will be conducted on the same day and all family members will be seen together wherever possible (even when travelling from different parts of the country). The Centre is able to provide this service because CRY provides the funding for the doctors and support staff there.

The Centre is also the leading referral centre for elite athletes whose results can often mimic disease and they can easily be misdiagnosed if not seen by an expert cardiologist.

CRY Centre for Cardiac Pathology

The CRY Centre for Cardiac Pathology (CRY CCP) is an international cardiac referral centre and the leading centre in the UK. The centre was established with a donation from the Howard and Sebastian English Memorial Fund. The service is led by Professor Mary Sheppard who is an expert cardiac pathologist, with a team of staff funded by CRY. When a cause of death is 'unascertained' and the person is aged 35 years or under, the centre will provide a free fast-track cardiac diagnostic service. The examination and report from the centre will be completed, on average, within 2 weeks.

When pathology is not referred to this centre, it can take up to 2 years for an expert investigation to be conducted. Expert pathology is essential to help the family understand the cause of death. This information will guide clinical decisions when assessing the first-degree blood relatives. When expert pathology is not conducted, the family could be offered inappropriate clinical tests and there is the potential for false reassurance.

As well as providing a support service for bereaved families, the work conducted at this centre is resulting in groundbreaking research to improve our understanding of the causes of young sudden cardiac death. In this financial year, CRY continued to fund the 3 staff that support Professor Sheppard at the centre, these being an administrator and two clinical technicians, as well as a PhD Research fellowship.

Cardiac Screening

The CRY screening programme aims to detect underlying heart conditions in young people aged 14 to 35, helping to prevent sudden cardiac death. It involves a simple, non-invasive process, including a health questionnaire, electrocardiogram (ECG), and sometimes an echocardiogram if needed. These tests can identify conditions that may increase the risk of cardiac issues during exercise or everyday life. The screenings are typically conducted at community events, schools, universities, sports clubs, and CRY's national screening centre, providing vital early detection and peace of mind to young people and their families.

This financial year, CRY had 300 screening days and screened 26,658 young people. CRY's mobile screening is fundamental in bringing specialist services to local communities.

CRY holds screening events in local communities across the UK – from the Orkney Islands down to Cornwall, from the East coast of England to the West coast of Wales and across to Northern Ireland. This year we held 202 screening days in England, 11 days in Wales, 9 days in Northern Ireland and 29 days in Scotland - 8 of which were in the Scottish Isles (Orkney 4, Shetland 2, Isle of Lewis 2).

Tens of thousands of young people are screened every year all around the UK thanks to the dedication of CRY's supporters who enable us to run a National Screening Program.

ECG screening

ECG screening continues to be the most cost-effective way of testing large numbers of young people. Echocardiogram tests are also conducted on the same day for the few people who may show abnormal or inconclusive ECG results.

After a tragedy a family will often raise funds specifically for screening, working to potentially save the life of someone else's child even though it is too late for them.

First public events this year were held in memory of Jack Thomas on the 3rd and 4th of June in Wales, and in memory of John Pirie on the 3rd and 4th of June in Shetland (Scottish Isles).

- 16 days of screening were funded in memory of Aaron Dixon
- 10 days of screening were funded in memory of Daniel Hughes
- 8 days of screening were held in memory of Carli Lansley
- 6 days of screening were funded in memory of Ben Hammond
- 6 days of screening were funded in memory of Matthew Dewhirst
- 4 days of screening were funded in memory of Ben Forsyth
- 4 days of screening were funded in memory of Freya Rose Dalrymple
- 4 days of screening were funded in memory of Harry Dubois
- 4 days of screening were funded in memory of Jamie Loncaster
- 4 days of screening were funded in memory of Lewis Marsh
- 3 days of screening were funded in memory of Harry Faulkner
- 3 days of screening were funded in memory of Anthony Fitzgerald
- 3 days of screening were funded in memory of Richard Brember
- 3 days of screening were funded in memory of Scott Cowan

Once again there were 4 days of screening on the Isle of Man, where hundreds of people were screened by CRY for the charity Craig's Heartstrong Foundation, which raised money for screening in memory of Craig Lunt.

There have been some first screenings this year in memory of

- Scott Cowan
- Ella Bury

- Ashley Trigg
- Clayton Olson
- Callum Staple-Hughes
- Miriam Lee
- Dylan Howells
- Mia Jennings
- David Hill
- Tom Petley
- Aiden Joyce
- and through the Young Windy Screening Fund

Many families hold screening days each year (1 or 2) and this year we had events held in memory of Adam Green (2), Adam Lewis (2), Adam Rowbottom (1), Alden Price (2), Amy Osborne (2), Andrew Key (2), Andrew Macleod (2), Andrew Oliver (1), Benjamin Michael Smith (1), Bethany Mycroft (1), Bruce Cousins (1), Charlie Craig (1), Charlotte Adams (1), Christopher and Steven Phillips (1), Daniel Blackman (1), Dean Mason (2), Duncan Phillips (1), Euan Campbell (2), Harry Dubois (2), Jack Boulton (2), Jack Thomas (2), Jake Anthony Pickford (1), James Nicholas (1), James Patterson (2), John Millar (1), John Pirie (2), Jonathan Hayman (2), Jordan Burndred (1), Josh Merrick (2), Kieran Joyce (2), Kyle Hancock (1), Lily Webster (2), Luke Rutter (1), Madison Campbell (1), Martyn Luckett (2), Matthew Hesmondhalgh (2), Michael Land (1), Nathan Butler (2), Neil Ward (2), Oliver Griffin (1), Olly King (1), Owen Morris (2), Pardeep Nagra (1), Paul Sheridan (1), Richard Waight (1), Robert Daniel Smith (2), Robert Rowan (2), Ryan Tilley (1), Sam Wright (2), Sara Pilkington (2), Stevie Wiggins (1), Stuart Cutler (1), Thomas Day (1), Tom Clabburn and Claire Prosser (1), Zoe Teale (1), Graeme Blekinsop (2).

CRY's school screening continues to be an important factor in making these services readily available to young people. This year we screened: Eton College, Emanuel School in London, Royal Grammar School Guildford, John Hampden Grammar School, Sir John Lawes School Harpenden, Sir Henry Floyd Grammar School, Chislehurst and Sidcup Grammar School, Holyrood Secondary School, Culford School Suffolk, Sedbergh School Cumbria, Millfield School, Canford School, Aylesbury Grammar School, Sherborne School, Malvern College, Prince William School Northamptonshire, Surbiton High School, Tonbridge School, Belfast High School, Hope Valley College, Shiplake College, Nottingham High School and Bishop's Stortford College.

A number of school and college screening events are being funded by CRY ringfenced Memorial Funds. Screening at Old Swinford Hospital School was funded in memory of Zoe Teale, Berkhamstead School was funded in memory of Harry Faulkner and Cheadle Hulme School in memory of Aaron Dixon.

This year 3 days of screening were funded by the Tesco Bags of Help Centenary Grant.

4 days of screening in Northwest were funded by Mather Family Charitable Trust (2) and The D J Sidebottom / Glasdon Charitable Programme (2).

2 screening days were funded by Ben Aldred myheart Fund.

Screening equipment

This year we had 2 Philips ECG machines donated; 1 ECG machine in memory of Kayleigh Griffiths and 1 donated by the Assured Guaranty UK in memory of Lee Payne.

Cardiac screening at CRY Head Office in Leatherhead

Regular screening events are taking place at the CRY National Screening Centre / CRY Head Office in Leatherhead. The first screening in this financial year was held on 8th and 9th of July 2023.

A total of 13 screening events were held at the CRY Head Offices in Leatherhead; 4 days were funded in memory of Daniel Hughes, 2 days in memory of Ashley Trigg, 1 day in memory of Oliver Hewitt.

5 days of screening were held part funded by Memorial Funds and Trusts; 2 days were funded by Matthew Kamis Memorial Fund and W O Street Charitable Foundation, 1 day by Andrew Gard Memorial Fund and Edith Murphy Foundation, 1 day by Andrew Gard Memorial Fund and Aubrey Orchard-Lisle Trust, 1 day by Andrew Gard Memorial Fund and Next, 1 day by Oliver Marsden Memorial Fund and The Grace Trust.

And 2 days of screening were funded by The Jan and Catherine Nasmyth Charitable Foundation & the Louis Nicholas Residuary Charitable Trust.

Screening in sport

CRY provides screening for many elite and professional sports teams / clubs which includes a medical questionnaire, resting ECG and consultation with the Cardiologist (this is either one of Professor Sanjay Sharma's Research / Clinical Fellows or one of CRY's previous fellows who are now consultants). If an echocardiogram is required, this is also performed on the day. Some sports have ECG and echocardiogram as standard.

CRY has provided cardiac screening to the following governing bodies / organisations:

- Gallagher Premiership Rugby for senior / contracted academy players and u18s (all 10 clubs): Bath, Bristol Bears, Exeter Chiefs, Gloucester, Harlequins, Newcastle Falcons, Northampton Saints, Leicester Tigers, Sale Sharks and Saracens. These results are then used for players called up to the National Teams e.g., England Rugby, Wales etc. Extra screening days for the u16s players were also held at Sale Sharks. The RFU academies that held private screening days were RFU Midlands Academy, RFU South Academy and Yorkshire Academy.
- Championship Rugby Union: Doncaster Knights, Coventry RFC, Cambridge RFC, Ealing Trailfinders RFC and Caldy RFC held their own screening days.
- RFU: England Rugby held a couple of screening days in preparation for the Rugby World Cup.
- Welsh Rugby Union (WRU) held a screening for the men's squad pre- Rugby World Cup and also an extra day for the Women's squad and u20s players.
- Other Rugby: Henley RFC held a screening day at their venue.
- Football: AFC Wimbledon, Arsenal FC Academy, London City Lionesses FC. These screenings are a mixture of ECG only or ECG and echocardiogram with some players being funded to have their screenings by the Football Association (FA) or the English Football League (EFL). For any of these screenings the results are reviewed and reported on remotely by an FA approved Cardiologist via their digital results system rather than a CRY Research Fellow. Professor Sanjay Sharma and Professor Aneil Malhotra are both FA approved Cardiologists to do this.
- Cricket: Leicestershire County Cricket and Sussex County Cricket held a screening day at their county grounds.
- Rugby League: Leeds Rhinos Academy held their annual screening at Headingley Stadium.
- The Royal Ballet School held a screening day at their lower school in Richmond.
- The English National Ballet held a screening at their venue in East London which was funded via a CRY memorial fund (Aaron Dixon MF).
- INEOS cycling held their pre-season screening across two dates. This screening includes ECG and Echocardiogram as standard, with new signings also undergoing an exercise ECG.
- Olympic sports: British Rowing for their u19s athletes at their trials camp – Holme Pierrepont. British Athletics held two days to screen their athletes from their Olympic and Paralympic squads.

CRY have continued to have 5 athlete appointments available at each general screening. This is a way for sports which have very few athletes due for screening to have them seen or if any have missed their club / teams private screening day, rather than paying for a whole screening day / team to come out to their venue. The sports pay per athlete for these appointments, so they are not funded through the memorial fund for the day. Sports / Clubs that have screened their athletes in this way include:

- Premiership Rugby (all clubs).
- RFU: Professional referees, England Women's Team.

- Olympic: British Weightlifting, GB Hockey, British Athletics, British Swimming/Para-swimming. British Diving, Artistic Swimming, GB Surfing, Paratriathlon, British Canoeing, British Gymnastics, GB Climbing.
- Cricket: Sussex County Cricket, Blaze Cricket (women's)
- Lawn Tennis Association book their athletes for an echocardiogram in this way.
- Rugby League: London Broncos
- Royal Ballet School

Research

CRY Research Fellows

CRY Research Fellows are trained to have considerable expertise in the athlete's heart, the cardiomyopathies and ion channel diseases – thus expanding the pool of specialist doctors in this complicated field of medicine.

The Research Fellows play an instrumental role in the CRY Inherited Cardiovascular Conditions Clinics within the NHS and with the field work conducted in CRY's screening programme. Each Fellow also pursues a specific area of research.

CRY has funded 6 full-time Research Fellows during all or part of the year.

Two Research Fellows started their grants under the supervision of Professors Sanjay Sharma and Michael Papadakis in 2020, Dr Sarandeep Kaur Marwaha started in February and Dr Saad Fyyaz started his grant in October.

Dr Nikhil Chatrath started his grant in April 2021 under the supervision of Professors Sanjay Sharma and Michael Papadakis.

Another two Research Fellows started their grants under the supervision of Professors Sanjay Sharma and Michael Papadakis in 2023, Dr Daniel Abioye joined in September and Dr Khalda Halim in October.

One Research Fellow started their grant under the supervision of Professor Sanjay Sharma and Dr Sabiha Gati, Dr Nirmitha Jayaratne started her grant in November 2022.

CRY is also funding 3 Clinical Fellows for part of the year. Dr Eleni Nakou started her fellowship in August 2022 and Dr Emmanouil (Manos) Androulakis started in September 2022 and Dr Daniel Tardo started his fellowship in March 2023.

CRY's screening programme continues to surpass all expectations and has fed into crucial research for the benefit of all involved in this field. CRY was first to identify the upper limits of wall thickness and cavity size in British athletes; CRY is the first organisation in the world to characterise cardiac dimensions in adolescent athletes – knowing how to differentiate pathology from physiology is vital for diagnosis; and the first organisation to characterise ECG changes in athletes in a document that is now the blueprint for the Sports Cardiology Section of the European Society of Cardiology.

Apart from diagnostics and these physiological goals, CRY has also been pivotal in identifying the prevalence of conditions such as hypertrophic cardiomyopathy (HCM) in sportsmen. This includes recently identifying conditions, such as Long QT, as more common than HCM.

CRY's findings are published in reputable peer reviewed journals and CRY's guidelines are now nationally and internationally recognised. The current international cardiac screening guidelines have been based on a Caucasian population in the Veneto region of Italy. CRY's research not only highlights the importance of establishing "normal" cardiac parameters in differing ethnic groups, but it is also guiding international screening recommendations when applied to these groups.

Being part of the CRY screening programme is not only about identifying those at risk through employing the highest level of cardiac expertise. It is about taking part in national research programme.

The academic papers published in this financial year include:

- **“Sudden Cardiac Death During Exercise in Young Individuals with Hypertrophic Cardiomyopathy”** Gherardo Finocchiaro et al. *JACC Clinical Electrophysiology*. 2023 Jun
- **“Sudden arrhythmic death and cardiomyopathy are important causes of sudden cardiac death in the UK: results from a national coronial autopsy database”** Mary N Sheppard et al. *Histopathology*. 2023 Jun
- **“The role of the bicuspid aortic valve in sudden cardiac death-findings at cardiac autopsy”** Nikhil Chatrath et al. *Cardiovascular Pathology*. 2023 Jul-Aug
- **“Fit to a fault? The paradox of coronary artery disease in veteran athletes”** Saad Fyyaz et al. *European Heart Journal*. 2023 Jul 7
- **“Myocarditis and Sudden Cardiac Death in the Community: Clinical and Pathological Insights From a National Registry in the United Kingdom”** Raghav T Bhatia et al. *Circulation. Arrhythmia and electrophysiology*. 2023 Aug 11
- **“Ethnic and sex-related differences at presentation in apical hypertrophic cardiomyopathy: An observational cross-sectional study”** Shafik Khoury et al. *International Journal of Cardiology*. 2023 Aug 11
- **“Aortic Valve Endocarditis: Comparing clinical outcomes in bicuspid versus tricuspid aortic valves”** Nikhil Chatrath et al. *European Journal of Preventive Cardiology*. 2023 Aug 8
- **“Seasonal variation of cardiac structure and function in the elite rugby football league athlete”** Lynsey Forsythe et al. *Echo research and practice*. 2023 Oct 11
- **“Potential Diagnostic Role for a Combined Postmortem DNA and RNA Sequencing for Brugada Syndrome”** Carlos Bueno-Beti et al. *Circulation. Genomic and precision medicine*. 2023 Oct 5
- **“Mechanisms of adaptation to high intensity exercise in hypertrophic cardiomyopathy”** J Basu et al. *European Heart Journal, Volume 44, Issue Supplement_2*, 2023 Nov
- **“Comparing clinical outcomes in bicuspid versus trileaflet aortic valve endocarditis”** N Chatrath et al. *European Heart Journal, Volume 44, Issue Supplement_2*, 2023 Nov
- **“Submaximal in addition to peak stress echocardiogram differentiates pathological LV dilatation from physiological dilatation and could help facilitate early heart failure diagnosis”** S Marwaha et al. *European Heart Journal, Volume 44, Issue Supplement_2*, 2023 Nov
- **“Fragmented QRS complexes in veteran athletes”** S Fyyaz et al. *European Heart Journal, Volume 44, Issue Supplement_2*, 2023 Nov
- **“The aortic root in young adults”** N Chatrath et al. *European Heart Journal, Volume 44, Issue Supplement_2*, 2023 Nov
- **“The effect of ethnicity on left ventricular adaptation to exercise”** Joyee Basu et al. *European journal of preventive cardiology*. 2023 Nov 9
- **“Aortic regurgitation in athletes: the challenges of echocardiographic interpretation”** Nikhil Chatrath et al. *Echo research and practice*. 2023 Dec 13
- **“Sudden Cardiac Death in Young Athletes: JACC State-of-the-Art Review”** Gherardo Finocchiaro et al. *Journal of the American College of Cardiology*. 2024 Jan 16
- **“Seasonal Variation in Sudden Cardiac Death: Insights from a Large United Kingdom Registry”** Ioannis Panayiotides et al. *Hellenic Journal of Cardiology*. 2024 Jan 19

- **“Yield of Molecular Autopsy in Sudden Cardiac Death in Athletes. Data from a Large Registry in the United Kingdom”** Gherardo Finocchiaro et al. *Europace*. 2024 Jan 30
- **“The autopsy is still valuable: National registries and promoting autopsy after sudden cardiac death”** Mary N Sheppard. *Heart Rhythm*. 2024 Jan 25
- **“Insights into malignant mitral valve degenerative disease from a sudden cardiac death cohort highlighting significant measurement differences from normal”** Joseph Westaby et al. *Histopathology*. 2024 Jan 17
- **“Coronary artery anomalies and the role of echocardiography in pre-participation screening of athletes: a practical guide”** Raghav T Bhatia et al. *Echo research and practice*. 2024 Feb 22
- **“Allometric scaling for left ventricular mass and geometry in male and female athletes of mixed and endurance sports”** David Oxborough et al. *Echo research and practice*. 2024 Feb 14
- **“A new dawn of managing cardiovascular risk in obesity: the importance of combining lifestyle intervention and medication”** Martin Halle, Michael Papadakis. *European heart journal*. 2024 Feb 16.
- **“Prevalence and Clinical Significance of Electrocardiographic Complete Right Bundle Branch Block in Young Individuals”** Hamish MacLachlan et al. *European journal of preventive cardiology*. 2024 Feb 27
- **“Aortic valve endocarditis: comparing clinical outcomes in bicuspid versus tricuspid aortic valves”** Nikhil Chatrath et al. *European Journal of Preventive Cardiology*. 2024 Mar 27
- **“Mitral annular disjunction: a ubiquitous finding with or without mitral valvar prolapse”** Robert H Anderson et al. *Heart (British Cardiac Society)*. 2024 Mar 12
- **“Sudden cardiac death with morphologically normal heart: always do toxicology”** Davide Radaelli et al. *Journal of clinical pathology*. 2024 Mar 18
- **“The Role for Ambulatory ECG monitoring in the Diagnosis and Prognostication of Brugada Syndrome: A sub-study of the Rare Arrhythmia Syndrome Evaluation ...”** C Scrocco et al. *Europace: European pacing ...*, 2024 April
- **“Ethnicity and Sudden Cardiac Death in Athletes: Insights from a Large United Kingdom Registry”** Gherardo Finocchiaro et al. *European Journal of Preventive Cardiology*. 2024 Apr 18
- **“Type 1 Brugada Pattern May Be Provoked by Ajmaline in Some Healthy Subjects: Results From a Clinical Trial”** Bode Ensam et al. *Circulation*. 2024 May 21

Conferences

CRY International Medical Conference 20 October 2023

On October 20th, CRY’s Annual Medical Conference returned to an in-person format at The Curve Lecture Theatre, St George’s, University of London. Organised by Professor Michael Papadakis, the event featured 12 presentations highlighting significant research on young sudden cardiac death (YSCD).

The conference began with introductions from Professors Michael Papadakis and Bernard Prendergast, followed by Professor Mary Sheppard’s update on the CRY Centre of Cardiac Pathology. The day was divided into four sessions, with the first two covering topics like cardiac screening and managing athletes with disease. These sessions included presentations from leading cardiologists and researchers, addressing issues such as safe exercise levels for individuals with hypertrophic cardiomyopathy (HCM) and ventricular arrhythmias in athletes.

In the afternoon, two interactive case sessions focused on "Catch 22s in Cardiomyopathies and Structural Disease," featuring esteemed panellists including Professors Sanjay Sharma, Elijah Behr, and Domenico Corrado. Professor Corrado highlighted the success of mandatory cardiac screening in Italy, showing an 89% reduction in death rates since its implementation.

A notable presentation by Dr. Raghav Bhatia examined the incidence and causes of YSCD, sparking significant discussion. CRY's CEO, Dr. Steven Cox, praised the event for its impactful turnout and the high calibre of expertise shared, emphasising the importance of research in preventing young sudden cardiac deaths.

The conference also highlighted the role of CRY's Research Fellow program in training the next generation of cardiologists, with many former fellows presenting their research. Dr. Cox extended gratitude to the Cleveland Clinic for its sponsorship and support, encouraging stakeholders to view the presentations online. The event underscored CRY's commitment to research and innovation in the field of cardiac health.

All presentations from the conference can be viewed here:

www.c-r-y.org.uk/cry-international-conference/conference-talk-videos/#2023

Royal Society of Medicine Conference 2023 July 20

In partnership with the Royal Society of Medicine, and held at its prestigious Central London headquarters, CRY was invited to host a conference, spearheaded by Professor Mary Sheppard.

The event provided the opportunity for delegates, both in person and remotely, to explore the prevention of young sudden cardiac death; a better understanding of the underlying causes; and how best to manage a safe yet unrestricted lifestyle for those diagnosed with a condition. Videos from the conference can be viewed here: www.c-r-y.org.uk/medicine-and-me-young-sudden-cardiac-death-2/

The European Society of Cardiology 2023 August 27

The European Society of Cardiology (ESC) Congress 2023 was held in Amsterdam from August 25 to August 28, 2023. The event was attended by more than 24,000 cardiovascular professionals from around the world, with many more attending to watch the presentations online.

Being selected to speak at ESC is highly important. It provides visibility and recognition among leading experts in cardiology and enhances the scientific impact of CRY's work. The conference is a prestigious platform that highlights the significance of CRY's work in the prevention of young sudden cardiac death.

Core Fundraising Events

PLEASE NOTE: The figures detailed below are based on the total amount raised throughout the duration of each event. Due to the process of collecting sponsorship and donations, these final totals raised can often span more than one financial year and so do not reflect the figures that are presented in the audited accounts.

CRY Heart of London Bridges Walk 2023

The 17th CRY Heart of London Bridges Walk took place on Sunday 25th June 2023, in Southwark Park. We have continued to offer a virtual option for the walk known as My Walk For CRY, so that our supporters who are unable to join us in London are still able to feel part of the day. In total 948 people registered to participate, with 869 walkers registered for Southwark Park and 79 supporters registered to take part in their own version of the walk in their local communities. £34,829.88 was raised in total. As well as having the physical message wall in the park, we replaced the CRY website homepage for 24 hours with all the photos and messages we received so that those visiting the CRY website would see them. The home page was also displayed on a big screen in the park where we had 152 photos and/or messages displayed. Speeches were made by Professor Sanjay Sharma and Dr Steven Cox. A minute silence was observed before the walkers set-off at 11am. See the full write-up here – www.c-r-y.org.uk/bridges-walk-2023-write-up/

AJ Bell Great North Run 2023

The 2023 event was a huge success with events getting back to a more 'normal' feel. It was a fantastic day, though the weather started off lovely and quickly turned into torrential rain! Despite this, 45 CRY runners took part in the event raising £26,992. See the full write-up here - www.c-r-y.org.uk/great-north-run-write-up-2023/.

CRY Heart of Durham Walk 2023

The 14th CRY Heart of Durham Walk took place on Sunday 1st October 2023, at Durham Amateur Rowing Club, walking through the city centre. We decided that we would continue to offer the walk as a virtual event, known as My Walk For CRY, so as many of our supporters as possible could take part. We had a total of 202 supporters register to take part in the event; 198 joining us in Durham and 4 supporters registering to walk in their local area, raising a total of

£3,985. The Durham Walk homepage turned into the digital message wall on the day, where we had 10 photos and/or messages submitted. See the full write-up here – www.c-r-y.org.uk/durham-walk-write-up-2023/

Royal Parks Half Marathon 2023

The Royal Parks Half Marathon is London's original half marathon. Over 16,000 runners took part in the 2023 event on Sunday 8th October. 14 CRY Runners took part in the event raising £12,248.00 to date.

12-A-Week Challenge 2023

On Saturday the 25th of November 2023, 150 participants started to clock up the miles by walking, running, horse riding, swimming, hiking, cycling and jogging. The 12 A Week Challenge took place during Raising Awareness Week which ran from 25th November- 3rd December 2023. Each of the 12 miles / activities completed represented the 12 young sudden cardiac deaths that happen every week in the UK. This years' event utilised Facebook's fundraising capability to increase the reach of the challenge in an aid to raise awareness of CRY's key stat of 12 A Week. A total of £16,750 has been raised to date, by all 150 participants. See the full write-up here - www.c-r-y.org.uk/12-a-week-challenge-2023-write-up/

CRY Great Cake Bake 2023

On 1st of December the CRY Great Cake Bake was held as part of Raising Awareness Week. An amazing total of £9,662.89 was raised in 2023 by 44 supporters who baked for the event. It has been wonderful to see people's homes and offices decorated with the CRY logo and tables laid with cakes and skilled creations! It is clear how much effort and hard work went into the designs. All the cakes looked very delicious! Thank you to the Avenue Cookery School, the Cookery School at Little Portland Street and Oppo for providing prizes for our winners. We also thank Sugar & Crumbs, Baking with Granny, Erren's Kitchen and Easy Peasy Foodie for kindly donating their creative recipes. See full write up here: www.c-r-y.org.uk/cry-great-cake-bake-2023-write-up/

London Landmarks Half Marathon 2024

18,500 runners took to the capital wearing charity colours in what was the biggest ever London Landmarks Half Marathon, both in terms of runners and the amount of money raised since the event started. The enthusiastic CRY cheering team spurred on our CRY London Landmarks team with cowbells and megaphones! 35 CRY runners took part raising £36,803.98 to date. See the full write-up here - www.c-r-y.org.uk/london-landmarks-write-up-2024/

TCS London Marathon 2024

This year was a record-breaking year for both LME and CRY. More than 500,000 people applied for the public ballot and more than 65,000 people finished the TCS London Marathon. On the CRY front, 118 CRY runners took part raising a current total of £317,802.04. See the full write-up here - www.c-r-y.org.uk/london-marathon-write-up-2024/.

Trust Donations

In this financial year CRY received 72 donations from Charitable Trusts and Foundations totalling £191,650. In total £45,000 went towards Memorial Funds, £42,500 was ringfenced for certain projects / items and £104,150 went to core funding.

Support

Telephone Bereavement Support

CRY has a network of 30 Bereavement Supporters who have themselves been affected by a young sudden cardiac death and have since completed a two-year counselling skills and theory course so that they can offer individual telephone support to other people following a tragedy. No matter how much professional support is offered, sometimes just talking to someone "who has been through a similar experience" helps the most. In the period of 1st June 2023 to 31st May 2024, CRY's Bereavement Supporters accepted 38 new referrals from bereaved families. This included bereaved mums, dads, siblings, partners and grandparents.

Private Bereavement Support Facebook Groups

CRY has private Facebook groups specifically for bereaved mums, dads, siblings, partners, friends, grandparents, aunts and uncles, and a group for all family and friends. The groups are private communities for people who are in touch with CRY to connect, share their feelings and experiences with others who have experienced the loss of a young person, and be part a network of support for one another.

At the end of May 2024, there were the following number of people in each group:

- Mums – 220
- Dads – 41
- Siblings – 137
- Partners – 120
- Friends – 20
- Family & Friends – 86
- Aunts & Uncles – 21
- Grandparents – 4

Support resources

CRY's information pack for bereaved families is available in both digital and print format so that we can respond to bereaved families' requests for information without delay. CRY provides emotional support literature and medical information written specifically by experts for bereaved families, free of charge upon request by any bereaved family member.

myheart Network meetings

The myheart network meetings are informal meetings for young people aged 18 – 35 who have been diagnosed with life-threatening cardiac conditions. Members have the opportunity to spend time in a group, sharing experiences and asking questions informally of an expert consultant cardiologist.

National myheart meeting *November 2023*

4 young people registered to attend the November meeting, held via Zoom. CRY myheart cardiologist, Dr Sabiha Gati, offered the opportunity for those attending to informally discuss any medical queries.

National myheart meeting *March 2024*

5 young people registered to attend the Spring 2024 myheart meeting, held at Friends' House in Euston, London. The session was led by CRY doctor, Dr Raghav Bhatia.

myheart Network Newsletter

The myheart annual newsletter, containing the latest news from the myheart network, personal stories from young people living with a cardiac condition and articles written by myheart's Consultant Cardiologist and CRY's Research Fellows, was distributed to cardiac units in hospitals across the UK to enable more young patients to find out about the support available.

Raising Awareness

Dr Abbas Zaidi interviewed on Sunrise Radio *2023 June 9*

Former CRY Research Fellow Dr Abbas Zaidi joined Shabnam Sahi on Sunrise Radio to talk about his recent successful London Marathon run in March to raise funds and awareness for CRY, and his work with CRY and the role of CRY Research Fellow

Launch of MSP Pledge for a National Strategy for the Prevention of YSCD at Holyrood *2023 October 26*

CRY's campaign to establish a National Strategy for the Prevention of Young Sudden Cardiac Deaths was first launched with MPs in England to highlight that much more needs to be done to prevent young sudden deaths. CRY Supporters, Sharon Duncan and Rodger Hill, championed the launch of CRY's MSP Pledge in Scottish Parliament in memory of their son David Hill.

By launching this campaign in Scottish Parliament MSPs are being given an opportunity to show their support and recognition that more needs to be done to save young lives.

Raising Awareness Week *2023 Nov 25-Dec 3*

Now into its third year, 150 supporters took part in the 12 A Week Challenge - walking, running, horse riding, swimming, hiking, cycling and jogging 12 miles over the week. Each of the 12 mile activities completed represented the 12 young sudden cardiac deaths that happen every week in the UK.

44 Supporters took part in the CRY Great Cake Bake, which was another successful day with people arranging cake bakes at their homes, schools and workplaces.

Alongside these two staple events, it was inspiring to see so many supporters helping out on social media, sharing, liking and boosting our posts to raise awareness of CRY's important work.

Launch of MS Pledge for a National Strategy for the Prevention of YSCD at Senedd 2023 November 29

The inaugural 'drop in' session for Members of the Senedd as part of the new #MSsupport4CRY campaign took place in November. The session was championed by Cllr. Jane Gebbie in memory of her grandson Justin who died suddenly and tragically from a heart condition in 2019, aged just 19.

The event hosted a panel of speakers, including CRY supporter Dan Mason, Cllr. Jane and Dr Steven Cox, who talked guests through the work that CRY carries out across the UK to help prevent young sudden cardiac death (YSCD) as well as the importance of its cardiac screening programme.

Heart Month / 'Why Do I Support CRY?' Throughout February 2024

During Heart Month 2023, CRY launched 'Why do I support CRY?'. The campaign aimed to personify and tell the stories behind CRY.

We asked our supporters to send in their reasons for supporting CRY so we could share across our social media what CRY means to so many. The campaign was met with hundreds of responses, many sharing deeply personal stories of the impact of Young Sudden Cardiac Death (YSCD) and our cardiac screening programme.

The responses had such a positive impact on social media and were a great success during heart month.

New charity partnership between CRY and HMS Agincourt 2024 February 23

A team of submariners from HMS Agincourt made the journey down from Barrow-in-Furness to CRY's HQ in Surrey to officially launch a pioneering fundraising collaboration

The Royal Navy's HMS Agincourt – the last of the Astute class submarines currently being built at the BAE Systems shipyard in Barrow – has named Cardiac Risk in the Young (CRY) as a partner charity. And, to celebrate the news, some of her crew travelled down to meet with CEO, Dr Steven Cox and to learn more about CRY's mission to prevent young sudden cardiac death (YSCD) through screening, awareness, and research.

Social Media

CRY is strategically enhancing its online presence through key social media platforms, including Facebook, Twitter, Instagram, and TikTok. By expanding and integrating these networks into our comprehensive social media strategy, we anticipate significant growth in audience engagement.

To stay at the forefront of our social media efforts, CRY utilises SproutSocial, a robust social media management tool. This software provides detailed analytics, enabling us to meticulously track and evaluate the performance and impact of our communications.

As part of our proactive awareness-raising initiative, CRY produces high-quality multimedia content in-house. This includes captivating graphics, informative infographics, and engaging short videos. By incorporating these visually appealing elements into our posts, we aim to captivate our followers and distinguish ourselves in the crowded social media landscape.

We continue to monitor the use of all social media platforms and to direct our resources towards the most appropriate platforms for our different audiences.

CRY on Twitter/X

CRY's followers over the year fluctuated up and down with a total loss of 2 followers, this is a decrease of 0.01% on the main Twitter account @CRY_UK (X.com/CRY_UK), making a total of 18,771 followers as of May 2024.

myheart on Twitter/X

CRY's Twitter account for the myheart support network has gained 12 followers, an increase of 2.35%, making a total of 522 followers. (X.com/myheart_uk)

CRY on Facebook

Over the year, there were 5,300 new followers, an increase of 13.66% on the CRY Facebook page (facebook.com/CardiacRiskintheYoung), making a total of 44,093 followers as of May 2023. During this period Facebook changed from providing stats on number of 'likes' a page had to the number of profile/pages following pages, this meant the statistics increase in Jan 24 as this now include all those engaging with CRY on Facebook.

myheart on Facebook

Over the year, there were 66 new pages likes, an increase of 6.57% for the myheart page on Facebook, which has increased the total number of followers to 1070.

CRY on Instagram

Over the year CRY gained 1,701 followers, an increase of 18.12% on Instagram (instagram.com/cardiacriskintheyoung), the total number of followers is now 9,310.

CRY's YouTube Channel

CRY has continued to expand its library of videos to raise awareness of young sudden cardiac death; support those living with conditions; and offer a catalogue of talks from the CRY conference. There were over 90,600 new views on the range of videos. There has also been an increase in subscribers with the new total being 2,740 an increase of 17.60%.

myheart's YouTube Channel

CRY's myheart YouTube channel is dedicated to Support videos and has had over 13,720 new views and increased in subscribers to 44. The increase on views is up compared to last year.

CRY on Threads

CRY joined the new social network Threads in January 2024. As of May 31st 2024, CRY has 1,598 followers on the platform. (threads.net/@cardiacriskintheyoung)

CRY on LinkedIn

CRY's LinkedIn company page has gained 1,266 followers, an increase of 50.52%, making a total of 3,772 followers. (uk.linkedin.com/company/cardiac-risk-in-the-young)

CRY on TikTok

Over the year CRY gained 218 followers, an increase of 120% on TikTok (tiktok.com/cry_uk). The total number of followers is now 285. With over 92,320 impressions of our videos.

As we strive to further our mission, we face ongoing challenges in raising awareness at a time when social media is increasingly polarised. A significant challenge is the spread of misinformation, particularly the strong antivax movement, which has contributed to misconceptions about sudden cardiac deaths. We continue to work diligently to provide accurate information, raising awareness of young sudden cardiac death, advocating for the importance of cardiac screenings and the need for research to save young lives.

CRY Websites

- Total number of visitors to the main CRY website was 251,438 visitors.
- Total number of visitors to the myheart website was 9,352 visitors.
- Total number of visitors to sads.org.uk website was 14,904 visitors.
- Total number of visitors to testmyheart.org.uk website was 160,241 visitors.

CRY on Television and Radio

During the year CRY engaged in a range of media activities aimed at raising awareness about the importance of cardiac screening for young people. Notably, CRY continued its partnership with Sunrise Radio, leveraging this platform to reach the British Asian community, a key demographic for their awareness campaigns. The collaboration included

interviews with medical experts like Professor Sanjay Sharma and stories from families affected by sudden cardiac deaths. These efforts emphasised the need for regular cardiac screenings and highlighted the support available through CRY's programs.

The media presence also extended to numerous national and regional television and radio pieces, where CRY representatives provided insights into their research and screening programs, stressing the urgency of early detection of heart conditions in young people. This outreach aimed to educate the public about the risks and the life-saving impact of CRY's screening efforts. These interviews played a crucial role in maintaining public awareness and encouraging participation in CRY's screening initiatives. These interviews throughout the year included:

June 2023

- **ITV News Granada on Ben Peters – June 8:** Dr. Steven Cox joined ITV Granada Reports to discuss the fundraising efforts by the family of Ben Peters, who died in 2022. The interview underscored the impact of these funds on CRY's screening programs and the critical role of screening in preventing similar tragedies.

July 2023

- **BBC Look North reports on Joe Williamson – July 5:** Joe Williamson embarked on a challenge to walk and cycle 2,222 miles, visiting 92 football clubs in 92 days. BBC Look North covered his journey, while ITV also followed his progress. Joe aimed to raise enough money to screen 100 young people. Along the way, he was supported by long-time CRY Representative Elaine Ward, who emphasised the importance of cardiac screenings for young people.
- **CRY Screening Feature on ITV Central – July 14:** Resham and Dalbag Nagra, CRY supporters, appeared on ITV Central during a screening in Wolverhampton, held in memory of their son, Pardeep. Dr. Nikhil Chatrath, a CRY doctor, explained the screening process and the significance of detecting heart conditions early.

August 2023

- **BBC Radio Oxford Interviews CRY Supporter Deb Thompson – August 25:** Deb Thompson spoke on BBC Radio Oxford about a heart screening session held in memory of her late friend's son, Adam Rowbottom. The interview was emotional, as Deb shared her commitment to continuing Ulrike's legacy of advocating for screenings in memory of Adam.
- **CRY Supporter Shirley Wort Nominated for BBC Radio Somerset's 'Make a Difference' Awards – August 27:** Shirley Wort, a dedicated CRY fundraiser for over 20 years, was interviewed by BBC Radio Somerset. She was nominated for the 'Fundraiser of the Year' award, recognising her significant contributions to CRY's efforts over the years, raising thousands for screenings and research.

September 2023

- **ITV Central Interview with CRY Supporter Kulbir Nagra – September 11:** Kulbir Nagra, nominated for a Pride of Britain 'Regional Fundraiser' award, shared his journey with ITV Central. He spoke about the screenings he and his family have supported in memory of his brother, Pardeep Nagra. Their efforts have allowed 1,125 young people to access screenings.
- **CRY Representative Dave Hughes on BBC Radio Stoke – September 16:** Dave Hughes spoke about securing a £130,000 grant from Rolls Royce for cardiac screening. The announcement, highlighted by local media, brought attention to the importance of accessible screening programs. The story was also picked up by the Stoke Sentinel, and BBC Radio Stoke, emphasising the impact of Dave's efforts in memory of his son, Daniel.

October 2023

- **BBC Radio Jersey – October 31:** Steve Cox discussed CRY's work on BBC Radio Jersey after the sudden cardiac death of a 30-year-old local resident. The interview was also featured on the evening TV news, focusing on the importance of cardiac screenings and the ongoing support provided by CRY.

November 2023

- **Channel 4 News Interview with Hilary Nicholls – November 12:** Hilary Nicholls spoke with Cathy Newman about her 21-year-old daughter Clarissa, who died due to an undiagnosed cardiac condition. The interview also featured Professor Mary Sheppard from the CRY Centre for Cardiac Pathology, highlighting the need for more accessible screening services. The story was also reported in The Mirror and The Daily Telegraph.

- **Sunrise Interview with Kulbir Nagra – November 28:** Kulbir Nagra returned to Sunrise Radio during CRY's 'Raising Awareness Week.' He shared his experience as a Pride of Britain nominee and discussed the critical role of screenings in preventing young sudden cardiac death (YSCD).
- **Launch of MSP Pledge at Holyrood in Memory of David Hill – November 9:** Sharon Duncan and Rodger Hill launched the CRY MSP Pledge in Scottish Parliament in memory of their son, David Hill. The campaign aims to create a national strategy for YSCD prevention. The launch was extensively covered, including a feature on ITV Borders.

December 2023

- **Multiple Broadcast Outlets, Including BBC Radio 1 and BBC Asian Network:** Following the collapse of Luton FC Captain Tom Lockyer, Dr. Steven Cox and former CRY Research Fellow Professor Aneil Malhotra appeared on multiple media platforms to discuss the incident and the importance of CRY's screening initiatives.

January 2024

- **ITV News Feature at CRY National Screening Centre – January 22:** A detailed feature on the importance of cardiac screenings was filmed at the CRY National Screening Centre in Leatherhead, in memory of Dan Hughes. The coverage included interviews with Dr. Chris Miles and a young teenager undergoing a screening.
- **ITV North Interviews CRY Supporter Gill Ayling – January 23:** Gill Ayling spoke about her efforts to promote screenings in memory of her son, Nathan. The interview, aired on ITV North's 'Calendar,' included discussions with Dr. Steven Cox and a young woman who benefited from a screening organised through Gill's efforts.
- **CRY Campaigner Hilary Nicholls Tribute in The Telegraph – January 29:** Hilary Nicholls wrote a heartfelt article for The Telegraph about her daughter Clarissa and her advocacy work. The piece aimed to highlight the importance of screening and the efforts of families like hers to raise awareness.

February 2024

- **BBC Radio Cumbria – February 13:** Dave Hughes discussed the new partnership between HMS Agincourt and CRY, developed in memory of his son Daniel. BBC Radio Cumbria covered the launch and highlighted the role of this partnership in increasing awareness of cardiac screening.

March 2024

- **BBC Radio Lancashire and Cumbria – March 2:** Paula and Barry Hesmondhalgh were featured in a special program, marking ten years of screening efforts in memory of their son Matthew. Their dedication has resulted in over 2,300 young people being screened and more than £200,000 raised for CRY.
- **ITV Border Interviews CRY Representatives Rodger and Lesley Hill – March 12:** ITV Borders interviewed Rodger and Lesley Hill on their 320-mile cycle from Edinburgh to Dublin in memory of David Hill. Raising awareness at schools along their journey, with their story receiving coverage in national media as well.
- **'The Importance of Early Cardiac Screening for Young People' on openaccessgovernment.org – March 25:** Dr. Steven Cox published an article urging the UK Government to enhance its approach to specialist cardiac screening for young people, aiming to reduce the incidence of sudden cardiac deaths.

April 2024

- **BBC Online – April 20:** A piece on BBC Online highlighted the ongoing campaign by Hilary Nicholls, just before the London Marathon. It included her reflections on her daughter Clarissa's legacy, with input from her friends Izzy and Jessica, and emphasised the role of community support in raising awareness.
- **STV "Endure" Documentary:** The documentary focused on Ben Forsyth, a talented cyclist and British Youth Champion, whose memory inspired efforts to bring more CRY screenings to Scotland. It showcased the dedication of his family and the wider community in ensuring access to life-saving screenings.

May 2024

- **BBC Radio Sheffield – May 1:** An Interview with Dr Steven Cox raising awareness of CRY's key message that 12 young sudden cardiac deaths every week in the UK
- **BBC Three Counties Radio – May 1:** Dr Steven Cox was interviewed about the importance of ICDs and the fact that cardiac arrests can still occur even after one has been fitted.
- **Daily Mail - May 30:** Dr Steven Cox was asked to provide comment (both written and broadcast) as part of the coverage (over the course of 5 days) relating to the inquest of Manchester dad, Thomas Gibson.

Print media

There were 395 articles on CRY published in print media, including 23 articles in national newspapers.

June 2023 - 24 Articles

- **The Guardian.** “Kathryn Harries obituary” – CRY was mentioned in the obituary of our Patron Kathryn Harries detailing her involvement with the charity and her efforts in helping to establish CRY’s flagship event, the Heart of London Bridges Walk.

July - 42 Articles

August - 35 Articles

September - 20 Articles

October - 17 Articles

- **The Telegraph.** “Man died from rare heart problem after being discharged from hospital” - The article discusses the death of 25-year-old Ben Peters. Following his death, Ben’s family has worked with the charity CRY to raise awareness and funds.

November - 40 Articles

- **Sunday Mirror.** “Silent killer 'strikes down 12 healthy young people each week' with sudden death” - The article discusses the tragic death of 20-year-old Clarissa Nicholls, who collapsed and died from an undiagnosed heart condition while hiking in France. Her mother, Hilary Nicholls, is raising awareness about the condition, which experts say kills at least 12 healthy young people each week, urging for mandatory heart screenings for young athletes. The article highlights the importance of early detection and the efforts of the charity CRY to prevent sudden cardiac deaths.
- **The Sun.** “TRAGIC LOSS ‘Fit and healthy’ man, 27, died ‘without warning’ after going for a nap before wedding” - The article discusses the sudden death of 27-year-old Jono Stead from an undiagnosed heart condition, hypertrophic cardiomyopathy (HCM). His parents and sister are raising awareness about hidden heart conditions, highlighting that every week in the UK, 12 seemingly healthy people, under 35, die from such conditions. The charity CRY is emphasised for its efforts in screening young people and funding research to prevent sudden cardiac deaths. A similar article also appeared in **The Express**

December - 21 Articles

- **The Times.** “When my daughter died at only 24, I decided I had to do something” - The article recounts Andrew Osborne’s mission to raise awareness and funds for heart screenings in young people after his 24-year-old daughter, Amy, died suddenly from an undiagnosed heart condition. Following Amy’s death, Andrew decided to row solo across the Atlantic to support the charity CRY. The journey was both a personal challenge and a tribute to Amy, aiming to prevent similar tragedies by funding heart screenings for young people.

January 2024 - 22 Articles

- **The Mirror.** “Family’s horror as ‘healthy’ young policeman ‘went to bed and never woke up’” - The article details the sudden death of 28-year-old Aiden Joyce, a fit and healthy police officer from Tillicoultry, who died in his sleep from an undiagnosed coronary artery anomaly. His family, devastated by the loss, has since partnered with the charity CRY to raise awareness and funds for heart screenings. They have established a memorial fund and are organising screening events to help prevent similar tragedies. A similar article appeared in The Scottish Sun
- **Telegraph.** “I lost my daughter to a cardiac arrest – she was only 20” - The article details Hilary Nicholls’ mission for increased heart screening after her 20-year-old daughter, Clarissa, died unexpectedly during a hiking trip. Clarissa, an active Cambridge student and athlete, suffered a fatal cardiac arrest caused by undiagnosed arrhythmogenic cardiomyopathy. Despite an earlier fainting episode, her condition went unrecognised. Hilary, fuelled by grief, is collaborating with CRY to advocate for better screening protocols and raise awareness, hoping to prevent other families from enduring a similar tragedy.

February - 26 Articles

March - 57 Articles

- **The Times.** “Our son died playing rugby. We can’t alter that, but we can change other people’s lives” - The article details Rodger Hill's efforts to honour his son, David, who tragically died from an undiagnosed heart condition while playing rugby. Following David's death, Rodger and his family have channelled their grief into raising over £40,000 for CRY, aiming to increase screening and prevent similar tragedies. Rodger, alongside a cycling team, embarked on a 320-mile ride from Murrayfield to Donnybrook, raising awareness and funds. Their ongoing work includes advocating for a national strategy to reduce young sudden cardiac deaths and booking screenings for over 600 people in Dumfries and Galloway.

April - 40 Articles

May - 59 Articles

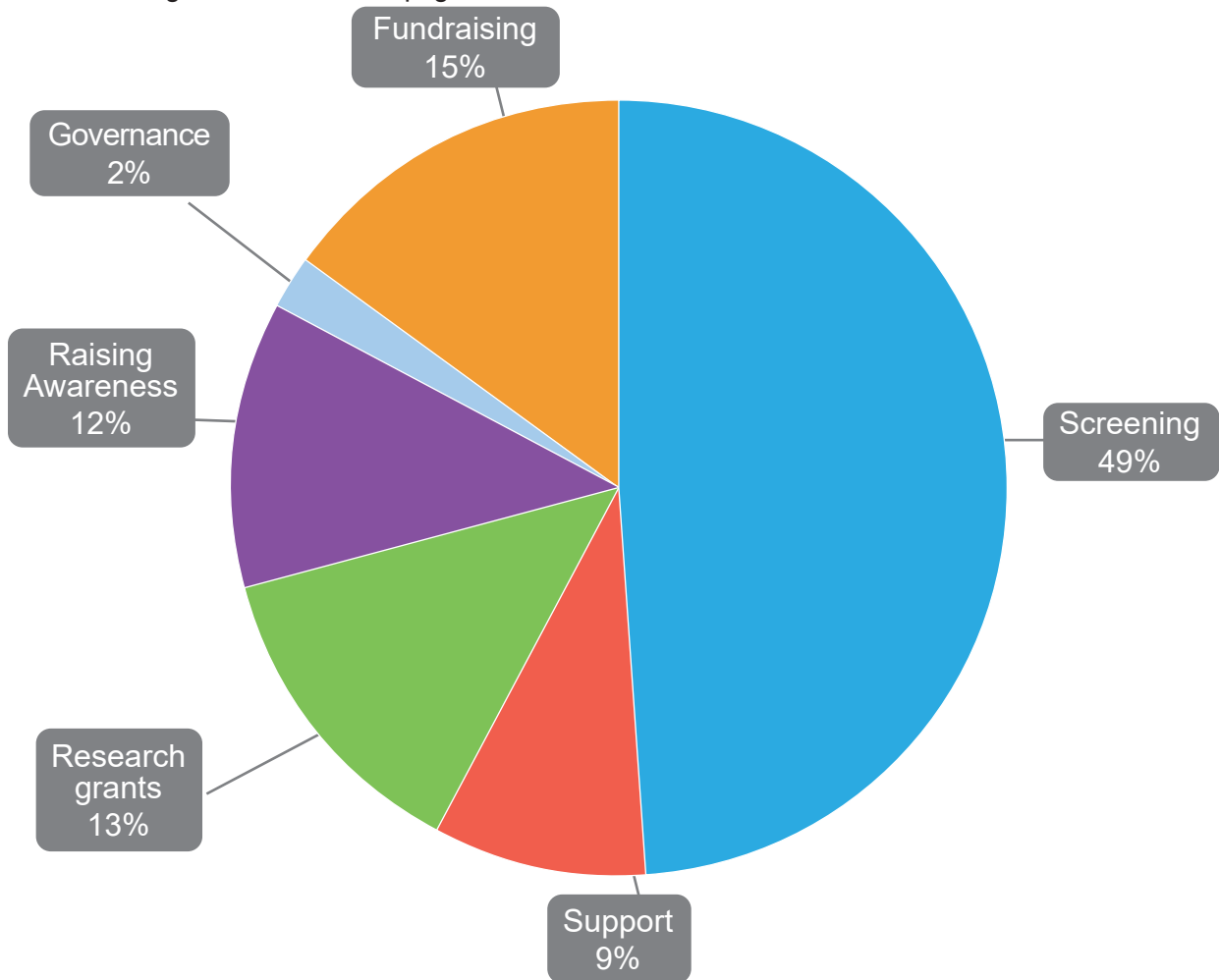
Fundraising Regulator Requirements

As members of the Fundraising Regulator, CRY is committed to having a complaints procedure in place. During the period of this annual report, we received no fundraising complaints.

Strategic Report

Financial Review

During the year, the funds received by the charity increased from £3.72 million to £4.29 million. Expenditure increased from £3.42 million to £3.6 million. The table below “How CRY spends donations 2023-24 highlights the percentage of expenditure by each of the key areas of CRY’s operations. These are screening, research, raising awareness, support (of affected families and young people with inherited cardiac conditions), as well as fundraising and governance costs. The full breakdown of figures are shown on page 40.

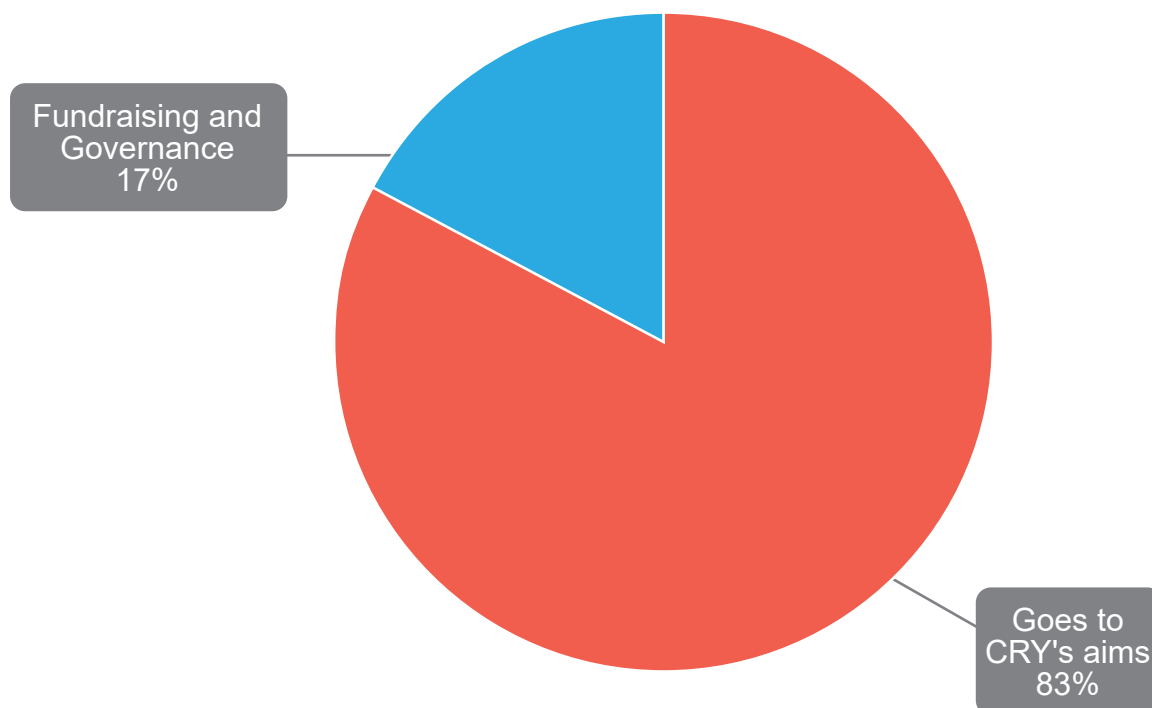


How CRY Spends Donations 2023-24

Expenditure on research grants has decreased from 16% last year to 13% this year. This is largely due to an ongoing reduction in research grants following the impact of covid. Research grants provide the funding for the CRY doctors who are essential to the CRY screening programme. To mitigate this shortage of CRY doctors funded by research grants, we have been supported by a number of clinical fellows on part time contracts. These clinical fellows have enabled us to meet the high screening demand. The cost of these doctors has been attributed to screening costs, rather than research costs. Consequently, whilst the research costs have fallen, the screening costs have risen from 46% of total expenditure last year to 49% this year.

CRY continues to spend a high proportion of its funds to directly meet its charitable objectives. 83% of CRY’s expenditure went to screening, research, awareness and support, and just 17% going to fundraising costs and governance.

Total amount going to CRY's aims 2023-24



Reserves policy

The Trustees have established the level of reserves that the charity ought to have.

Unrestricted funds are needed to:

- cover support and management costs;
- provide funds which can be designated to specific projects to enable these projects to be undertaken at short notice;
- achieve a liquid reserve to provide cover for further capital expenditure.

The Trustees consider it prudent that unrestricted reserves should be sufficient to cover 6 months Support and Management Costs. The Trustees have set the required level of free reserves for the above matters at £350,000. Free reserves increased from £37,489 at 31st May 2023 to £291,237 at 31st May 2024. The Covid-19 pandemic had a significant impact on the free reserves and, whilst there have continued to be significant improvements in the free reserves in the last 2 years, the current level of free reserves is still below the level set out by the Trustees. The budgets over the next 12 months predict a further improvement in CRY's free reserves.

In 2020, a plan was put in place to arrange a Coronavirus Business Interruption Loan (CBIL) to ensure CRY would maintain sufficient cash reserves going forward and this is recognised in the accounts in note 11 on page 44. This loan was borrowed against the value of CRY's office which was purchased in 2013 and was valued at £990,000 just prior to the loan being approved. The level of reserves is monitored and reviewed by the Trustees throughout the year. In October 2021 CRY fixed the interest of the loan at 2.44% for the full duration of the loan. Interest earned on our deposits currently more than covers this cost.

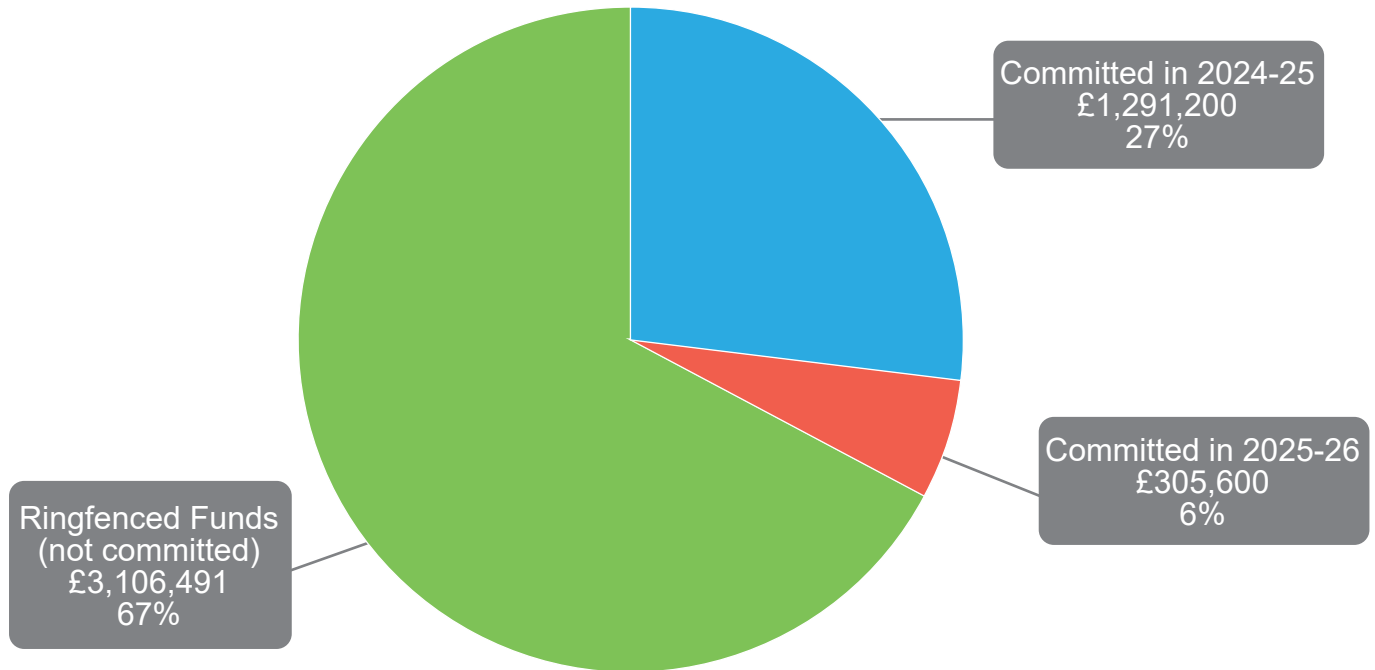
An explanation of CRY's reserves and Ringfenced Funds

A significant proportion of CRY's reserve funds are "ringfenced" and must be used for specific projects. The majority of these funds are raised by families who have suffered a tragedy from young sudden cardiac death, in order to take forward a screening programme in their community in memory of their child, sibling or partner. Once the family has reached the appropriate sum, CRY supports them in taking forward one or more screening events. £4.87 million is now

ringfenced for CRY families who specifically request that it is spent on screening. CRY has significant ringfenced funds which provide the funding required for the screening programme going forward for the next 3 years.

By June 1st 2024, £1.597 million of the £4.87 million ringfenced had already been committed to screening events which had been booked in 2024-25 (£1,291,200) and 2025-26 (£305,600). The ringfenced funds which are currently not committed will be allocated to events over the next 3 years.

Committed Funds



CRY cannot use these funds for other activities such as bereavement support, raising awareness and clinical research. CRY encourages families to use the funds that are ringfenced, and funding their own screening programme in memory of their relative is important to many bereaved families. It is essential that CRY offers families the ability to raise funds safe in the knowledge that the funds can be dedicated to screening in the very community that raised the money.

Investment Policy

The Trustees have considered the most appropriate investment policy for funds and have decided that interest bearing accounts with clearing banks effectively meet their requirements to generate income and meet operational contingencies.

Risk Management

The Trustees have a risk management strategy, which comprises:

- a review of the risks the charity may face which is conducted at each board meeting;
- the establishment of systems and procedures to mitigate those risks identified;
- the implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

The major risks are considered to be those that would prevent CRY from carrying out its charitable objects permanently. The Trustees have identified the following as possible risks that the charity faces: impact of economic climate; failure to govern effectively; major fraud or financial mismanagement. The risks are regularly reviewed by the main board.

Achievements and Performance

Our achievements and performance are discussed in detail on pages 8 to 23 of this report.

Going Concern

The Trustees have reviewed the budget for the next 12 months and consider the charity has adequate resources to continue for the foreseeable future.

Related Parties

None of the Trustees received remuneration or other benefits for their work for the charity. Any transactions between the charity and the Trustees or senior management or related parties must be disclosed to the board. In the current year no such related party transactions were reported.

Plans for the Future

1. Sustain and Strengthen the CRY Centre for Cardiac Pathology at St. George's Hospital

- Explore new funding avenues to accommodate an increase in pathology referrals to the centre.
- Continue raising awareness of the essential role of pathology in understanding and preventing young sudden cardiac death.

2. Support the CRY Centre for Inherited Cardiac Conditions and Sports Cardiology at St. George's Hospital

- Provide advanced medical equipment and a skilled clinical team, including doctors and physiologists, to ensure timely and efficient NHS referrals.

3. Expand and Enhance CRY's Cardiac Screening Programme

- Increase the number of doctors supporting CRY's screening efforts to reach more young people.
- Further develop the infrastructure for our ECG screening services to meet the growing demand.

4. Increase Research Fellowship Grants to Strengthen CRY's Impact

- Enhance the number of screening events CRY can conduct.
- Expand the capacity to manage referrals at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology.
- Contribute to impactful research on young sudden cardiac death through:
 - Published abstracts and posters.
 - Articles in peer-reviewed journals.
 - Presentations at international conferences.

5. Strengthen CRY's Bereavement Support Programme

- Implement training programs to increase the number of bereavement supporters.
- Expand support services for families after both bereavement and a diagnosis.
- Develop a comprehensive library of books and online resources to support families after a young sudden cardiac death.

6. Increase Awareness of Cardiac Risk in the Young

- Continue to educate the public on cardiac risks and preventive measures.
- Broaden the reach and impact of our Raising Awareness Week, supported by a strengthened representative structure and volunteer network, to drive community engagement and education nationwide.

7. Advocate for a National Strategy to Prevent Young Sudden Cardiac Death

- Campaign for the creation of a national strategy aimed at preventing young sudden cardiac death, ensuring this critical issue remains a top priority.

Statement of Trustees Responsibilities

The Trustees - who are also directors of Cardiac Risk in the Young for the purposes of company law - are responsible for preparing the Trustees' Report (including the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare the 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, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and 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, and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper 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.

In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

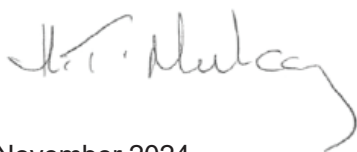
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditors

A resolution will be proposed at the Annual General Meeting that BGM Helmores Limited be re-appointed as auditors to the charity for the ensuing year.

By order of the Board

Trustee:



Date: 20th November 2024

Independent Auditors' Report

Opinion

We have audited the financial statements of Cardiac Risk in the Young for the year ending 31 May 2024 which comprise Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable by law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as of 31 May 2024 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report, including the trustees' report – other than the financial statements – and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinion on other matter prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report and the strategic report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

Responsibilities of Trustees

As explained more fully in the Trustees' Responsibilities Statement set out on page 29, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

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

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

This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and then design and perform audit procedures responsive to those risks, including obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion.

In identifying and addressing risks of material misstatement in respect of irregularities, including fraud and non-

compliance with laws and regulations, our procedures included the following:

We obtained an understanding of laws and regulations that affect the company, focusing on those that had a direct effect on the financial statements or that had a fundamental effect on its operations. Key laws and regulations that we identified included the Companies Act 2006, Charities SORP (FRS 102). We also compliance with other laws and legislation which may not have a direct impact on the financial statements but whose compliance is paramount to the charitable company such as General Data Protection Regulation (GDPR), employment and health and safety legislation.

We enquired of the trustees and the Audit Committee, reviewed trustees' and Audit Committee meeting minutes for evidence of non-compliance with relevant laws and regulations. We also reviewed controls the trustees have in place to ensure compliance.

We gained an understanding of the controls that the trustees have in place to prevent and detect fraud. We enquired of the directors about any incidences of fraud that had taken place during the accounting period.

The risk of fraud and non-compliance with laws and regulations and fraud was discussed within the audit team and tests were planned and performed to address these risks. We identified the potential for fraud in the following areas: accounting estimates principally in respect of research grants, income recognition, related parties outside normal course of business, management override of controls, misappropriation of cash and other assets and compliance with debt covenants.

We reviewed financial statements disclosures and tested to supporting documentation to assess compliance with relevant laws and regulations discussed above.

We enquired of the trustees about actual and potential litigation and claims.

We performed analytical procedures to identify any unusual or unexpected relationships that might indicate risks of material misstatement due to fraud.

In addressing the risk of fraud due to management override of internal controls we tested the appropriateness of journal entries and assessed whether the judgements made in making accounting estimates were indicative of a potential bias.

Due to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing fraud or non-compliance with laws and regulations and cannot be expected to detect all fraud and non-compliance with laws and regulations.

Use of our report

This report is made solely to the charitable company's members, 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 auditor's 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.



Paul Davis FCA (Senior Statutory Auditor)
for and on behalf of BGM Helmores Limited

Chartered Accountants and Statutory Auditors
114a Cromwell Road, London, SW7 4AG

Date: 27th November 2024

Statement of Financial Activities

	Note	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
INCOMING RESOURCES							
Donations and Legacies	2	1,910,975	1,674,434	3,585,409	1,765,034	1,390,460	3,155,494
Investment Income		177,213	-	177,213	66,615	-	66,615
Screening		525,058	-	525,058	498,395	-	498,395
TOTAL INCOMING RESOURCES		2,613,246	1,674,434	4,287,680	2,330,044	1,390,460	3,720,504
RESOURCES EXPENDED							
Raising Funds		524,505	-	524,505	482,045	-	482,045
Charitable Activities							
Screening		603,147	1,175,081	1,778,228	443,206	1,133,394	1,576,600
Family support		320,687	-	320,687	321,566	-	321,566
Research Grants	3	409,118	75,986	485,104	305,504	249,070	554,574
Awareness & PR		430,993	-	430,993	404,484	-	404,484
		1,763,945	1,251,067	3,015,012	1,474,760	1,382,464	2,857,224
Other Expenditure		82,753	-	82,753	77,694	-	77,694
TOTAL RESOURCES EXPENDED	4	2,371,203	1,251,067	3,622,270	2,034,499	1,382,464	3,416,963
Net Incoming / (Outgoing) Resources		242,043	423,367	665,410	295,545	7,996	303,541
Transfers between funds		34,462	(34,462)	-	28,000	(28,000)	-
Net Movement in Funds for the Year		276,505	388,905	665,410	323,545	(20,004)	303,541
Total funds brought forward at 1 June 2023		652,043	4,483,491	5,135,534	328,498	4,503,495	4,831,993
Total funds carried forward at 31 May 2024		928,548	4,872,396	5,800,944	652,043	4,483,491	5,135,534

There are no recognised gains or losses other than disclosed above. All results derive from continuing operations.

Balance Sheet at 31 MAY 2024

	Note	2024 £	2024 £	2023 £	2023 £
Fixed assets					
Tangible assets	7		637,311		614,554
Current assets					
Debtors	8	291,082		275,367	
Cash at bank and in hand	9	5,950,120		5,807,522	
		<u>6,241,202</u>		<u>6,082,889</u>	
Creditors: Amounts falling due within one year	10		<u>799,397</u>		<u>1,088,451</u>
Net current assets			<u>5,441,805</u>		<u>4,994,438</u>
Total assets less current liabilities			6,079,116		5,608,992
Creditors: Amounts falling due greater than one year	11		278,172		473,458
Net assets	13		<u>5,800,944</u>		<u>5,135,534</u>
The funds of the charity:					
Unrestricted funds:	14		928,548		652,043
Restricted funds	14		4,872,396		4,483,491
Total Charity Funds			<u>5,800,944</u>		<u>5,135,534</u>

The financial statements on pages 33 to 48 were approved by the Board of Trustees on 20th November 2024 and signed on its behalf by:

Hugh Mulcahey  - Trustee

Paul Quarterman  - Trustee

Date: 20th November 2024

Cash Flow Statement

	Notes	2024 £	2023 £
Net cash provided by operating activities	1	<u>(13,189)</u>	<u>(192,297)</u>
Cash flows from investing activities:			
Interest from investments		216,324	21,341
Purchase of plant and equipment		(83,249)	(40,664)
Proceeds from disposal of fixed assets		22,712	-
Net cash used in investing activities		<u>155,787</u>	<u>(19,323)</u>
Change in cash and cash equivalents in the reporting period		142,598	(211,620)
Cash and cash equivalents at the beginning of the reporting period		5,807,522	6,019,142
Cash and cash equivalents at the end of the reporting period	2	<u>5,950,120</u>	<u>5,807,522</u>

1. Reconciliation of net incoming resources to net cash inflow from operating activities

	2024 £	2023 £
Net incoming/(outgoing) resources for reporting period	690,411	303,541
Interest from investments	(216,324)	(21,341)
Depreciation charges	52,395	56,839
Movement in debtors	(15,715)	(25,860)
Movement in creditors	(509,341)	(505,476)
Gain on disposal of fixed assets	(14,615)	-
Net cash provided by operating activities	<u>(13,189)</u>	<u>(192,297)</u>

2. Analysis of cash and cash equivalents

	2024 £	2023 £
Cash at Bank	5,950,120	5,807,522
	<u>5,950,120</u>	<u>5,807,522</u>

Notes to the Accounts

1. Accounting Policies

1.1 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 (FRS 102) (Effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Cardiac Risk in the Young ('CRY') 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).

1.2 Legal status of the Charity

The charity is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

1.3 Incoming resources

Screening fees income are accounted for on a receivable basis

Donations are accounted for on a receivable basis as soon as they are capable of accurate financial measurement and includes any taxation recoverable under Gift Aid. Gifts in kind are included in the Statement of Financial Activities at their gross value to the charity.

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated items have been met, the receipt of economic benefit from the use by the charity of the items probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

Donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Government grants are recognised at the fair value of the asset received or receivable when there is reasonable assurance that the grant conditions will be met and the grants will be received.

Donated fixed assets are taken to income at the value to the charity with the other entry being capitalised in fixed assets.

Legacies receivable are considered on a case by case basis and recognised as the earlier of the date on which: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. If the legacy is in the form of an asset other than cash or an asset listed on a recognised stock exchange, recognition is subject to the value of the asset being able to be reliably measured and title to the asset has passed to the charity. Where legacies have been notified to the or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

1.4 Tangible Fixed Assets

Tangible fixed Assets are initially measured at cost net of depreciation and impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following basis- assets held under finance leases are depreciated in the same way as owned assets:

Leasehold Property 2%

Equipment 25%

Motor vehicles 20%

It is the charity's policy not to capitalise fixed assets costing below £500.

The gains or loss arising on disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to profit or loss.

At each reporting period end date, CRY reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis under the following activity headings:

Fundraising

Costs incurred in financing fundraising activities including allocated staff costs and support costs.

Screening

These include all costs associated with the screening of individuals including the salary cost of time spent by employees, travel, subsistence and depreciation of related fixed assets.

Family Support

Costs incurred in undertaking Family Support including allocated staff costs and support costs.

Awareness and PR

This includes all costs for the purpose of promoting the charity's activities and increasing awareness in the public.

Research

The costs include research fellows, research assistants, donated equipment and related research expenses.

Governance

Includes staff time and expenses for time spent in connection with trustees meetings, plus the cost of audit and professional fees. Salary costs are charged in accordance with time spent.

Support costs

Costs incurred directly in support of expenditure on the objects of the charity and include functions such as Human Resources and Information Technology. All costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource.

Stationery and brochures

Costs incurred in respect of stationery and brochures are written off as incurred.

1.6 Debtors

Trade and other debtors are recognised at the settlement amount due after any discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income and tax recoverable is included at the best estimate of the amounts receivable at the balance sheet date.

1.7 Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.8 Cash and Cash Equivalents

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

1.9 Creditors and Provisions

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

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

1.10 Employee Benefit

The costs of short-term employee benefits are recognised as a liability and an expense.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.11 Pensions

In line with recent changes in pension legislation CRY has enrolled eligible employees into an auto-enrolment pension scheme. The basic contributions for the scheme are 3% of pensionable earnings by CRY and 5% by the employees. Pension costs are charged to the Statement of Financial Activities as incurred. There were £7,001 (2023: £6,679) of outstanding contributions at the year end.

1.12 Leases

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

Assets held under finance leases are recognised as assets at the lower of the assets fair value at the date of inception and the present value of the minimum lease payments. The related liability is included in the balance sheet as a finance lease obligation. Lease payments are treated as consisting of capital and interest elements. The interest is charged to the profit and loss account so as to produce a constant periodic rate of interest on the remaining balance of the liability.

Rentals payable under operating leases, including any lease incentives received, are charged to income on a straight line basis over the term of the relevant lease except where another more systematic basis is more representative of the time pattern in which economic benefits from the lease asset are consumed.

1.13 Funds held by the charity are either:

Unrestricted funds - these are funds which can be used in accordance with the charitable objects at the discretion of the trustees.

Designated funds - these are funds which have been designated by the trustees for research projects.

Restricted funds - these are funds that can only be used for particular restricted purposes within the charity's objects.

Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

1.14 Going Concern

After producing a budget for 12 months from the date of signing the accounts, the trustees have reasonable expectations that the charity has adequate resources to continue acting as a going concern and has thus adopted this basis in preparing the accounts.

1.15 Significant areas of estimation and judgement

The preparation of the financial statements requires judgements, estimations and assumptions to be made which affect the reported values of assets, liabilities, income and expenditure. The nature of such could result in actual outcomes differing from expectation. Management has applied judgement in the follow material area:

Research grants are recognised in full by the charity as soon as the criteria for a constructive obligation has been met, payment is probable, can be measured reliably and there are no conditions attached which limit their recognition.

Estimation of the useful economic life of buildings, equipment and motor vehicles.

The allocation of staff costs to the charitable activities based on an estimate of time spent.

2. Donations and Legacies	2024 £	2023 £
Donations		
Gifts	3,439,555	2,742,605
Legacies	47,154	286,120
Trusts	98,700	120,279
Sponsorship	-	6,490
	<u>3,585,409</u>	<u>3,155,494</u>

3. Research	2024 £	2023 £
Research costs		
Medical Research - Professor Sharma - St George's, University of London	58,669	132,462
Cardiac Pathology and Coroners' Referral Research	125,982	166,687
Medical Research - Professor Papadakis - St George's, University of London	206,851	212,115
Medical Research - Liverpool John Moores	2,265	1,321
Medical Research - Dr Gati	66,336	41,989
	<u>460,103</u>	<u>554,574</u>

See note 12

Please see the trustees report page 44 for further information in respect of provisions for research grants.

4. Total resources expended

	Direct Staff Costs £	Other Direct Costs £	Support & Management Costs £	Total 2024 £
Screening	1,094,347	446,259	237,622	1,778,228
Family Support	218,467	23,614	78,606	320,687
Awareness & PR	176,387	160,798	93,808	430,993
Governance	14,242	-	68,511	82,753
Research (Note 3)	-	485,104	-	485,104
Fundraising	210,177	144,526	169,802	524,505
	<u>1,713,620</u>	<u>1,260,301</u>	<u>648,349</u>	<u>3,622,270</u>

Prior year analysis

	Direct Staff Costs £	Other Direct Costs £	Support & Management Costs £	Total 2023 £
Screening	897,023	441,471	238,105	1,576,599
Family Support	216,798	30,214	74,554	321,566
Awareness & PR	167,494	144,876	92,114	404,484
Governance	13,765	-	63,929	77,694
Research (Note 3)	-	554,574	-	554,574
Fundraising	219,306	96,707	166,032	482,045
	<u>1,514,386</u>	<u>1,267,842</u>	<u>634,734</u>	<u>3,416,962</u>

4. Total resources expended - continued

	2024	2023
	£	£
Support and Management Costs		
Staff Costs (not included in direct staff costs above)	281,772	261,078
Rent & Rates	9,463	7,774
Heat, Light & Power	13,285	6,438
Motor Expenses	17,363	7,937
Travelling	1,010	561
Printing, Stationery and Telephone	22,054	27,916
Postage and carriage	36,034	31,971
Computer Expenses	99,471	101,551
Professional Fees	7,606	6,832
Auditors Remuneration	27,750	23,820
Insurance	44,423	45,018
Maintenance	20,112	25,813
Bad Debts	450	-
General Expenses	2,502	1,741
Bank charges and Interest	27,274	29,445
Depreciation	52,395	56,839
Profit on disposal of fixed assets	(14,615)	-
	<u>648,349</u>	<u>634,734</u>

Support Costs allocated to activities	Screening	Family support	Awareness & PR	Fundraising	Governance	Total 2024
	£	£	£	£	£	£
Premises	3,190	937	12,496	3,621	2,502	22,746
General Office	74,428	13,912	145,066	44,343	45,964	323,713
Management	16,403	12,368	10,115	16,908	2,775	58,569
Finance	44,212	31,669	13,796	66,233	28,028	183,938
Information Technology	769	512	1,191	498	275	3,245
Human Resources	17,561	9,634	14,300	11,667	2,976	56,138
Total	<u>156,563</u>	<u>69,032</u>	<u>196,964</u>	<u>143,270</u>	<u>82,520</u>	<u>648,349</u>

Prior year analysis

Support Costs allocated to activities	Screening	Family support	Awareness & PR	Fundraising	Governance	Total 2023
	£	£	£	£	£	£
Premises	2,406	581	7,489	2,170	1,563	14,209
General Office	88,188	15,836	148,453	48,144	48,483	349,104
Management	12,078	9,304	7,156	13,763	1,597	43,898
Finance	42,011	30,068	13,310	63,626	24,117	173,132
Information Technology	463	452	1,179	441	195	2,730
Human Resources	15,400	8,852	14,188	10,946	2,275	51,661
Total	<u>160,546</u>	<u>65,093</u>	<u>191,775</u>	<u>139,090</u>	<u>78,230</u>	<u>634,734</u>

Costs were allocated on the basis of staff time other than premises and general office costs which were allocated on a usage basis.

5. Staff costs and number of employees

	2024	2023
	£	£
Wages and salaries	1,781,456	1,562,907
Social security costs	142,256	132,753
Pension costs	58,631	62,935
Other staff costs (including staff training)	13,049	16,869
	<u>1,995,392</u>	<u>1,775,464</u>
Direct Staff Costs	1,713,620	1,514,386
Support Staff Costs	281,772	261,078
	<u>1,995,392</u>	<u>1,775,464</u>

One employee received a salary in excess of £60,000 in the year to 31 May 2024 (2023: 1).

The charity trustees were not paid or received any other benefits from employment with CRY in the year (2023: £nil) neither were they reimbursed expenses during the year (2023: £nil). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil)

The key management personnel of the charity, comprise the CRY Founder, the Chief Executive Officer and the Director of Screening and Research. The total employee benefits of the key management personnel of the charity were £124,217 (2023:£124,362).

Total employee benefits include : Salary, pension and healthcare.

The average monthly number of employees during the year was:

	2024	2023
Management and administration	6	6
Charitable work	92	87
Total	<u>98</u>	<u>93</u>

The above includes the following part time staff

	52	51
--	----	----

Net incoming resources before transfers

This is stated after charging:

	2024	2023
	£	£
6. Depreciation	52,395	56,839
Auditors' remuneration		
For audit services	9,970	9,970
For other services	17,780	13,850
Loss/(Profit) on disposal of fixed assets	(14,615)	-
	<u> </u>	<u> </u>

7. Tangible fixed assets

	Long Leasehold Property £	Equipment £	Motor Vehicles £	Total £
Cost				
At 1 June 2023	678,201	955,712	99,491	1,733,404
Additions	-	15,490	67,759	83,249
Disposals	-	-	(50,503)	(50,503)
At 31 May 2024	678,201	971,202	116,747	1,766,150
Depreciation				
At 1 June 2023	135,464	911,650	71,736	1,118,850
Charge for the year	13,488	20,779	18,128	52,395
Depreciation on disposal	-	-	(42,405)	(42,405)
At 31 May 2024	148,952	932,429	47,459	1,128,840
Net Book Value				
At 31 May 2024	529,249	38,772	69,289	637,311
At 31 May 2023	542,737	44,062	27,755	614,554

All fixed assets are used for charitable purposes.

8. Debtors

	2024 £	2023 £
Trade debtors	101,482	95,806
Prepayments	88,455	87,591
Accrued income	101,145	91,970
	291,082	275,367

9. Cash at bank and in hand

	2024 £	2023 £
Deposit account	5,410,644	4,847,749
Current account	536,922	956,921
Cash in hand	2,554	2,852
	5,950,120	5,807,522

10. Creditors: Amounts falling due within one year

	2024 £	2023 £
Bank loan (Note 11)	194,609	189,323
Trade creditors	98,827	44,532
Other creditors	45,919	30,436
Taxation and social security costs	-	34,870
Accruals and deferred income	260,376	555,074
Research (Note 12)	174,665	234,216
	774,396	1,088,451

11. Creditors: Amounts falling due after one year

	2024 £	2023 £
Bank loan	278,172	473,458
	<u>278,172</u>	<u>473,458</u>

The bank loan is secured by fixed charges over all the charity's freehold property.

The loan is for a term of 6 years and with monthly instalment repayments having commenced in November 2021, after an initial 12 month capital repayment holiday. The final repayment date is 23 November 2026. Interest accrues at 2.44% per annum on a Fixed Rate.

12. Research

	2024 £	2023 £
Provision at 1 June 2023	234,216	434,801
Recognised in statement of financial activities (Note 3)	460,103	554,574
Grant payments in the year	(519,654)	(755,159)
Provision at 31 May 2024	<u>174,665</u>	<u>234,216</u>

Grant commitment at 31 May 2024

Institution	Activity	Type	2024	2023	2024	2023
			Number of grants		£	£
St George's University of London	Research under Professor Sharma	Fellows	4	6	106,331	145,882
St George's University of London	Research under Professor Sharma	Cardiac Physiologists	2	2	13,334	33,334
Cardiac Pathology and Coroners' Referral Research			2	2	55,000	55,000
Total Grants			<u>8</u>	<u>10</u>	<u>174,665</u>	<u>234,216</u>

See note 15 in respect of further information on these projects

13. Analysis of net assets between funds

	Tangible assets £	Net current assets £	Creditors: amounts falling due after more than one year £	Total £
Unrestricted funds	637,311	594,410	(278,172)	953,549
Restricted funds	-	4,872,396	-	4,872,396
	<u>637,311</u>	<u>5,466,806</u>	<u>(278,172)</u>	<u>5,825,945</u>

14. Analysis of Funds

	Balance at 1 June 2023 £	Incoming Funds £	Outgoing Funds £	Transfers Between Funds £	Balance at 31 May 2024 £
Unrestricted funds	652,043	2,613,246	(2,346,202)	34,462	953,549
Restricted funds (Note 16)	4,483,491	1,674,434	(1,251,067)	(34,462)	4,872,396
	<u>5,135,534</u>	<u>4,287,680</u>	<u>(3,597,269)</u>	<u>-</u>	<u>5,825,945</u>

15. Research Costs

Cardiac Pathology Research

After a death, fast track expert pathology is crucial. CRY has designated significant funds to support essential research and fund the expertise required to conduct these investigations at The CRY Centre for Cardiac Pathology (CRYCCP), which is based at St George's Hospital, University of London, Tooting, London. Expert cardiac pathology is essential to help understand the cause of death as well as inform which tests are required for the testing of first degree blood relatives.

Coroners' Referral

CRY is funding coroners' referrals to The CRY Centre for Cardiac Pathology for young people (aged 35 or under) where the cause of death in the initial pathology is "unascertained". Coroners sometimes do not have the funds to access a service where they can refer complex cases to an expert pathologist. This means that many deaths are simply recorded as unascertained or, incorrectly, such as epilepsy, asthma or drowning. This service allows coroners to refer cases directly and receive a full report of the actual cause of death within 2 weeks.

St George's, University of London

CRY has funded 5 research fellowship grants during this year. All 5 grants are supervised by Professor Sharma and Professor Michael Papadakis. The fellows under the supervision of Professor Sharma and Professor Papadakis focus on the data obtained in CRY's screening programme and take forward projects relating to Young Sudden Cardiac Death, inherited cardiovascular conditions and sports cardiology. Research Fellowship funding is essential for CRY's screening programme. CRY is also funding two cardiac physiologists to work at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology. The research fellows and physiologists support Professor Sharma and Professor Papadakis, to provide a specialist service for bereaved families after a tragedy, where all family members can be seen together and have all necessary tests conducted on the same day.

16. Restricted Funds

	Balance at 1 June 2023	Incoming Funds	Outgoing Funds	Transfer to Unrestricted Funds	Balance at 31 May 2024
	£	£	£	£	£
Restricted					
Memorial Funds	4,417,708	1,591,860	(1,139,156)	(34,462)	4,835,950
Cardiff City Football Club	4,946	-	-	-	4,946
Robert Luff Foundation	20,000	-	-	-	20,000
Aubrey Orchard-Lisle Charitable Trust	-	6,000	(6,000)	-	-
The Geoff and Fiona Squire Foundation	-	5,000	(5,000)	-	-
James Tudor Foundation	438	-	(438)	-	-
The Edith Florence Spence Memorial Trust	-	1,500	-	-	1,500
Tesco Bags of Help Grant	(10,000)	25,000	(15,000)	-	-
The Frognal Trust	-	5,000	(5,000)	-	-
Glasdon Charitable Programme	12,000	-	(12,000)	-	-
Mather Family Charitable Trust	12,000	-	(12,000)	-	-
The W O Street Charity	3,000	-	(3,000)	-	-
ECG Assured Guranty UK Ltd	8,375	-	(8,375)	-	-
North West Project UKH Foundation	5,000	-	-	-	5,000
Edith Murphy Foundation	5,000	-	(5,000)	-	-
The Grace Trust	3,000	-	(3,000)	-	-
Caroline Gard/Frinton Golf Club	2,024	74	(2,098)	-	-
Stanley Grundy Foundation	-	5,000	(5,000)	-	-
St George's Hill Golf Club	-	6,500	(6,500)	-	-
Alex and William de Winton Trust	-	3,500	(3,500)	-	-
The Louis Nicholas Residuary Charitable Trust	-	5,000	(5,000)	-	-
The Jan and Catherine Nasmyth Charitable Foundation	-	10,000	(10,000)	-	-
Next plc	-	5,000	(5,000)	-	-
Westfield Health	-	5,000	-	-	5,000
	<u>4,483,491</u>	<u>1,674,434</u>	<u>(1,251,067)</u>	<u>(34,462)</u>	<u>4,872,396</u>

16. Restricted Funds (continued)

Restricted funds include 327 active funds (2023: 326) which have been set up to fund primarily screening events, but also provide funds for research fellows, raising awareness and for the purchase of ECG machines and equipment and a screening van.

These grants and donations have been restricted to provide funding for cardiac screening:

- Aubrey Orchard-Lisle
- The Edith Florence Spence Memorial Trust
- Tesco Bags of Help
- The Fognal Trust
- Glasdon Charitable Programme
- Mather Family Charitable Trust
- The W O Street Charity
- Edith Murphy Foundation
- The Grace Trust
- Frinton Golf Club
- The Louis Nicholas Residuary Charitable Trust
- The Jan and Catherine Nasmyth Charitable Foundation
- Next plc
- Westfield Health.

The donation from the Cardiff City Football Club was restricted to provide funding for cardiac screening in South Wales.

The donation from North West Project UKH Foundation was restricted to fund cardiac screening in the North West of England.

These grants and donations have been restricted to finance research costs:

- Robert Luff Foundation, St George's Hill Golf Club, Alex and William De Winton Trust.

These grants and donations have been restricted to finance the purchase of ECG equipment for screenings:

- ECG Assured Guranty UK Ltd, The Geoff and Fiona Squire Foundation, Stanley Grundy Foundation.
- The donation from James Tudor Foundation was restricted to fund Heart Screening Booklet.

17. Contingent liability

The charity had no contingent liabilities at 31 May 2024.

18. Taxation

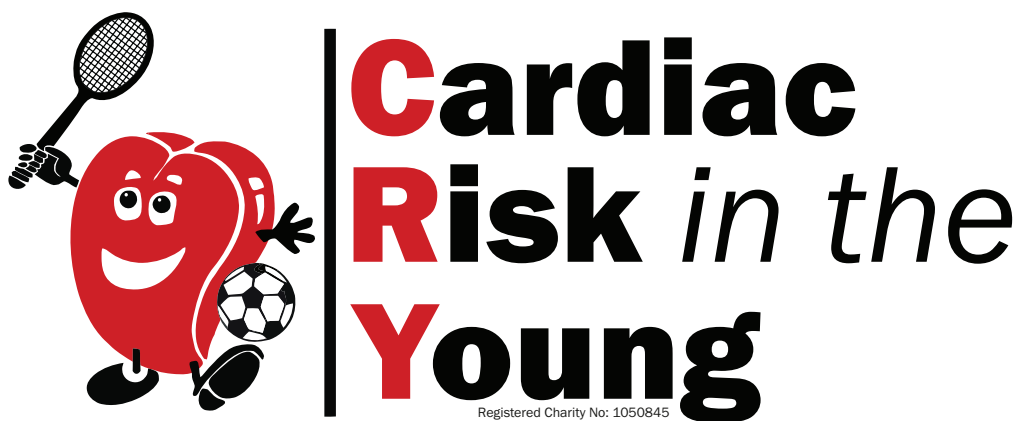
The charity is considered to pass the tests set out in Sch. 6, para. 1 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the company is potentially exempt from taxation in respect of income or capital gains received within categories covered by Pt. 11, Ch. 3 of the Corporation Tax Act 2010 or s. 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

CARDIAC RISK IN THE YOUNG

England & Wales - Charity number 1050845

Accounts

**REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MAY 2023**



Financial statements for the year ended 31 May 2023

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Executive Summary

Statement from CRY's Chairman – Hugh Mulcahey

This Summary of Cardiac Risk in the Young's Report and Accounts for 2022-2023 should make CRY staff and supporters proud of their achievements over the past year. We can also all be grateful for the remarkable fundraising achievements delivered by CRY's families and friends. Thank you all. This report not only highlights our financial performance but, more importantly, the impact we have had in fulfilling our mission to prevent young sudden cardiac deaths.

Despite recent economic uncertainties, CRY has demonstrated remarkable financial resilience. Our diligent management ensured that CRY's essential programmes and services continued without interruption. The team has gone to great lengths to ensure the impact of every pound invested in our mission has been maximised. 84p in every pound CRY spent this year went towards our aims of raising awareness, supporting families, screening young people and research which is a fantastic achievement (page 22).

The past year has brought both challenges and opportunities. The unwavering dedication of those working for and supporting CRY prevents young sudden cardiac deaths, provides support to affected families, and raises awareness about cardiac conditions. We look forward to the future with hope and determination, knowing that our work is more vital than ever.

I extend my deepest gratitude to our dedicated team, volunteers, supporters, and partners. Together, we can continue to make a significant difference in the lives of young individuals and their families.

Executive Summary – Dr Steven Cox

Cardiac Risk in the Young is a charitable organisation dedicated to preventing young sudden cardiac deaths through awareness, screening, research, and support. This Executive Summary provides an overview of the organisation's Report and Accounts, offering insight into CRY's financial performance and its impact on the community during the financial year.

During the reporting period, CRY maintained its commitment to financial transparency and accountability. The organisation's total income, which primarily relies on donations and fundraising activities, reached £3,720,504, while the total expenses for the year were £3,416,963. The prudent management of resources has ensured the financial stability and sustainability of CRY's operations.

CRY's mission, to reduce the incidence of young sudden cardiac deaths, remains at the forefront of its activities. The charity's core programmes continued to make a substantial impact on the community during the year. Key achievements and initiatives include:

1. Awareness: Our awareness campaigns in national, regional, and local media as well as across our social media platforms were instrumental in educating communities and raising awareness about the importance of cardiac conditions in young people.
2. Support: CRY provided emotional support and medical support services to affected families who have tragically lost a loved one after a young sudden cardiac death. This crucial aspect of our work underscores our dedication to those in need.
3. Screening: We conducted 27,880 heart screenings, which identified more than 90 young individuals with potentially life threatening cardiac conditions who might otherwise have remained undiagnosed.
4. Research: CRY continued to support cutting-edge research projects aimed at improving our understanding of the causes and prevention of young sudden cardiac deaths, thereby paving the way for innovative diagnostic tools and treatment strategies for young individuals at risk of sudden cardiac arrest.

CRY is committed to expanding its reach and impact. The organisation will focus on the following key strategies:

Screening: CRY plans to increase the number of cardiac screenings and awareness campaigns to reach a broader audience, including underserved communities and high-risk individuals. We currently have more than 70,000 young people on a waiting list to be screened and we need more support for research to fund the medical doctors we need to respond to that demand.

1. **Pioneering Research:** CRY will continue to invest in research initiatives, pushing the boundaries of scientific understanding, with an emphasis on collaborating with leading experts to drive innovations in the field of inherited cardiac conditions and young sudden cardiac death.
2. **Support:** CRY will continue to support initiatives to incorporate peer to peer support services within clinical care pathways. This is with the aim of ensuring all families affected by young sudden cardiac deaths are made aware of the support services available to them.
3. **Awareness and Education:** CRY will continue to campaign for policy changes to establish a National Strategy for the Prevention of Young Sudden Cardiac Death and education in schools and communities, ultimately contributing to more young lives being saved.
4. **Financial Sustainability:** We are actively exploring new and innovative fundraising approaches to ensure we have the resources to maintain our life-saving work.

In summary, CRY has maintained its commitment to preventing young sudden cardiac deaths, with a focus on financial accountability, impactful programmes, and a clear vision for the future. The organisation remains dedicated to saving lives and supporting affected individuals and families while driving innovation in the field of cardiac health in young people.



Awareness Support Screening Research



Legal Structure and Governance

The Trustees present their annual report and audited financial statements of the company for the year ended 31 MAY 2023.

Reference and Administrative Details

Company Registration Number: 3052985

Registered Charity Number: 1050845

Registered Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Principal Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Bankers: Lloyds TSB, High Street, Epsom, Surrey, KT19 8AT

Auditors: BGM Helmores Ltd, Emperor's Gate, 114a Cromwell Road, Kensington, London, SW7 4AG

Solicitors: A J Lutley, Springfield, Rookery Hill, Ashtead Park, Ashtead, Surrey, KT21 1HY

Trustees: Hugh Mulcahey (Chairman)

Dr Tim Bowker (resigned on 21st December 2022)

Louise Brooker-Carey

Peadar O'Donnell

Paul Quarterman

Rebecca Trewinnard

Dr Jayesh Makan

Dr Nicholas Jones (appointed on 13th January 2023)

Chief Executive: Dr Steven Cox

Structure, Governance and Management

Governing Document

Governing Document

Cardiac Risk in the Young was incorporated on 3 May 1995 as a company limited by guarantee and is governed by its Memorandum and Articles of Association. The company was subsequently registered as a charity with the Charity Commission and is also known by its initials – CRY.

Appointment of Trustees

The charity or the Trustees may appoint a person who is willing to act to be a Trustee either to fill a casual vacancy or as an additional Trustee. As set out in the Articles of Association the board appoints the chair of the Trustees.

Trustee induction and training

New Trustees are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the Trustee board and decision-making processes, the business plan and recent financial performance of the charity. Their induction involves the meeting of key employees and other Trustees. Trustees are encouraged to attend appropriate external training events.

Organisation

The board of Trustees administers the charity. The board meets three to four times a year. A Chief Executive is appointed by the Trustees to manage the day-to-day operations of the charity. To facilitate effective operations, the Chief Executive has delegated authority for operational matters including development, finance, employment, public relations and fundraising.

Audit Committee

The Audit Committee is comprised of Hugh Mulcahey (CRY Trustee), Peadar O'Donnell (CRY Trustee), Rebecca Trewinnard (CRY Trustee) and Dr Steven Cox (CRY Chief Executive). The Committee meets at least twice a year. The Committee helps to ensure that sound financial policies and internal controls are in place by providing a formal mechanism for reviewing matters of corporate governance and risk management together with external audits.

Research Committee

The Research Committee is comprised of Paul Quarterman (CRY Trustee), Hugh Mulcahey (CRY Trustee), Dr Jayesh Makan and Dr Steven Cox (CRY Chief Executive). Dr Tim Bowker is an advisor to the board of Trustees. The Committee oversees CRY's research strategy.

Communications Committee

The Communications Committee is comprised of Hugh Mulcahey (CRY Trustee), Louise Brooker-Carey (CRY Trustee) and Dr Steven Cox (CRY Chief Executive). The Committee oversees CRY's communication strategy.

Related parties

Professor Sanjay Sharma, CRY's Consultant Cardiologist, who is based at University of London and St George's Hospital, oversees the CRY research programme plus the clinical aspects of the CRY cardiac screening programme. All services provided by Professor Sharma are on a voluntary basis.

Professor Mary Sheppard, CRY's Expert Cardiac Pathologist, who is based at University of London, oversees the CRY Centre for Cardiac Pathology. Professor Sheppard is part funded by the Pathology research grant to the CRY Centre for Cardiac Pathology.

Trustee attendance at meetings during the year

Hugh Mulcahey (Chairman)	3 of 4
Dr Tim Bowker	3 of 3 (resigned December 2022)
Louise Brooker-Carey	All
Peadar O'Donnell	3 of 4
Paul Quarterman	3 of 4
Rebecca Trewinnard	2 of 4
Dr Jayesh Makan	3 of 4
Dr Nicholas Jones	1 of 1 (appointed January 2023)

Objectives and Activities

Objectives

The objective of the charity is to support affected families and prevent young sudden cardiac deaths through awareness, screening and research.

Public benefit

CRY is a UK charity that supports families after a bereavement, both clinically and emotionally. CRY supports expert fast-track pathology and fast-track cardiology referral into the NHS to test the family. CRY also provides literature for the public written by leading cardiac experts. CRY offers a unique bereavement support programme.

The screening programme that CRY has developed gives the opportunity to save the young lives of those at risk who are asymptomatic, “fit and healthy”. There is no other charity that offers screening for young people aged 14 to 35 to schools, elite and recreational athletes and communities in the UK. CRY does not discriminate in the service we offer, whether it is an Olympic Gold Medallist or an adolescent in any local community. CRY’s screening programme is not just a service provision; it is also a research programme. CRY offers support to all people affected by cardiac conditions that can cause young sudden cardiac death.

The charity has two main aims:

1. Saving young lives
2. Helping those affected

The strategies employed to save young lives are:

- raising awareness of cardiac risk in the young
- operating a national cardiac screening programme
- funding medical research into young sudden cardiac death

The strategies employed to help those affected are:

- supporting families after a tragedy
- funding the CRY Centre for Cardiac Pathology
- funding the CRY Centre for Inherited Cardiovascular Conditions & Sports Cardiology
- supporting those diagnosed through our *myheart* Network

The Trustees confirm that they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their powers or duties. The public benefits of the Charity’s activities are outlined under ‘Objectives and Activities’ above.

1. Saving young lives

Raising awareness of cardiac risk in the young

Through raising awareness of these conditions, the public, medical and sporting communities will become more alert to the symptoms that can lead to a young sudden cardiac death as well as the potential risks that these conditions have on an asymptomatic population. The public will be aware of courses of action that can help to minimise their risk, including the choice to be screened at one of CRY's screening clinics.

The medical community will be aware of the specialist services that are available to facilitate diagnosing these conditions, as well as how to best manage these patients. The sporting community will be aware of the specialist cardiac services available at the CRY Centre for Sports Cardiology as well the importance of screening athletic populations. CRY also raises awareness within Parliament. It is essential that MPs are well informed of the latest research as well as the implications these findings have on public policy.

Operating a national screening programme

Systematic screening programmes are needed to establish the prevalence of cardiac conditions in the young. The aim of a screening programme is to detect a condition, or its risk factors. Once detected, preventative or therapeutic interventions can be implemented earlier and the disease can be treated when it is less advanced. In the case of cardiac conditions, the aim is to put in place treatments and lifestyle changes that will minimise the risk of a sudden cardiac death. These preventative actions may include medications, surgery or lifestyle changes. In some cases, the condition can be cured with the risk of sudden cardiac death removed. CRY operates screening programmes for the general public (between the age of 14 and 35), sports clubs and teams.

Funding medical research into young sudden cardiac death

CRY funds medical research through Research Fellowship grants. These grants cover a broad spectrum from fast track screening to pathology after a death. The grants also help to provide specialist knowledge of sports cardiology. The field-gathered data in CRY's screening programme is analysed and reported in peer reviewed journals, providing essential information on the understanding of these conditions.

2. Supporting families affected

Following a tragedy in a family where a young person has died suddenly, family members will require support. CRY offers both medical and emotional support.

CRY provides specialist cardiac information written by experts in the field, specifically for families or a non-medical community. Following a young sudden cardiac death, it is important that all first-degree relatives are screened. CRY can help with advising the family about seeing a cardiologist who specialises in these conditions. CRY offers direct medical support via the specialist Centre for Cardiac Pathology and Centre for Inherited Cardiovascular Conditions at St George's.

Funding the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology

CRY supports clinics at St George's Hospital, London. At these clinics, specialist screening is offered to the family after the sudden death of a family member. The family can all be seen together, with most tests completed on the same day to minimise the number of return visits. Expert cardiac screening is vital following the sudden death of a first-degree blood relative. The CRY Centre for Sports Cardiology (CRY CSC) provides a specialist service led by Professor Sharma for expert clinical cardiac diagnoses of elite athletes.

Funding the CRY Centre for Cardiac Pathology

CRY also funds expert cardiac pathology. The importance of correct pathology cannot be overstated as it gives families the opportunity to obtain valid answers about the cause of death and to quantify the risk posed to other family members.

Emotional Support

CRY has a select group of Bereavement Supporters - volunteers who have experienced a similar tragedy themselves and have been trained to help others cope with their traumatic experience. Our Bereavement Supporters have all completed the two-year Counselling Skills and Theory course so that they can support others through their loss. So many people have contacted CRY wondering if there are others who they could talk to who have suffered similar tragedies. CRY offers telephone bereavement support to anyone (aged 18 and over) who has lost a young person to

a sudden cardiac death.

CRY has developed private Facebook groups specifically for bereaved mums, dads, partners, siblings, grandparents, aunts and uncles, and friends, as a place to connect with others who have experienced a similar tragedy, and to create a support network for one another.

CRY also offers other opportunities for bereaved families to come together our annual Heart of London Bridges Walk and our annual Heart of Durham Walk.

CRY has produced a series of grief booklets designed to help families and friends feel less alone after the tragedy of a young sudden cardiac death. Our series of grief booklets includes: 'A Mother's Grief', 'A Partner's Grief', 'A Father's Grief', 'Sibling Grief', 'Coping with Christmas after a Young Sudden Cardiac Death', 'Coping with Anniversaries following a Young Sudden Cardiac Death' and 'A Friend's Grief'.

Supporting those diagnosed – myheart Network

CRY has a support network called myheart for young people who have been diagnosed with cardiac condition. The group was set up after feedback from young people who found that the existing support groups were not effective in helping them deal with issues such as having an ICD fitted or undergoing ablation surgery. The network was developed as a support system that increases effective coping and decreases social isolation for young people who have been diagnosed with a cardiac condition.

We hold two national myheart meetings a year where members are offered 'Question and Answer' sessions with a specialist cardiologist, and the opportunity to share experiences with other young people who have been diagnosed with a cardiac condition. The myheart website contains medical information, personal stories from young people who are living with a cardiac condition, and questions and answers videos with myheart's Consultant Cardiologist, Professor Michael Papadakis. There is also a private myheart Facebook group which is exclusively for people who have been diagnosed with a cardiac condition.

Achievements and Performance

CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's Healthcare NHS Trust

In 1995 St George's was the first hospital in the UK to develop a family screening clinic after CRY's donation of an echocardiogram machine established a specialist clinic in young sudden cardiac death and meant that whole families could be screened together after a tragedy.

The CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's, combines three essential features of CRY's mission to eliminate young (aged 35 and under) sudden cardiac death - offering services for 'affected families', competitive athletes and the general population. The centre provides a 'one stop shop' for young people and 'affected families' who wish to be screened for potentially life-threatening cardiac problems.

The CRY Centre is led by CRY's consultant cardiologist, Professor Sanjay Sharma, who is Professor of Inherited Cardiovascular Conditions and Sports Cardiology at St George's Hospital, London.

It is a unique service where, after a young sudden death, families will be seen shortly after the referral is received. It is a "one stop shop" where all the tests will be conducted on the same day and all family members will be seen together wherever possible (even when travelling from different parts of the country). The Centre is able to provide this service because CRY provides the funding for the doctors and support staff at the centre.

The Centre is also the leading referral centre for elite athletes whose results can often mimic disease and they can easily be misdiagnosed if not seen by an expert cardiologist.

CRY Centre for Cardiac Pathology

The CRY Centre for Cardiac Pathology (CRY CCP) is an international cardiac referral centre and the leading centre in the UK. The centre was established with a donation from the Howard and Sebastian English Memorial Fund. The service is led by Professor Mary Sheppard who is an expert cardiac pathologist, with a team of staff funded by CRY. When a cause of death is 'unascertained' and the person is aged 35 years or under, the centre will provide a free fast-track cardiac diagnostic service. The examination and report from the centre will be completed, on average, within 2 weeks.

When pathology is not referred to this centre, it can take up to 2 years for an expert investigation to be conducted. Expert pathology is essential to help the family understand the cause of death. This information will guide clinical decisions when assessing the first-degree blood relatives. When expert pathology is not conducted, the family could be offered inappropriate clinical tests and there is the potential for false reassurance.

As well as providing a support service for bereaved families, the work conducted at this centre is resulting in ground breaking research to improve our understanding of the causes of young sudden cardiac death. In this financial year, CRY continued to fund the 3 staff that support Professor Sheppard at the centre, these being an administrator and two clinical technicians; as well as a PhD Research fellowship.

Cardiac Screening

This financial year, CRY had 318 screening days and screened 27,880 young people. CRY's mobile screening is fundamental in bringing specialist services to local communities.

CRY holds screening events in local communities across the UK – from the Orkney Islands down to Cornwall, from

the East coast of England to the West coast of Wales and across to Northern Ireland. Tens of thousands of young people are screened every year all around the UK thanks to the dedication of CRY's supporters who enable us to run a National Screening Program.

ECG screening

ECG screening continues to be the most cost-effective way of testing large numbers of young people. Echocardiogram tests are also conducted on the same day for the few people who may show abnormal or inconclusive ECG results.

After a tragedy a family will often raise funds specifically for screening, working to potentially save the life of someone else's child even though it is too late for them.

The first public event this year was held in Memory of Ben Hammond on the 1st of June followed by the screening in Memory of Jack Thomas on the 11th of June.

- Additional 2 days of screening were funded in Memory of Ben Hammond.
- 12 days of screening were funded in Memory of Daniel Hughes.
- Another 9 days of screening were funded in Memory of Aaron Dixon.
- 7 days of screening were held in Memory of Dan Mason.
- Another 6 days of screening were funded in Memory of Euan Campbell
- 6 days of screening were funded in Memory of Ben Forsyth.
- 4 days of screening were held in Memory of Carli Lansley.
- 4 days of screening were funded in Memory of Lewis Marsh.
- 4 days of screening were funded in Memory of James Murgatroyd.
- 4 days of screening were funded in Memory of Jamie Loncaster.
- 6 days of screening were funded in Memory of Sara Pilkington.
- 5 days of screening were funded in Memory of David Williams.
- 3 days of screening were funded in Memory of Tom Clabburn and Claire Prosser.
- 3 days of screening were funded in Memory of Anthony Fitzgerald.
- 3 days of screening were funded in Memory of Neil Ward.
- 6 joint days of screening were held in Memory of Andrew Murch, Pete McAvoy and Michael Yorston.

Once again there were 4 days of screening on the Isle of Man, where hundreds of people were screened by CRY for the charity Craig's Heartstrong Foundation, which raised money for screening in memory of Craig Lunt.

There were 8 days of screening held in Northern Ireland, 2 in Randalstown, 2 in Co Londonderry and 4 in Newtownabbey.

There have been some new screenings this year in memory of John Pirie, Luke Clayton Rutter, Andrew Key, Hamish Ross, David White, Damien Jewell, Thomas Day, Adam Knapp, Sam Moodey, Madison Campbell, Joseph Kellogg and Olly King.

Repeated 1 day and 2 day screening events were funded in memory of Jack Thomas, Matthew Seymour, Jake Anthony, Lily Webster, Robert Rowan, Charlotte Orwin, Stewart Howard, Scott and Mike Thurlow, Richard Waight, Joseph Leyland, Gary Edwards, Yasmin Caldera, Daniel Blackman, John Millar, David Green, Michael Clarke, Joseph Halliwell, Robert Heyes, Andrew Macleod, Bethany Mycroft, Michael Land, Alex Reid, Christopher and Steven Phillips, Chloe Waddell, Craig Rawlinson, John Marshall, Ryan Tilley, Thomas Hardman, Owen Morris, Philip Standing, Robert Daniel Smith, Thomas Demaine, James Nicholas, Lee Wilson, Ceri Palmer nee Howells, Harry Faulkner, Zoe Teale, Adam Pearmine, Gregg Shoults, Jordan Burndred, Matthew Hesmondhalgh, Ben Daniels, Benjamin Michael Smith, Matthew Dewhirst, Kieran Joyce, George Watson, Andrew Parr, Sam Wright, Emily rose Dunn, Adam Donnelly, Julian Wort, Martyn Luckett, Ashley Goodwin, Nathan Butler, Harry Dubois, Kyle Hancock, Jordan Grant and Stevie Wiggins.

CRY's school screening continues to be an important factor in making these services readily available to young people. This year we screened: Eton College, Emanuel School in London, Aylesbury Grammar School, Hope Valley College, Dame Allans School in Newcastle upon Tyne, Millfield School in Somerset, Tunbridge Wells Grammar School for Boys in Kent, Windsor Boys School, Kingston Grammar School, Cranleigh School, Taunton School, Canford School, Bryanston School, Shiplake College, Tudor Hall School, Nottingham High School, Wellington College and Reed's School.

A number of school and college screening events are being funded by CRY ringfenced Memorial Funds. Screening at Old Swinford Hospital School was funded in Memory of Zoe Teale, Berkhamstead School was funded in Memory of Harry Faulkner, Ravenwood School was funded in memory of Ben Daniels and Cheadle Hulme School in Memory of Aaron Dixon.

Over the year there were 2 days of screening on Orkney Isle in Scotland funded in Memory of Freya Rose Dalrymple and 2 days of screening on Shetland Isle in Scotland funded in Memory of John Pirie.

Tesco Bags of Help Centenary Grant funded 5 screening days across the UK.

Screening equipment

This year we had 1 GE Healthcare Vivid iQ ECHO machine donated in Memory of Ethan Jones.

We also had 2 Philips ECG machines donated; 1 ECG machine in Memory of Thomas Wall and 1 donated by the Assured Guaranty UK in Memory of Tanzid Begh.

Cardiac screening at CRY Head Office in Leatherhead

Regular screening events are taking place at the CRY National Screening Centre / CRY Head Office in Leatherhead. The first screening in this financial year was held on 10th and 11th of July 2022.

A total of 16 screening events were held at the CRY Head Offices in Leatherhead; 5 days were funded in Memory of David Williams, 2 days in Memory of Sara Pilkington, 2 days in Memory of Daniel Hughes, 2 days in Memory of Ethan Jones.

A number of screening days were funded by Trusts: 1 day was funded by the Aubrey Orchard-Lisle Charitable Trust, 1 day by The Lynne and Nigel Ross Charitable Trust and Coral Samuel Charitable Trust, 1 day by the Ingram trust, 1 day by the Hospital Saturday Fund and The Geoff and Fiona Squire Foundation and The Anthony and Elizabeth Mellows Charitable Settlement, The Stanton Ballard Charitable Trust, Chapman Charitable Trust, Pannett Charitable Trust, The Sir Robert Gooch Charitable Trust, W.E.D Charitable Trust and the WO Street Foundation also funded 1 day of screening.

Screening in sport

CRY provides screening for many elite and professional sports teams / clubs which includes a medical questionnaire, resting ECG and consultation with the Cardiologist (this is either one of Professor Sanjay Sharma's Research Fellows or one of CRY's previous fellows who are now consultants). If an echocardiogram is required, this is also performed on the day. Some sports have ECG and echocardiogram as standard.

CRY has provided cardiac screening to the following governing bodies/organisations:

- Gallagher Premiership Rugby for senior / contracted academy players and u18s (all 13 clubs): Bath, Bristol Bears,

Exeter Chiefs, Gloucester, Harlequins, London Irish, Newcastle Falcons, Northampton Saints, Leicester Tigers, Sale Sharks, Saracens, Wasps and Worcester Warriors. These results are then used for players called up to the National Teams e.g., England Rugby, Wales etc. Extra screening days for the u16s players were also held at Harlequins, Yorkshire and Saracens.

- Championship Rugby Union: Doncaster Knights and Coventry RFC both held their own screening days.
- Women's Rugby: RFU women's / England senior team held a screening in their world cup preparation camp. The women's u20s also held a screening at one of their training camps.
- Football: AFC Wimbledon, Arsenal FC Academy, Stockport County FC, Crystal Palace women FC, Reading women FC, London City Lionesses FC. These screenings are a mixture of ECG only or ECG and echocardiogram with some players being funded to have their screenings by the Football Association (FA) or the English Football League (EFL). For any of these screenings the results are reviewed and reported on remotely by an FA approved Cardiologist via their digital results system rather than a CRY Research Fellow. Prof Sanjay Sharma and one of his previous Research Fellows, Prof Aneil Malhotra, are both FA approved Cardiologists to do this.
- Welsh Rugby Union Teams: Scarlets held their own screening day once again, with some players from Ospreys also attending.
- Cricket: England Cricket held a day for one of their disability squads – the visually impaired squad at their national performance centre in Loughborough screened with ECG and ECHO. Essex County Cricket and Worcestershire County Cricket also held screening days at their county grounds.
- Rugby League: Leeds Rhinos Academy and London Broncos continue to hold their own days.
- The Royal Ballet School held a screening day at their lower school in Richmond.
- Olympic sports: British Rowing for their u19s athletes at their trials camp – Holme Pierrepont. British Athletics held two days to screen their athletes from their Olympic and Paralympic squads. British Triathlon held a day at their trials weekend for their academy. GB Hockey held a screening for their development athletes.

CRY have continued to have 5 athlete appointments available at each general screening. This is a way for sports which have very few athletes due for screening to have them seen or if any have missed their club/teams private screening day, rather than paying for a whole screening day/team to come out to their venue. The sports pay per athlete for these appointments, so they are not funded through the memorial fund for the day. Sports / Clubs that have screened their athletes in this way include:

- Premiership Rugby (all clubs).
- Cricket: Sussex County Cricket Club, Blaze Cricket (women's).
- Football: AFC Wimbledon, Arsenal FC Academy, Stockport County FC, Lewes women FC, Blackpool FC.
- Badminton England.
- British Swimming, Para-Swimming and Diving have had all their squads screened this way.
- Team Evolution Alpine Racing.
- RFU professional referees.
- Ealing Trailfinders Rugby (Championship).
- GB Wheelchair Rugby

Research

CRY Research Fellows

CRY Research Fellows are trained to have considerable expertise in the athlete's heart, the cardiomyopathies and ion channel diseases – thus expanding the pool of specialist doctors in this complicated field of medicine.

The Research Fellows play an instrumental role in the CRY Inherited Cardiovascular Conditions Clinics within the NHS and with the field work conducted in CRY's screening programme. Each Fellow also pursues a specific area of research.

CRY has funded 5 full-time Research Fellows during all or part of the year.

Two Research Fellows started their grants under the supervision of Professor Sharma and Professor Michael Papadakis in February 2020, Dr Raghav Bhatia and Dr Sarandeep Kaur Marwaha.

Dr Saad Fyyaz started his grant in October 2020 and Dr Nikhil Chatrath started his grant in April 2021, both under the supervision of Professor Sanjay Sharma and Professor Michael Papadakis.

One Research Fellow started their grant under the supervision of Professor Sanjay Sharma and Dr Sabiha Gati, Dr Nirmitha Jayaratne started her grant in November 2022.

CRY is also funding 2 Clinical Fellows during all or part of the year. Dr Eleni Nakou started her fellowship in August 2022 and Dr Emmanouil (Manos) Androulakis started in September 2022.

Dr Gherardo Finocchiaro was also funded by CRY until the end of January 2023.

CRY funds two specialist physiologists, to support research and conduct ECGs, echocardiogram and VO2 max tests at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology.

CRY's screening programme continues to surpass all expectations and has fed into crucial research for the benefit of all involved in this field. CRY was first to identify the upper limits of wall thickness and cavity size in British athletes; CRY is the first organisation in the world to characterise cardiac dimensions in adolescent athletes – knowing how to differentiate pathology from physiology is vital for diagnosis; and the first organisation to characterise ECG changes in athletes in a document that is now the blueprint for the Sports Cardiology Section of the European Society of Cardiology.

Apart from diagnostics and these physiological goals, CRY has also been pivotal in identifying the prevalence of conditions such as hypertrophic cardiomyopathy (HCM) in sportsmen. This includes recently identifying conditions such as long QT as more common than HCM.

CRY's findings are published in reputable peer reviewed journals and CRY's guidelines are now nationally and internationally recognised. The current international cardiac screening guidelines have been based on a Caucasian population in the Veneto region of Italy. CRY's research not only highlights the importance of establishing "normal" cardiac parameters in differing ethnic groups, but it is also guiding international screening recommendations when applied to these groups.

Being part of the CRY screening programme is not only about identifying those at risk through employing the highest level of cardiac expertise. It is about taking part in national research programme.

The academic papers published in this financial year include:

- **“Cardiac magnetic resonance in patients with ARVC and family members: the potential role of native T1 mapping.”** Georgiopoulos G, Zampieri M, Molaro S, et al. *The International Journal of Cardiovascular Imaging*, June 2021.

“This study explored the diagnostic role of myocardial native T1 mapping in patients with ARVC and their first-degree relatives. Thirty ARVC patients (47% males, mean age 45 ± 27 years) and 59 first-degree relatives not meeting diagnostic criteria underwent CMR with native T1 mapping.”

- **“Female Sex and Persistent Inequalities in the Care of Patients with Hypertrophic Obstructive Cardiomyopathy: A Call to Action”** Raghav T Bhatia et al. *European Journal Of Preventive Cardiology*. 2022 June 16
- **“Cardiac arrest with successful cardiopulmonary resuscitation and survival induce histologic changes that correlate with survival time and lead to misdiagnosis in sudden arrhythmic death syndrome”** Jose Coelho-Lima et al. *Resuscitation*. 2022 June
- **“Role of the Electrocardiogram in Differentiating Genetically Determined Dilated Cardiomyopathy from Athlete's Heart”** Denise Zaffalon et al. *European journal of clinical investigation*. 2022 July 18.
- **“Of Mouse and Man: Cross-Species Characterization of Hypertensive Cardiac Remodelling”** Susanna T E Cooper et al. *International journal of molecular sciences*. 2022 July 12.
- **Beware the Possible Dangers of Chemsex - Is illicit Drug-Related Sudden Cardiac Death Underestimated? - Reply** Mary N Sheppard. *JAMA cardiology*. 2022 July 27.
- **Mending the broken valentine heart: a case report** Sarandeep Marwaha et al. *European heart journal. Case reports*. 2022 August 5.
- **Sudden cardiac death in cardiomyopathies: acting upon "acceptable" risk in the personalized medicine era** Gherardo Finocchiaro. *Heart failure reviews*. 2022 September
- **Impact of Exercise on Outcomes and Phenotypic Expression in Athletes With Nonobstructive Hypertrophic Cardiomyopathy** Joyee Basu et al. *Journal of the American College of Cardiology*. 2022 October 11.
- **Mitral valve abnormalities in decedents of sudden cardiac death due to hypertrophic cardiomyopathy and idiopathic left ventricular hypertrophy** Raghav T Bhatia et al. *Heart rhythm*. 2022 October.
- **Beware the Possible Dangers of Chemsex - Is Illicit Drug-Related Sudden Cardiac Death Underestimated? - Reply** Mary N Sheppard. *JAMA cardiology*. 2022 October 1
- **Exercise prescription in individuals with hypertrophic cardiomyopathy: what clinicians need to know** Sabiha Gati et al. *Heart (British Cardiac Society)*. 2022 November 24
- **Exercise prescription in individuals with hypertrophic cardiomyopathy: what clinicians need to know** Sabiha Gati et al. *Heart (British Cardiac Society)*. 2022 November 24
- **Physical activity and exercise recommendations for patients with valvular heart disease** Nikhil Chatrath et al. *Heart (British Cardiac Society)*. 2022 November 24
- **Fatal Case of Hypertrophic Cardiomyopathy in a Donor Heart: A Case Report** Mark Sexton et al. *Transplantation proceedings*. 2022 November 10.
- **Effect of sex, age and body measurements on heart weight, atrial, ventricular, valvular and sub-epicardial fat measurements of the normal heart** Joseph David Westaby et al. *Cardiovascular Pathology: the official journal of the Society for Cardiovascular Pathology*. 2023 Mar-Apr.
- **Sudden Cardiac Death in Athletes: Facts and Fallacies** Jennie Han Andrea Lalario et al. *Journal of cardiovascular development and disease*. 2023 February 5.
- **The Role of the Bicuspid Aortic Valve in Sudden Cardiac Death - Findings at Cardiac Autopsy** Nikhil Chatrath et al. *Cardiovascular pathology: the official journal of the Society for Cardiovascular Pathology*. 2023 February 22.
- **Coronary Artery Dissection and Myocardial Infarction With Nonobstructed Coronary Arteries: Insights From a UK Nationwide Autopsy-Based Registry** Giuseppe Ciliberti et al. *Arteriosclerosis Thrombosis, and Vascular Biology*. 2023 February 9.

- **“Sudden arrhythmic death and cardiomyopathy are important causes of sudden cardiac death in the UK: results from a national coronial autopsy database”** Mary N Shepard et al. *Histopathology*. 2023 February 17.
- **Sudden Cardiac Death Among Adolescents in the United Kingdom** Gherardo Finocchiaro et al. *Journal of the American College of Cardiology*. 2023 March 21.
- **Sport and Exercise in Genotype positive (+) Phenotype negative (-) Individuals. Current Dilemmas and Future Perspectives** Alessia Paldino et al. *European journal of preventive cardiology*. 2023 March 17.
- **Prevalence and diagnostic significance of de-novo 12-lead ECG changes after COVID-19 infection in elite soccer players** Raghav T Bhatia et al. *Heart (British Cardiac Society)*. 2023 March 27.
- **The Effect of Ethnicity on Left Ventricular Adaptation to Exercise** Joyee Basu et al. *European Journal of Preventive Cardiology*. 2023 April 22.
- **Coronary Artery Dissection and Myocardial Infarction With Nonobstructed Coronary Arteries: Insights From a UK Nationwide Autopsy-Based Registry-Brief Report** Giuseppe Ciliberti et al. *Arteriosclerosis, Thrombosis, and Vascular Biology*. 2023 May.
- **An Athlete With Bicuspid Aortic Valve Regurgitation and Left Ventricular Dilatation: A Clinical Conundrum** Nikhil Chatrath et al. *JACC. Case reports*. 2023 May 3.
- **Prevalence and diagnostic significance of de-novo 12-lead ECG changes after COVID-19 infection in elite soccer players** Raghav T Bhatia et al. *Heart (British Cardiac Society)*. 2023 May 26.
- **Fit to a fault? The paradox of coronary artery disease in veteran athletes** Saad Fyyaz et al. *European heart journal*. 2023 May 20.
- **Erratum to: Vascular histopathology and connective tissue ultrastructure in spontaneous coronary artery dissection: pathophysiological and clinical implications** Marios Margaritis et al. *Cardiovascular research*. 2023 May 2.

Conferences

CRY International Medical Conference 20 and 21 October 2022

The CRY International Medical Conference was once again held online, as it was in 2020 and 2021. For this latest online conference, we were pleased to welcome audience members from around the world as leading experts in cardiology gave presentations, discussed various case-based scenarios and how to deal with them, and held interactive debates that viewers could engage with.

Some of CRY's doctors - Professor Sanjay Sharma and Professor Michael Papadakis – as well as former CRY Research Fellows Dr Sabiha Gati and Professor Aneil Malhotra, gave excellent talks at the event. Several other experts including Professor Domenico Corrado, Professor Jonathan Drezner and Professor Antonio Pelliccia also presented at the event.

Core Fundraising Events

PLEASE NOTE: The figures detailed below are based on the total amount raised throughout the duration of each event. Due to the process of collecting sponsorship and donations, these final totals raised can often span more than one financial year and so do not reflect the figures that are presented in the audited accounts.

London 10,000 2021

Due to the pandemic, the 2021 event was cancelled. A virtual equivalent was offered to all participants that had places and funds.

CRY Heart of London Bridges Walk 2022

The 16th CRY Heart of London Bridges Walk took place on Sunday 26th June 2022. It was our first year back in Southwark Park after the pandemic. We decided that we would continue to offer the walk as a virtual event, known as My Walk For CRY, so as many of our supporters as possible could take part. 826 people registered to participate, with 741 walkers registered for Southwark Park and 85 supporters registered to take part in their own version of the walk in their local communities. £24,922.22 was raised in total. As well as having the physical message wall in the park, we replaced the CRY website homepage for 24 hours with all the photos and messages we received so that those visiting the CRY website would see them. The home page was also displayed on a big screen in the park. Speeches were made by CRY Patron, Phil Packer MBE and Dr Steven Cox. A minute silence was observed before the walkers set-off at 11am. See the full write-up here – www.c-r-y.org.uk/cry-returns-to-london-for-2022/

AJ Bell Great North Run 2022

The 2022 event went ahead without Covid restrictions for the first time since the pandemic. It was a fantastic day, with the weather holding out for decent conditions to take part in, despite the terrible forecast! 37 CRY runners took part in the event raising £18,323.70. See the full write-up here - www.c-r-y.org.uk/great-north-run-write-up-2022/

CRY Heart of Durham Walk 2022

The 13th CRY Heart of Durham Walk took place on Sunday 18th September 2022, at Durham Amateur Rowing Club, walking through the city centre. We decided that we would continue to offer the walk as a virtual event, known as My Walk For CRY, so as many of our supporters as possible could take part. We had a total of 139 supporters register to take part in the event; 132 joining us in Durham and 7 supporters registering to walk in their local area, raising a total of £5,375.01. The Durham Walk homepage turned into the digital message wall on the day. See the full write-up here – www.c-r-y.org.uk/durhamwalk-write-up-2022/

Royal Parks Half Marathon 2022

The Royal Parks Half Marathon is London's original half marathon. Over 12,000 runners took part in the 2022 event on Sunday 9th October. 8 CRY Runners took part in the event raising £4,601.00 to date.

12-A-Week Challenge 2022

On Saturday 19th of November 2022, 74 participants started to clock up the miles by walking, running, horse riding, swimming, hiking, cycling, and jogging. The 12 A Week Challenge took place during Raising Awareness Week which ran from 19th November – 27th November 2022. Each of the 12 miles completed represented the 12 young sudden cardiac deaths that happen every week. A total of £14,260.00 has been raised to date, by all 74 participants. See the full write-up here - www.c-r-y.org.uk/12-a-week-challenge-write-up-2022/

CRY Great Cake Bake 2022

The 11th CRY Great Cake Bake took place on Friday 25th November 2022, as part of CRY's Raising Awareness Week. 34 supporters registered to take part raising a total of £9,970.65. A digital pack was sent to those taking part, including 6

recipes donated by CRY Staff member. We were lucky enough to have the support of three bakers who have appeared on the Great British Bake Off. Chigs Parmar, Freya Cox and Valerie Stones formed a fantastic panel of judges for this year's competitions. See the full write-up here - <https://www.c-r-y.org.uk/cry-great-cake-bake-write-up-2022/>

TCS London Marathon 2022

The 2022 event was postponed due to the pandemic and was moved to October 2nd 2022. A total of 40,643 participants completed the 2022 TCS London Marathon on the streets of the capital. 60 CRY runners took part and raised £172,744.85. See the full write-up here - www.c-r-y.org.uk/marathon-write-up-2022/

London Landmarks Half Marathon 2023

17,266 runners took to the capital wearing charity colours in what was the biggest ever London Landmarks Half Marathon, both in terms of runners and the amount of money raised since the event started. The enthusiastic CRY cheering team spurred on our CRY London Landmarks team with cowbells and megaphones! 38 CRY runners took part raising £39,440 to date. See the full write-up here - www.c-r-y.org.uk/london-landmarks-half-marathon-write-up-2023/

TCS London Marathon 2023

This year the event was moved back to the original date in April for the first time since the pandemic. More than 48,000 people finished the TCS London Marathon, defying wet conditions to make the 2023 edition the biggest ever in the event's history. 102 CRY runners took part raising £249,931.26. See the full write-up here - www.c-r-y.org.uk/london-marathon-event-write-up-2023/

RideLondon-Essex 2023

More than 20,000 riders enjoyed amazing conditions as they took on three Ford RideLondon-Essex mass-participation rides, many fundraising for charity at an event that's been dubbed 'the London Marathon on wheels'. 15 CRY riders took part raising £16,627. See the full write-up here - www.c-r-y.org.uk/ride-london-event-write-up-2023/

Trust Donations

In this financial year CRY received 86 donations from Charitable Trusts and Foundations totalling £282,238. In total £58,500 went towards Memorial Funds, £102,958 was ringfenced for certain projects/items and £120,780 went to core funding.

Support

Telephone Bereavement Support

CRY has a network of 26 Bereavement Supporters who have themselves been affected by a young sudden cardiac death and have since completed a two-year counselling skills and theory course so that they can offer individual telephone support to other people following a tragedy. No matter how much professional support is offered, sometimes just talking to someone "who has been through a similar experience" helps the most. In the period 1st June 2022 to 31st May 2023, CRY's Bereavement Supporters accepted 43 new referrals from bereaved families. This included bereaved mums, dads, siblings, partners and grandparents.

Private Bereavement Support Facebook Groups

CRY has private Facebook groups specifically for bereaved mums, dads, siblings, partners, friends, grandparents, aunts and uncles, and a group for all family and friends. The groups are private communities for people who are in touch with CRY to connect, share their feelings and experiences with others who have experienced the loss of a young person, and be part a network of support for one another.

At the end of May 2023, there were the following number of people in each group:

Mums – 193, Dads – 34, Siblings – 126, Partners – 115, Friends – 20, Family & Friends – 80, Aunts & Uncles – 18, Grandparents – 4.

Support resources

CRY's information pack for bereaved families is available in both digital and print format so that we can respond to bereaved families' requests for information without delay. CRY provides emotional support literature and medical information written specifically for bereaved families, free of charge upon request by any bereaved family member.

myheart Network meetings

The myheart network meetings are informal meetings for young people aged 18-35 who have been diagnosed with life-threatening cardiac conditions. Members have the opportunity to spend time in a group, sharing experiences and asking questions informally of an expert consultant cardiologist.

National myheart meeting October 2022

4 young people registered to attend the October meeting, held via Zoom. CRY myheart cardiologist, Dr Sabiha Gati, offered the opportunity for those attending to informally discuss any medical queries.

National myheart meeting May 2023

9 young people registered to attend the Spring 2023 myheart meeting, held at Friends' House in Euston, London. The session was led by CRY Research Fellow, Dr Raghav Bhatia.

myheart Network Newsletter

The myheart annual newsletter, containing the latest news from the myheart network, personal stories from young people living with a cardiac condition and articles written by myheart's Consultant Cardiologist and CRY's Research Fellows, was distributed to cardiac units in hospitals across the UK to enable more young patients to find out about the support available.

Raising Awareness

Comment on the collapse of footballer Christian Eriksen June 13, 2022

The sudden collapse of Danish midfielder Christian Eriksen at the 2021 Euros is another terrible reminder of the horrendous impact cardiac conditions have on so many young people every day in the UK and across the world. CRY Chief Executive Dr Steven Cox gave a full statement on the incident and CRY's work to save young lives, while Professor Sanjay Sharma spoke with various news outlets following Eriksen's collapse to offer his expertise on the situation and explain how cases like this can be responded to or prevented to begin with.

Sunrise Radio interview with Surinder Singh 2nd June 2022

This interview was aired on Sunrise Radio's morning show with Shabnam Sahi raising awareness of CRY's flagship event, the CRY Heart of London Bridges Walk, and why supporters participate each year. Surinder Singh and his niece Sandesh talked about CRY's bereavement support, their participation in the walk since 2012 in memory of Surinder's brother, Sukhwinder, what it means to them and the importance of raising awareness of CRY's work.

CRY's 16th Heart of London Bridges Walk 25th June 2022

Over the last two years, many CRY events have gone virtual due to the pandemic. This has included the CRY Heart of London Bridges Walk, with supporters completing walks in their local communities around the country rather than gathering together as normal.

On 26 June 2022, we were so pleased to be able to return to London for the 16th anniversary of this special event.

The 5-mile route went past many of London's iconic landmarks, including Tower Bridge, the Tower of London, The Gherkin, St Paul's Cathedral, Shakespeare's Globe, and The Shard. We also introduced a new quiz to test our walkers along the route with some London trivia.

A total of 709 walkers came to take part.

CRY Ambassador Ivan Thomas takes on Ironman Challenge *10th July 2022*

Former Kent cricketer and CRY Ambassador Ivan Thomas took part in an ironman competition to raise money for CRY. The ironman event starts with a 3.9km (2.4 miles) swim in Lake Thun, Switzerland, followed by a 180.2km (112 miles) cycle through the Alps before finishing off with a marathon.

2022 Great North Run *11th September 2022*

38 Runners participated in the GNR to raise awareness and funds for CRY. The event has now returned to its normal busy and vibrant atmosphere.

CRY Heart of Durham Walk *18th September 2022*

We were pleased to join 132 of our supporters on Sunday 18th September for the 13th CRY Heart of Durham Walk. Participants started to set off from the rowing club and walk along the river, toward the city centre. Soon, there was a sea of CRY T-shirts visible to passers-by.

Heart of West London Partnership Launches *3rd October 2022*

The Heart of West London partnership is a group of organisations working together to change the game for heart health.

The partnership is made up of Brentford FC, Brentford FC Community Sports Trust, Royal Brompton and Harefield Hospitals Charity, Cardiac Risk in the Young (CRY), Resuscitation Council UK, Pablo London and A-K-A Day.

Together the partnership hopes to raise awareness of game-changing research, drive forward our knowledge of cardiovascular disease to discover more effective treatments, and drive education and training within our local communities.

TCS London Marathon *2nd October 2022*

Sunday October 2nd 2022 marked the second year that the marathon was to go ahead in October. CRY volunteers were based out on the route at miles 12 and 23 to spur our charity heroes on. This year was the first time CRY were based at the Meet and Greet. It was lovely to see how many runners, along with their families and friends, came to see us to share their experiences from the day. We were delighted to have 57 runners take part on behalf of CRY, raising both vital funds and awareness.

CRY's Raising Awareness Week *19th – 27th November 2022*

We were thrilled to see so many supporters get involved with CRY's 2022 Raising Awareness Week. We brought back the 12-A-Week Challenge, where supporters aim to complete 12 miles by either walking, running, cycling or swimming, and 74 people took part. Along with the CRY Great Cake Bake and everyone's different efforts to raise awareness, it was another successful week.

CRY Consultant Cardiologist Professor Sanjay Sharma interviewed on Sunrise Radio to launch CRY's raising awareness week *21st November 2022*

CRY's consultant cardiologist Professor Sanjay Sharma joined Shabnam Sahi on Sunrise Radio's morning programme to launch Raising Awareness Week 2022. Sanjay talked about his work with CRY over the last 25 years, why he decided to specialise in heart conditions affecting young people, the importance of CRY's screening programme; and his own fundraising efforts taking on 10k runs and half marathons in aid of CRY. Thank you to our charity partners at Sunrise Radio for their efforts in raising awareness on-air throughout Raising Awareness Week.

CRY launches social media campaign – "Why Do I Support CRY" *1st February 2023*

During Heart Month 2023, CRY launched 'why do I support CRY?'. The campaign aimed to personify and tell the stories behind CRY.

We asked our supporters to send in their reasons for supporting CRY so we could share across our social media what CRY means to so many. The campaign was met with hundreds of responses, many sharing deeply personal stories of the impact of Young Sudden Cardiac Death (YSCD) and our cardiac screening programme.

TCS London Marathon *23rd April 2023*

Sunday 23rd April 2023 marked the London Marathon's return to its usual spot in the annual calendar of events, having been postponed and moved to October for the last few years due to the pandemic. We were delighted to have had 102 runners take part on behalf of CRY, raising both vital funds and awareness.

RideLondon-Essex 100 28th May 2023

15 cyclists participated on Sunday 28th May on behalf of CRY, taking on what is known as the world's greatest festival of cycling, the RideLondon-Essex 100. There was a CRY cheering station near the end of the 100-mile course, with CRY staff and volunteers making as much noise as possible with their CRY cowbells, whistles and clap bangers to cheer for the CRY cyclists and help spur them on to the finish line.

Social Media

CRY is continuously broadening its online presence through popular social media platforms such as Facebook, Twitter, Instagram, and TikTok. Our efforts in expanding these networks and seamlessly integrating them into our existing social media strategy are expected to yield significant growth in our audience engagement.

To maintain an edge in our social media endeavours, CRY leverages the power of SproutSocial, a comprehensive social media management software. This platform grants us access to in-depth analytics, allowing us to closely monitor the performance and impact of our messages.

As part of our proactive awareness-raising initiative, CRY uses multimedia content. We now create captivating graphics, infographics, and engaging short videos in-house. By incorporating these visually appealing elements into our posts, we aim to captivate our followers and stand out amidst the vast sea of social media content.

CRY on Twitter

Over the year, CRY had 535 new followers, an increase of 0.9% on the main Twitter account @CRY_UK (www.twitter.com/CRY_UK), making a total of 18,766 followers as of May 2023. Tweets have covered a variety of topics, including promoting upcoming screening days; highlighting research publications as they go to press; announcing new Patrons; thanking supporters and promoting CRY fundraising events and launching new videos.

myheart on Twitter

CRY's Twitter account for the myheart support network has gained 46 followers an increase of 10.2% making a total of 496 followers. Tweets have covered subjects such as information on support meetings, news about the members attending events/ sharing their stories, conditions and advice. With the increase of videos filmed with Professor Michael Papadakis there has been an increase in engagement with myheart members.

CRY on Facebook

Over the year, there were 1990 new 'likes', an increase of 5.3% on the CRY Facebook page (www.facebook.com/CardiacRiskintheYoung), making a total of 38,650 'likes' as of May 2023. Posts on Facebook allow CRY to give more detail about upcoming screening days, research publications and CRY fundraising events.

myheart on Facebook

Over the year, there were 7 new pages likes, an increase of 1.7% for the myheart page on Facebook, which has increased the total number of 'likes' to 1004.

CRY on Instagram

CRY gained 737 followers, an increase of 10.6% on Instagram (www.instagram.com/cardiacriskintheyoung), the total number of followers is now 9,310. The account was setup to show the 'positives' of CRY's work and add more engagement with our fundraisers. Using the hashtag #cardiacriskintheyoung, we have created a feed of pictures onto the homepage of the CRY website, showing what our supporters are up to with fundraising, raising awareness and, more recently, screenings. The CRY account shares images from CRY and supporter events with an aim to raise awareness and thank our supporters. Thanking our supporters is crucial to keep them engaged with CRY and for CRY to engage with our younger supporters. There have been over 2,000 images posted this year with #cardiacriskintheyoung (these are a mixture of supporter and CRY posted images).

CRY's YouTube Channel

CRY has continued to expand its library of videos to raise awareness of young sudden cardiac death; support those living with conditions; and offer a catalogue of talks from the CRY conference. There were over 36,289 new views on the range of videos. There has also been an increase in subscribers with the new total being 2,070 an increase of 22%.

myheart's YouTube Channel

CRY's myheart YouTube channel is dedicated to support videos and has had over 12,630 new views and increased in subscribers to 160. The increase on views is up compared to last year.

CRY Websites

Total number of visitors to the main CRY website was 264,037 visitors.

Total number of visitors to the myheart website was 7,925 visitors.

Total number of visitors to sads.org.uk website was 33,324 visitors.

Total number of visitors to testmyheart.org.uk website was 178,784 visitors.

CRY in the Media

Raising Awareness is one of the most important aspects of CRY's work. Awareness that young people can die of undiagnosed cardiac conditions and that this is one of the most common causes of death in young people with. 12 fit and healthy young people are dying every week in UK from undiagnosed heart conditions. It is also important to raise awareness of the signs and symptoms to look out for as well as the genetic implications of inherited cardiac conditions. CRY want every young person to have the opportunity to have their heart tested so it also important to raise awareness of CRY's screening programme for any young person between the age of 14 and 35 who wants to have their heart tested.

Through awareness, social media, media interviews, newspaper and magazine articles bereaved families find out about CRY, enabling us to offer them the medical (pathology and cardiology) and emotional support they need following such a devastating tragedy.

There were 1056 articles on CRY published in print media, including 31 articles in national newspapers. Below is a selection of national newspaper articles throughout the year.

Month	Total Articles	National/magazine articles
June 2022	374	<ul style="list-style-type: none">The Times. "Why women and men need to exercise differently" – News article about CRY research and the difference extreme exercise has depending on someone's sex. – Similar Articles appeared in the Daily Express, Daily Mail and Telegraph Magazine
July	35	
August	22	<ul style="list-style-type: none">Sunday Mirror. "My 'healthy' son dropped dead at 31 at his computer - he died so we could live" – Article from the perspective of Gary Anderson's mum following his death in 2020.
September	25	
October	80	
November	29	
December	22	
January 2023	61	

Month	Total Articles	National/magazine articles
February	87	<ul style="list-style-type: none"> Daily Express. "A Place In The Sun's Jasmine Harman shares husband's devastating video" – Part of the Why Do I support CRY campaign for Heart Month, A Place In The Sun star Jasmine Harman has opened up about heartbreak at home, after sharing her husband's heartbreaking video detailing the sudden death of his sister. This article also appeared in the Sunday Mirror and The Sun
March	276	<ul style="list-style-type: none"> The Times. "Call for routine scans after aide died playing rugby" – Family article about the death of David Hill and aide to the political parties in Scotland. Daily Mail. "Businessman completes 3,000-mile Atlantic rowing challenge for cardiac charity" – Row for Amy. Andrew Osborne, from Rutland, finished his voyage in Antigua, more than 11 weeks after setting out from the Canary Islands in January. Rowing the entire distance solo in memory of his daughter Amy and raising over £160,000
April	28	
May 2022	17	<ul style="list-style-type: none"> The Sun. "TRAGIC END Doctors said my healthy 25-year-old brother's heart palpitations were anxiety – the next day our parents found him dead" – Ben Peters, 25, died hours after being discharged from hospital, where doctors diagnosed him with anxiety - but his family discovered he had a catastrophic haemorrhage within his heart

Fundraising Regulator Requirements

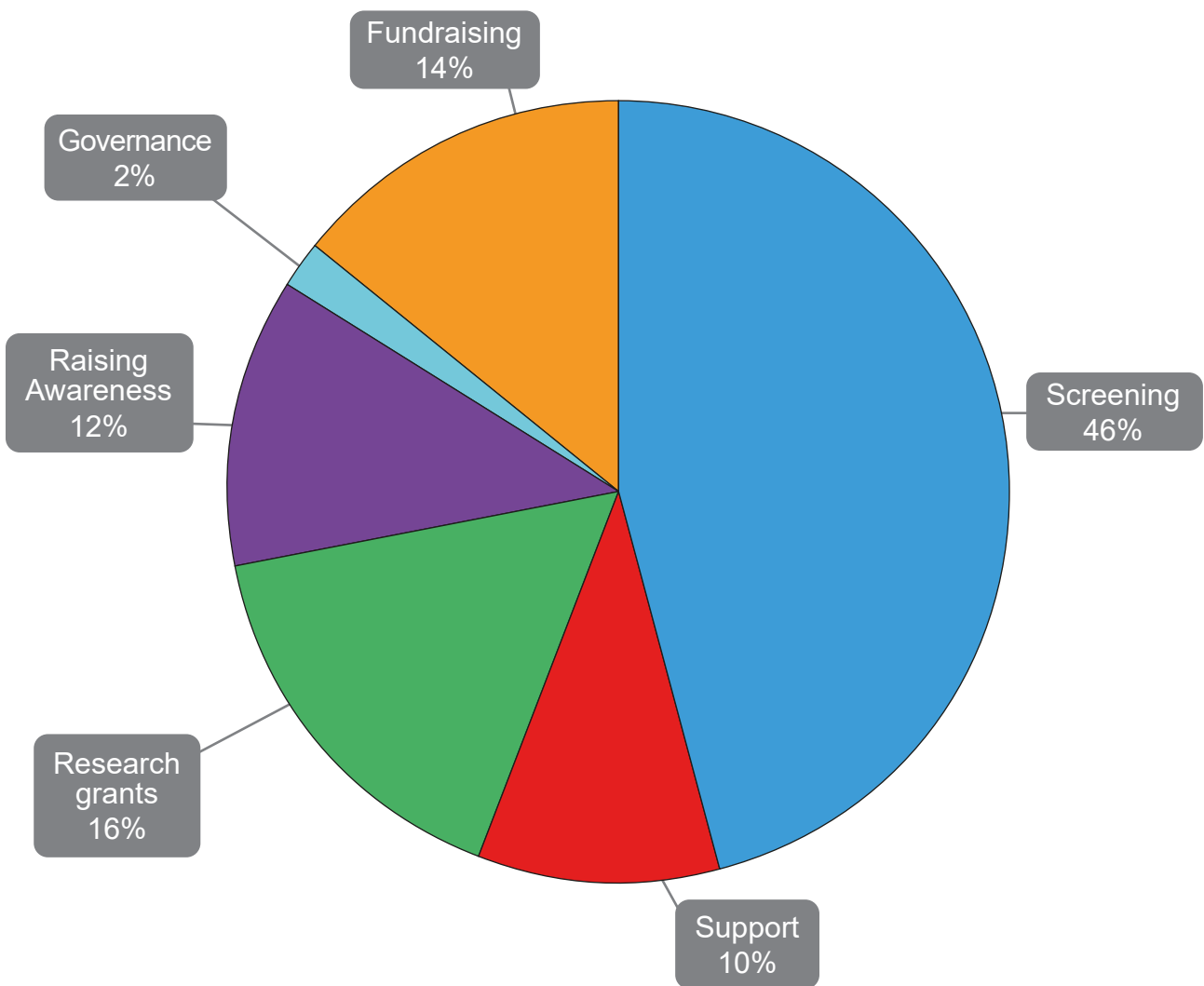
As members of the Fundraising Regulator, CRY is committed to having a complaints procedure in place. During the period of this annual report, we received no fundraising complaints.

Strategic Report

Financial Review

During the year, the funds received by the charity increased from £2.85 million to £3.72 million. Expenditure increased from £3.09 million to £3.42 million. The table below "How CRY spends donations 2022-23 highlights the percentage of expenditure by each of the key areas of CRY's operations. These are screening, research, raising awareness, support (of affected families and young people with inherited cardiac conditions), as well as fundraising and governance costs. The full breakdown of figures are shown on page 31

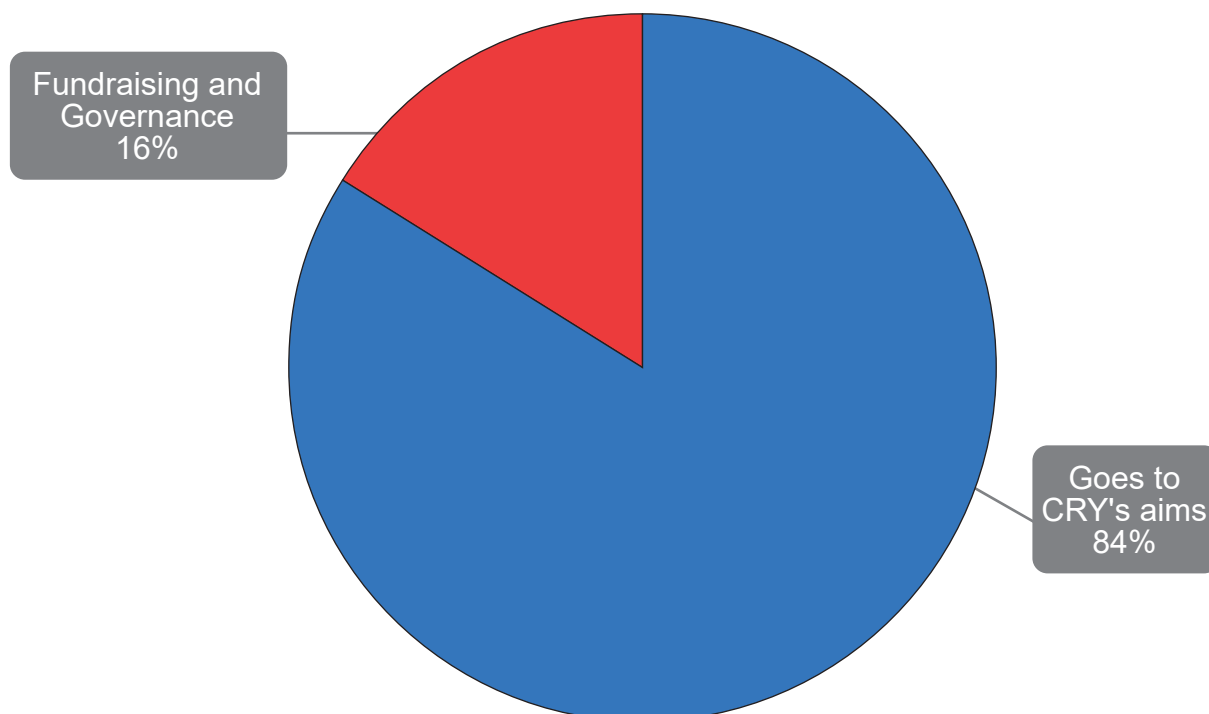
How CRY Spends Donations 2022-23



Expenditure spent on research grants has decreased from 20% last year to 16% this year. This is largely due to a temporary reduction in research grants following the impact of covid. Research grants provide the funding for the CRY doctors who are essential to the CRY screening programme. To mitigate this shortage of CRY doctors, as the charity returns to pre-covid levels of screening, we have had to identify external clinical support for the programme. Clinical fellows and previously funded CRY doctors have helped us to meet the high screening demand. The cost of these doctors has been attributed to screening costs, rather than research costs. Consequently, research costs have fallen and screening costs have risen from 38% of total expenditure last year to 46% this year.

CRY continues to spend a high proportion of its funds to directly meet its charitable objectives. 84% of CRY's expenditure went to screening, research, awareness and support, and just 16% going to fundraising costs and governance.

Total amount going to CRY's aims 2022-23



Reserves policy

The Trustees have established the level of reserves that the charity ought to have.

Unrestricted funds are needed to:

- cover support and management costs;
- provide funds which can be designated to specific projects to enable these projects to be undertaken at short notice;
- achieve a liquid reserve to provide cover for further capital expenditure.

The Trustees consider it prudent that unrestricted reserves should be sufficient to cover 6 months Support and Management Costs. The Trustees have set the required level of free reserves for the above matters at £350,000. Free reserves increased from a negative £302,000 at 31st May 2022 to a positive £37,489 at 31st May 2023. Covid had a significant impact on the free reserves and, whilst there has been a significant improvement in the free reserves during the year, the current level of free reserves is still below the level set out by the Trustees. The budgets over the next 12 months predict a further improvement in CRY's free reserves.

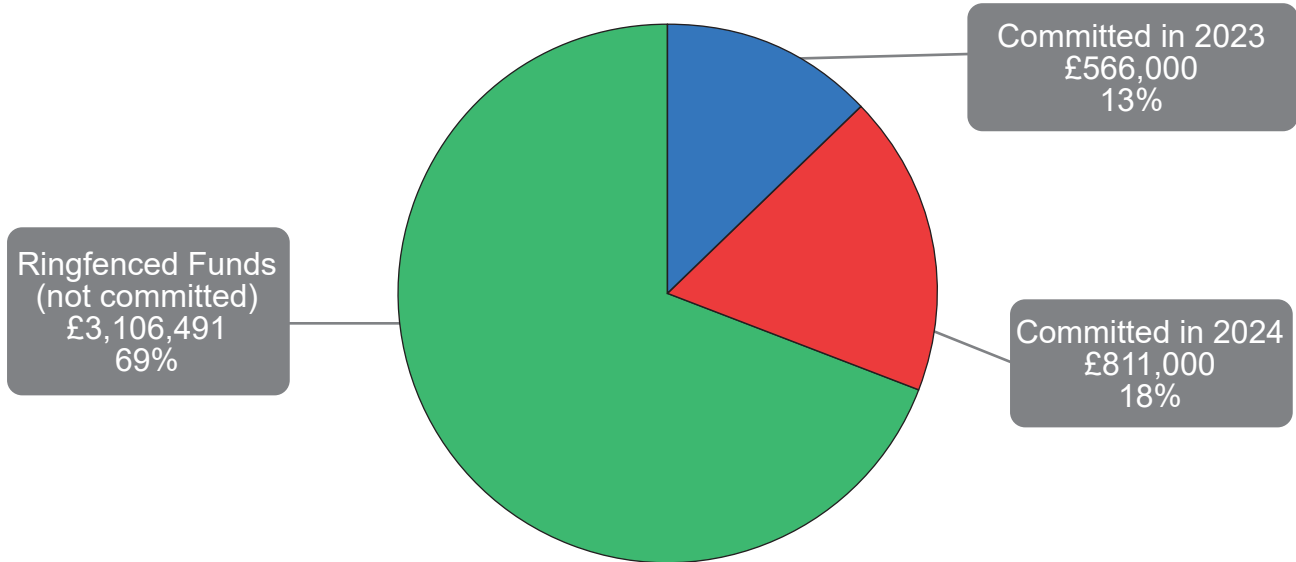
In 2020, a plan was put in place to arrange a Coronavirus Business Interruption Loan (CBIL) to ensure CRY would maintain sufficient cash reserves going forward and this is recognised in the accounts in note 11 on page 42. This loan was borrowed against the value of CRY's office which was purchased in 2013 and was valued at £990,000 just prior to the loan being approved. The level of reserves is monitored and reviewed by the Trustees throughout the year. In October 2021 CRY fixed the interest of the loan at 2.44% for the full duration of the loan. Interest earned on our deposits currently more than covers this cost.

An explanation of CRY's reserves and Ringfenced Funds

A significant proportion of CRY's reserve funds are "ringfenced" and must be used for specific projects. The majority of these funds are raised by families who have suffered a tragedy from young sudden cardiac death, in order to take forward a screening programme in their community in memory of their child, sibling or partner. Once the family has

reached the appropriate sum, CRY supports them in taking forward one or more screening events. £4.48 million is now ringfenced for CRY families who specifically request that it is spent on screening. CRY has significant ringfenced funds which provide the funding required for the screening programme going forward for the next 3 years.

By June 1st 2023, £1.377 million of the £4.48 million ringfenced had already been committed to screening events which had been booked in 2023 and 2024. The ringfenced funds which are currently not committed will be allocated to events over the next 3 years.



CRY cannot use these funds for other activities such as bereavement support, raising awareness and research. CRY encourages families to use the funds that are ringfenced, and funding their own screening programme in memory of their relative is important to many bereaved families. It is essential that CRY offers families the ability to raise funds safe in the knowledge that the funds can be dedicated to screening in the very community that raised the money.

Investment Policy

The Trustees have considered the most appropriate investment policy for funds and have decided that interest bearing accounts with clearing banks effectively meet their requirements to generate income and meet operational contingencies.

Risk Management

The Trustees have a risk management strategy, which comprises:

- a review of the risks the charity may face which is conducted at each board meeting;
- the establishment of systems and procedures to mitigate those risks identified;
- the implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

The major risks are considered to be those that would prevent CRY from carrying out its charitable objects permanently. The Trustees have identified the following as possible risks that the charity faces: impact of economic climate; failure to govern effectively; major fraud or financial mismanagement. The risks are regularly reviewed by the main board.

Achievements and Performance

Our achievements and performance are discussed in detail on pages 9 to 23 of this report.

Going Concern

The Trustees have reviewed the budget for the next 12 months and consider the charity has adequate resources to continue for the foreseeable future.

Related Parties

None of the Trustees received remuneration or other benefits for their work for the charity. Any transactions between the charity and the Trustees or senior management or related parties must be disclosed to the board. In the current year no such related party transactions were reported.

Plans for the Future

- 1.** To continue funding the CRY Centre for Cardiac Pathology at St George's Hospital:
 - raise awareness of the importance of pathology in the role of young sudden cardiac death
 - continue development as the leading service in this field
 - continue funding coroner referrals to expert cardiac pathologist, Professor Mary Sheppard.
- 2.** To continue funding the Research Fellows, the specialist physiologist and the maintenance of the machinery that is used at the CRY Centre for Sports Cardiology at St George's Hospital and maintaining the current service, where a fast-track cardiac screening service is available to elite athletes.
- 3.** To develop CRY's programme of cardiac screening and research:
 - continue the expansion of the infrastructure of the CRY ECG screening service
 - enable young people in local communities to access cardiac screening
 - continue the provision and development of the most proficient screening service to elite athletes in the UK
- 4.** To expand the number of Research Fellowship grants, which will enable CRY to:
 - increase the number of screening events CRY can hold
 - increase number of referrals that can be managed at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology
 - increase CRY's contribution to research in the area of young sudden cardiac death, through:
 - o published abstracts and posters
 - o published articles in peer reviewed journals
 - o presentations at international conferences
- 5.** To develop CRY's counselling support programme through:
 - training programmes for bereavement supporters
 - support services we offer to families after both a bereavement and a diagnosis
 - developing a library of books and online resources to support families after a tragedy
 - supporting initiatives to incorporate peer to peer support services within clinical care pathways.
- 6.** To raise awareness of cardiac risk in the young:
 - CRY will continue to make people aware of cardiac risk in the young and what can be done to prevent a tragedy
 - CRY will continue to drive forward and expand the impact of our Raising Awareness Week. Through an improved representative structure and increased volunteer base this event will continue to generate awareness of these conditions in local communities throughout the country
- 7.** To campaign to establish a national strategy for the prevention of young sudden cardiac death.

Statement of Trustees Responsibilities

The Trustees (who are also directors of Cardiac Risk in the Young for the purposes of company law) are responsible for preparing the Trustees' Report (including the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare the 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, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and 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, and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper 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.

In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

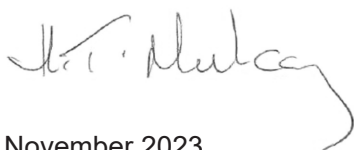
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditors

A resolution will be proposed at the Annual General Meeting that BGM Helmores Limited be re-appointed as auditors to the charity for the ensuing year.

By order of the Board

Trustee:



Date: 22nd November 2023

Independent Auditors' Report

Opinion

We have audited the financial statements of Cardiac Risk in the Young for the year ended 31 May 2023 which comprise Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as of 31 May 2023 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report, including the trustees' report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinion on other matter prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared

for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and

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

Matters on which we are required to report by exception

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

Responsibilities of Trustees

As explained more fully in the Trustees' Responsibilities Statement set out on page 28, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

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

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

This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and then design and perform audit procedures responsive to those risks, including obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion.

In identifying and addressing risks of material misstatement in respect of irregularities, including fraud and non-

compliance with laws and regulations, our procedures included the following:

We obtained an understanding of laws and regulations that affect the company, focusing on those that had a direct effect on the financial statements or that had a fundamental effect on its operations. Key laws and regulations that we identified included the Companies Act 2006, Charities SORP (FRS 102). We also compliance with other laws and legislation which may not have a direct impact on the financial statements but whose compliance is paramount to the charitable company such as General Data Protection Regulation (GDPR), employment and health and safety legislation.

We enquired of the trustees and the Audit Committee, reviewed trustees' and Audit Committee meeting minutes for evidence of non-compliance with relevant laws and regulations. We also reviewed controls the trustees have in place to ensure compliance.

We gained an understanding of the controls that the trustees have in place to prevent and detect fraud. We enquired of the directors about any incidences of fraud that had taken place during the accounting period.

The risk of fraud and non-compliance with laws and regulations and fraud was discussed within the audit team and tests were planned and performed to address these risks. We identified the potential for fraud in the following areas: accounting estimates principally in respect of research grants, income recognition, related parties outside normal course of business, management override of controls, misappropriation of cash and other assets and compliance with debt covenants.

We reviewed financial statements disclosures and tested to supporting documentation to assess compliance with relevant laws and regulations discussed above.

We enquired of the trustees about actual and potential litigation and claims.

We performed analytical procedures to identify any unusual or unexpected relationships that might indicate risks of material misstatement due to fraud.

In addressing the risk of fraud due to management override of internal controls we tested the appropriateness of journal entries and assessed whether the judgements made in making accounting estimates were indicative of a potential bias.

Due to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing fraud or non-compliance with laws and regulations and cannot be expected to detect all fraud and non-compliance with laws and regulations.

Use of our report

This report is made solely to the charitable company's members, 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 auditor's 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.



Paul Davis FCA (Senior Statutory Auditor)
for and on behalf of BGM Helmores Limited

Chartered Accountants and Statutory Auditors
114a Cromwell Road, London, SW7 4AG

Date: 27th November 2023

Statement of Financial Activities

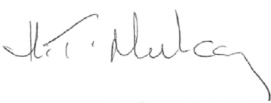
	Note	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
INCOMING RESOURCES							
Donations and Legacies	2	1,765,034	1,390,460	3,155,494	1,549,084	938,112	2,487,196
Investment Income		66,615	-	66,615	6,197	-	6,197
Screening		498,395	-	498,395	300,090	-	300,090
Other Income Received	3	-	-	-	59,104	-	59,104
TOTAL INCOMING RESOURCES		2,330,044	1,390,460	3,720,504	1,914,475	938,112	2,852,587
RESOURCES EXPENDED							
Raising Funds		482,045	-	482,045	441,453	-	441,453
Charitable Activities							
Screening		443,206	1,133,394	1,576,600	501,149	659,691	1,160,840
Family support		321,566	-	321,566	285,793	-	285,793
Research Grants	4	305,504	249,070	554,574	530,432	97,935	628,367
Awareness & PR		404,484	-	404,484	484,950	-	484,950
		1,474,760	1,382,464	2,857,224	1,802,324	757,626	2,559,950
Other Expenditure		77,694	-	77,694	86,650	-	86,650
TOTAL RESOURCES EXPENDED	5	2,034,499	1,382,464	3,416,963	2,330,427	757,626	3,088,053
Net Incoming / (Outgoing) Resources		295,545	7,996	303,541	(415,952)	180,486	(235,466)
Transfers between funds		28,000	(28,000)	-	-	-	-
Net Movement in Funds for the Year		323,545	(20,004)	303,541	(415,952)	180,486	(235,466)
Total funds brought forward at 1 June 2022		328,498	4,503,495	4,831,993	744,450	4,323,009	5,067,459
Total funds carried forward at 31 May 2023		652,043	4,483,491	5,135,534	328,498	4,503,495	4,831,993

There are no recognised gains or losses other than disclosed above. All results derive from continuing operations.

Balance Sheet at 31 MAY 2023

		2023 £	2023 £	2022 £	2022 £
Fixed assets					
Tangible assets	7		614,554		630,733
Current assets					
Debtors	8	275,367		249,507	
Cash at bank and in hand	9	5,807,522		6,019,142	
		<u>6,082,889</u>		<u>6,268,649</u>	
Creditors: Amounts falling due within one year	10	<u>1,088,451</u>		<u>1,403,931</u>	
Net current assets			<u>4,994,438</u>		<u>4,864,718</u>
Total assets less current liabilities			5,608,992		5,495,451
Creditors: Amounts falling due greater than one year	11		473,458		663,458
Net assets	13		<u>5,135,534</u>		<u>4,831,993</u>
The funds of the charity:					
Unrestricted funds:	14		652,043		328,498
Restricted funds	14		4,483,491		4,503,495
Total Charity Funds			<u>5,135,534</u>		<u>4,831,993</u>

The financial statements on pages 33 to 47 were approved by the Board of Trustees on 22nd November 2023 and signed on its behalf by:

Hugh Mulcahey  - Trustee

Rebecca Trewinnard  - Trustee

Date: 22nd November 2023

Cash Flow Statement

	Notes	2023 £	2022 £
Net cash provided by operating activities	1	<u>(192,296)</u>	<u>253,090</u>
Cash flows from investing activities:			
Interest from investments		21,341	3,919
Purchase of plant and equipment		(40,664)	(579)
Net cash used in investing activities		<u>(19,323)</u>	<u>3,340</u>
Change in cash and cash equivalents in the reporting period		(211,619)	(249,750)
Cash and cash equivalents at the beginning of the reporting period		6,019,142	6,268,892
Cash and cash equivalents at the end of the reporting period	2	<u>5,807,523</u>	<u>6,019,142</u>
1. Reconciliation of net incoming resources to net cash inflow from operating activities			
		2023 £	2022 £
Net incoming/(outgoing) resources for reporting period		303,541	(235,466)
Interest from investments		(21,341)	(3,919)
Depreciation charges		56,839	65,843
Movement in debtors		(25,860)	(128,002)
Movement in creditors		(505,476)	48,454
Net cash provided by operating activities		<u>(192,296)</u>	<u>(253,090)</u>
2. Analysis of cash and cash equivalents			
		2023 £	2022 £
Cash at Bank		5,807,523	6,019,142
		<u>5,807,523</u>	<u>6,019,142</u>

Notes to the Accounts

1. Accounting Policies

1.1 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 (FRS 102) (Effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Cardiac Risk in the Young ('CRY') 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).

1.2 Legal status of the Charity

The charity is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

1.3 Incoming resources

Screening fees income are accounted for on a receivable basis.

Donations are accounted for on a receivable basis as soon as they are capable of accurate financial measurement and includes any taxation recoverable under Gift Aid. Gifts in kind are included in the Statement of Financial Activities at their gross value to the charity.

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated items have been met, the receipt of economic benefit from the use by the charity of the items probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

Donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Government grants are recognised at the fair value of the asset received or receivable when there is reasonable assurance that the grant conditions will be met and the grants will be received.

Donated fixed assets are taken to income at the value to the charity with the other entry being capitalised in fixed assets.

Legacies receivable are considered on a case by case basis and recognised as the earlier of the date on which: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. If the legacy is in the form of an asset other than cash or an asset listed on a recognised stock exchange, recognition is subject to the value of the asset being able to be reliably measured and title to the asset has passed to the charity. Where legacies have been notified to the or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

1.4 Tangible Fixed Assets

Tangible fixed Assets are initially measured at cost net of depreciation and impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following basis- assets held under finance leases are depreciated in the same way as owned assets:

Leasehold Property	2%
Equipment	25%
Motor vehicles	20%

It is the charity's policy not to capitalise fixed assets costing below £500.

The gains or loss arising on disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to profit or loss.

At each reporting period end date, CRY reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis under the following activity headings:

Fundraising

Costs incurred in financing fundraising activities including allocated staff costs and support costs.

Screening

These include all costs associated with the screening of individuals including the salary cost of time spent by employees, travel, subsistence and depreciation of related fixed assets.

Family Support

Costs incurred in undertaking Family Support including allocated staff costs and support costs.

Awareness and PR

This includes all costs for the purpose of promoting the charity's activities and increasing awareness in the public.

Research

The costs include research fellows, research assistants, donated equipment and related research expenses.

Governance

Includes staff time and expenses for time spent in connection with trustees meetings, plus the cost of audit and professional fees. Salary costs are charged in accordance with time spent.

Support costs

Costs incurred directly in support of expenditure on the objects of the charity and include functions such as Human Resources and Information Technology. All costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource.

Stationery and brochures

Costs incurred in respect of stationery and brochures are written off as incurred.

1.6 Debtors

Trade and other debtors are recognised at the settlement amount due after any discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income and tax recoverable is included at the best estimate of the amounts receivable at the balance sheet date.

1.7 Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.8 Cash and Cash Equivalents

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

1.9 Creditors and Provisions

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

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

1.10 Employee Benefit

The costs of short-term employee benefits are recognised as a liability and an expense.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.11 Pensions

In line with recent changes in pension legislation CRY has enrolled eligible employees into an auto-enrolment pension scheme. The basic contributions for the scheme are 3%(2% April 2019) of pensionable earnings by CRY and 5% (5% April 2021) by the employees. Pension costs are charged to the Statement of Financial Activities as incurred. There were £6,679 (2022: £7,168) of outstanding contributions at the year end.

1.12 Leases

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

Assets held under finance leases are recognised as assets at the lower of the assets fair value at the date of inception and the present value of the minimum lease payments. The related liability is included in the balance sheet as a finance lease obligation. Lease payments are treated as consisting of capital and interest elements. The interest is charged to the profit and loss account so as to produce a constant periodic rate of interest on the remaining balance of the liability.

Rentals payable under operating leases, including any lease incentives received, are charged to income on a straight line basis over the term of the relevant lease except where another more systematic basis is more representative of the time pattern in which economic benefits from the lease asset are consumed.

1.13 Funds held by the charity are either:

Unrestricted funds – these are funds which can be used in accordance with the charitable objects at the discretion of the trustees.

Designated funds – these are funds which have been designated by the trustees for research projects.

Restricted funds – these are funds that can only be used for particular restricted purposes within the charity's objects.

Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

1.14 Going Concern

After producing a budget for 12 months from the date of signing the accounts, the trustees have reasonable expectations that the charity has adequate resources to continue acting as a going concern and has thus adopted this basis in preparing the accounts.

1.15 Significant areas of estimation and judgement

The preparation of the financial statements requires judgements, estimations and assumptions to be made which affect the reported values of assets, liabilities, income and expenditure. The nature of such could result in actual outcomes differing from expectation. Management has applied judgement in the follow material area:

– Research grants are recognised in full by the charity as soon as the criteria for a constructive obligation has been met, payment is probable, can be measured reliably and there are no conditions attached which limit its recognition.

Estimation of the useful economic life of buildings, equipment and motor vehicles.

The allocation of staff costs to the charitable activities based on an estimate of time spent.

2. Donations and Legacies

	2023 £	2022 £
Donations		
Gifts	2,742,605	2,362,202
Legacies	286,120	8,967
Trusts	120,279	101,807
Sponsorship	6,490	14,220
	<u>3,155,494</u>	<u>2,487,196</u>

3. Other Income Received

Furlough grant receivable	-	51,645
Other government grants	-	7,459
	<u>-</u>	<u>59,104</u>

4. Research

	2023 £	2022 £
Research costs		
Medical Research - Professor Sharma - St George's, University of London	132,462	328,997
Cardiac Pathology and Coroners' Referral Research	166,687	231,938
Medical Research - Professor Papadakis - St George's, University of London	212,115	66,488
Medical Research - Liverpool John Moores	1,321	944
Medical Research - Dr Gati	41,989	-
See note 12	<u>554,574</u>	<u>628,367</u>

Please see the trustees report page 43 for further information in respect of provisions for research grants.

5. Total resources expended

	Direct Staff Costs £	Other Direct Costs £	Support & Management Costs £	Total 2023 £
Screening	897,023	441,471	238,105	1,576,599
Family Support	216,798	30,214	74,554	321,566
Awareness & PR	167,494	144,876	92,114	404,484
Governance	13,765	-	63,929	77,694
Research (Note 4)	-	554,574	-	554,574
Fundraising	219,306	96,707	166,032	482,045
	<u>1,514,386</u>	<u>1,267,842</u>	<u>634,734</u>	<u>3,416,962</u>

Prior year analysis

	Direct Staff Costs £	Other Direct Costs £	Support & Management Cost £	Total 2022 £
Screening	674,350	340,319	146,171	1,160,840
Family Support	220,687	8,060	57,046	285,793
Awareness & PR	201,858	128,114	154,978	484,950
Governance	12,481	-	74,169	86,650
Research (Note 4)	-	628,367	-	628,367
Fundraising	249,821	83,110	109,162	441,453
	<u>1,359,197</u>	<u>1,187,970</u>	<u>541,526</u>	<u>3,088,053</u>

5.Total resources expended - continued

	2023 £	2022 £
Support and Management Costs		
Staff Costs (not included in direct staff costs above)	261,078	223,173
Rent & Rates	7,774	8,072
Heat, Light & Power	6,438	5,170
Motor Expenses	7,937	11,837
Travelling	561	186
Printing, Stationery and Telephone	27,916	20,656
Postage and carriage	31,971	22,244
Computer Expenses	101,551	61,178
Professional Fees	6,832	21,439
Auditors Remuneration	23,820	21,600
Insurance	45,018	36,687
Maintenance	25,813	16,619
Bad Debts	-	-
General Expenses	1,741	1,542
Bank charges and Interest	29,445	25,280
Depreciation	56,839	65,843
Profit on disposal of fixed assets	-	-
	<u>634,734</u>	<u>541,526</u>

Support Costs allocated to activities	Screening	Family support	Awareness & PR	Fundraising	Governance	Total 2023
	£	£	£	£	£	£
Premises	2,406	581	7,489	2,170	1,563	14,209
General Office	88,188	15,836	148,453	48,144	48,483	349,104
Management	12,078	9,304	7,156	13,763	1,597	43,898
Finance	42,011	30,068	13,310	63,626	24,117	173,132
Information Technology	463	452	1,179	441	195	2,730
Human Resources	15,400	8,852	14,188	10,946	2,275	51,661
Total	160,546	65,093	191,775	139,090	78,230	634,734

Prior year analysis

Support Costs allocated to activities	Screening	Family support	Awareness & PR	Fundraising	Governance	Total
	£	£	£	£	£	£
Premises	2,426	539	6,839	1,980	1,461	13,245
General Office	91,189	12,098	121,748	36,690	36,534	298,259
Management	7,624	6,013	3,800	11,816	1,415	30,668
Finance	34,815	30,497	9,986	48,260	22,532	146,090
Information Technology	826	817	1,421	808	184	4,056
Human Resources	9,291	7,082	11,184	9,608	12,043	49,208
Total	146,171	57,046	154,978	109,162	74,169	541,526

Costs were allocated on the basis of staff time other than premises and general office costs which were allocated on a usage basis.

6. Staff costs and number of employees

	2023 £	2022 £
Wages and salaries	1,562,907	1,402,197
Social security costs	132,753	110,872
Pension costs	62,935	39,659
Other staff costs (including staff training)	16,869	29,002
	<u>1,775,464</u>	<u>1,581,730</u>
Direct Staff Costs	1,514,386	1,358,557
Support Staff Costs	261,078	223,173
	<u>1,775,464</u>	<u>1,581,730</u>

One employee received a salary in excess of £60,000 in the year to 31 May 2023 (2022: 1).

The charity trustees were not paid or received any other benefits from employment with CRY in the year (2022: £nil) neither were they reimbursed expenses during the year (2022: £nil). No charity trustee received payment for professional or other services supplied to the charity (2022: £nil)

The key management personnel of the charity, comprise the CRY Founder, the Chief Executive Officer and the Director of Screening and Research. The total employee benefits of the key management personnel of the charity were £124,362 (2022:£133,599).

Total employee benefits include : Salary, pension and healthcare.

The average monthly number of employees during the year was:

	2023	2022
Management and administration	6	8
Charitable work	<u>87</u>	<u>68</u>
Total	<u><u>93</u></u>	<u><u>76</u></u>
The above includes the following part time staff	<u><u>51</u></u>	<u><u>31</u></u>

Net incoming resources before transfers

This is stated after charging:	2023	2022
	£	£
Depreciation	56,839	65,843
Auditors' remuneration		
For audit services	9,970	9,970
For other services	13,850	11,630

7. Tangible fixed assets

	Long Leasehold Property £	Equipment £	Motor Vehicles £	Total £
Cost				
At 1 June 2022	678,201	915,052	99,491	1,692,744
Additions	-	40,660	-	40,660
At 31 May 2023	<u>678,201</u>	<u>955,712</u>	<u>99,491</u>	<u>1,733,404</u>
Depreciation				
At 1 June 2022	121,976	882,955	57,080	1,062,010
Charge for the year	13,488	28,695	14,656	56,839
At 31 May 2023	<u>135,464</u>	<u>911,650</u>	<u>71,736</u>	<u>1,118,850</u>
Net Book Value				
At 31 May 2023	<u>542,737</u>	<u>44,062</u>	<u>27,755</u>	<u>614,554</u>
At 31 May 2022	<u>556,225</u>	<u>32,097</u>	<u>42,410</u>	<u>630,734</u>

All fixed assets are used for charitable purposes.

8. Debtors

	2023 £	2022 £
Trade debtors	95,806	24,600
Prepayments	87,591	93,007
Accrued income	91,970	131,900
	<u>275,367</u>	<u>249,507</u>

9. Cash at bank and in hand

	2023 £	2022 £
Deposit account	4,847,749	5,061,138
Current account	956,921	955,402
Cash in hand	2,852	2,602
	<u>5,807,522</u>	<u>6,019,142</u>

10. Creditors: Amounts falling due within one year

	2023 £	2022 £
Bank loan (Note 11)	189,323	189,323
Trade creditors	44,532	109,002
Other creditors	30,436	34,863
Taxation and social security costs	34,870	19,271
Accruals and deferred income	555,074	616,671
Research (Note 12)	234,216	434,801
	<u>1,088,451</u>	<u>1,403,931</u>

11. Creditors: Amounts falling due after one year

	2023 £	2022 £
Bank loan	<u>473,458</u>	<u>663,458</u>
	<u>473,458</u>	<u>663,458</u>

The bank loan is secured by fixed charges over all the charity's leasehold property.

The loan is for a term of 6 years and with monthly instalment repayments having commenced in November 2021, after an initial 12 month capital repayment holiday. The final repayment date is 23 November 2026. Interest accrues at 2.44% per annum on a Fixed Rate.

12. Research

	2023 £	2022 £
Provision at 1 June 2022	434,801	407,483
Recognised in statement of financial activities (Note 4)	554,574	628,367
Grant payments in the year	(755,159)	
Provision at 31 May 2023	<u>234,216</u>	<u>434,801</u>

Grant commitment at 31 May 2023			2023	2022	2023	2022
Institution	Activity	Type	Number of grants		Total £	Total £
St George's University of London	Research under Professor Sharma	Fellows	6	8	145,882	326,467
St George's University of London	Research under Professor Sharma	Cardiac Physiologists	2	2	33,334	33,334
Cardiac Pathology and Coroners' Referral Research			2	2	55,000	75,000
Total Grants			<u>10</u>	<u>12</u>	<u>234,216</u>	<u>434,801</u>

See note 16 in respect of further information on these projects

13. Analysis of net assets between funds

	Tangible assets £	Net current assets £	Total £
Unrestricted funds	614,554	37,489	652,043
Restricted funds	-	4,483,491	4,483,491
	<u>614,554</u>	<u>4,520,980</u>	<u>5,135,534</u>

14. Analysis of Funds

	Balance at 1 June 2022 £	Incoming Funds £	Outgoing Funds £	Transfers Between Funds £	Balance at 31 May 2023 £
Unrestricted funds	328,498	2,330,044	(2,034,499)	28,000	652,043
Restricted funds (Note 16)	4,503,495	1,390,460	(1,382,464)	(28,000)	4,483,491
	<u>4,831,993</u>	<u>3,720,504</u>	<u>(3,416,963)</u>	-	<u>5,135,534</u>

15. Research Costs

Cardiac Pathology Research

After a death, fast track expert pathology is crucial. CRY has designated significant funds to support essential research and fund the expertise required to conduct these investigations at The CRY Centre for Cardiac Pathology (CRYCCP), which is based at St George's Hospital, University of London, Tooting, London. Expert cardiac pathology is essential to help understand the cause of death as well as inform which tests are required for the testing of first degree blood relatives.

Coroners' Referral

CRY is funding coroners' referrals to The CRY Centre for Cardiac Pathology for young people (aged 35 or under) where the cause of death in the initial pathology is "unascertained". Coroners sometimes do not have the funds to access a service where they can refer complex cases to an expert pathologist. This means that many deaths are simply recorded as unascertained or, incorrectly, such as epilepsy, asthma or drowning. This service allows coroners to refer cases directly and receive a full report of the actual cause of death within 2 weeks.

St George's, University of London

CRY has funded 8 research fellowship grants during this year. All eight grants are supervised by Professor Sharma and Professor Michael Papadakis. CRY is funding a cardiologist to support and further expand its collaborative research programme with St George's. The fellows under the supervision of Professor Sharma and Professor Papadakis focus on the data obtained in CRY's screening programme and take forward projects relating to Young Sudden Cardiac Death, inherited cardiovascular conditions and sports cardiology. Research Fellowship funding is essential for CRY's screening programme. A research fellow is present at every screening to ensure that all abnormal ECG findings are evaluated immediately with follow-up ECHO (ultrasound of the heart). CRY is also funding a cardiac nurse and two full time physiologists to work at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology. The research fellows, physiologists, and the nurse support Professor Sharma, to provide a specialist service for bereaved families after a tragedy, where all family members can be seen together and have all necessary tests conducted on the same day.

17. Restricted Funds

	Balance at 1 June 2022 £	Incoming Funds £	Outgoing Funds £	Transfer to Unrestricted Funds £	Balance at 31 May 2023 £
Restricted					
Memorial Funds	4,442,756	1,259,955	(1,257,001)	(28,000)	4,417,705
Cardiff City Football Club	4,946	-	-	-	4,946
Robert Luff Foundation	20,000	40,000	(40,000)	-	20,000
Aubrey Orchard-Lisle Charitable Trust	-	6,000	(6,000)	-	-
The Geoff and Fiona Squire Foundation	477	-	(477)	-	-
James Tudor Foundation	317	121	-	-	438
The Anthony and Elizabeth Mellows Charitable Settlement	1,000	-	(1,000)	-	-
W.E.D. Charitable Trust	1,500	-	(1,500)	-	-
Wrexham Rugby Club	2,500	-	(2,500)	-	-
Chapman Charitable Trust	1,000	-	(1,000)	-	-
Hobson Charity	-	4,958	(4,958)	-	-
Tesco Bags of Help Grant	15,000	-	(25,000)	-	(10,000)
The Sir Robert Gooch Charitable Trust	1,000	-	(1,000)	-	-
The Pannet Charitable Trust	500	-	(500)	-	-
The Stanton Ballard Charitable Trust	500	-	(500)	-	-
Glasdon Charitable Programme	12,000	-	-	-	12,000
Mather Family Charitable Trust	-	12,000	-	-	12,000
Lynne & Nigel Ross Charitable Trust	-	1,500	(1,500)	-	-
Coral Samuel Charitable Trust	-	4,500	(4,500)	-	-
The Ingram Trust	-	7,500	(7,500)	-	-
Implanted Defib Assoc'n Scotland	-	11,802	(11,802)	-	-
The W O Street Charity	-	3,000	-	-	3,000
ECG Assured Guranty UK Ltd	-	13,600	(5,225)	-	8,375
The Gawthorn Cardiac Trust	-	3,000	(3,000)	-	-
Hospital Sat Fund	-	7,500	(7,500)	-	-
North West Project UKH Foundation	-	5,000	-	-	5,000
Edith Murphy Foundation	-	5,000	-	-	5,000
The Grace Trust	-	3,000	-	-	3,000
Frinton Golf Club	-	2,024	-	-	2,024
	4,503,495	1,390,460	(1,382,464)	(28,000)	4,483,491

16. Restricted Funds (continued)

Restricted funds include 319 active funds (2022:295) which have been set up to fund primarily screening events, but also provide funds for research fellows, raising awareness and for the purchase of ECG machines and a screening van.

- The Cardiff City Football Club and the Rhonda Mayoral Fund donations were restricted to provide funding for screening in South Wales.
- Robert Luff Foundation donation was restricted to finance research costs.
- Stanley Grundy Foundation donation was restricted to fund cardiac screening.
- Aubrey Orchard-Lisle donation was restricted to fund cardiac screening.
- The Geoff and Fiona Squire Foundation donation was restricted to fund the purchase of an ECG machine for screenings.
- Carval Foundation donation was restricted to fund the purchase of reading barcode Scanner
- James Tudor Foundation donation was restricted to fund Heart Screening Booklet
- The Anthony and Elizabeth Mellows Charitable Settlement restricted for St George's Centre
- W.E.D. Charitable Trust donation for restricted for St George's Centre
- Brian Shaw Trust donation restricted for St George's Centre
- Wrexham Rugby Club donation were restricted to provide funding for screening in Wales.
- The Rothley Trust donation was restricted to fund Durham Walk leaflet.
- The Edith Florence Spence Memorial Trust donation was restricted to fund cardiac screening.
- Chapman Charitable Trust donation was restricted to fund cardiac screening.
- Wasps Foundation donation was restricted to fund cardiac screening.
- Tesco Bags of Help grant was restricted to fund cardiac screening.
- The Sir Robert Gooch Charitable Trust donation was restricted to fund cardiac screening.
- Pannet Charitable Trusts donation was restricted to fund Cardiac screening in East Sussex
- The Fognal Trust donation was restricted to fund cardiac screening.
- The Stanton Ballard Charitable Trust donation was restricted to fund cardiac screening.
- Glasdon Charitable Programme donation was restricted to fund cardiac screening.
- Mather Family Charitable Trust donation was restricted to fund cardiac screening.
- Lynne & Nigel Ross Charitable Trust donation was restricted to fund cardiac screening.
- Coral Samuel Charitable Trust donation was restricted to fund cardiac screening.
- The Ingram Trust donation was restricted to fund cardiac screening.
- Implanted Defib Assoc'n Scotland donation was restricted to projects in Scotland
- The W O Street Charity donation was restricted to fund cardiac screening.
- ECG Assured Guranty UK Ltd donation was restricted to fund the purchase of an ECG machine for screenings.

- The Gawthorn Cardiac Trust donation was restricted to finance research costs.
- Hospital Sat Fund was restricted to fund cardiac screening.
- North West Project UKH Foundation donation was restricted to fund cardiac screening in the North West of England.
- Edith Murphy Foundation donation was restricted to fund cardiac screening.
- The Grace Trust donation was restricted to fund cardiac screening.
- Frinton Golf Club donation was restricted to fund cardiac screening.

18. Contingent liability

The charity had no contingent liabilities at 31 MAY 2023.

19. Taxation

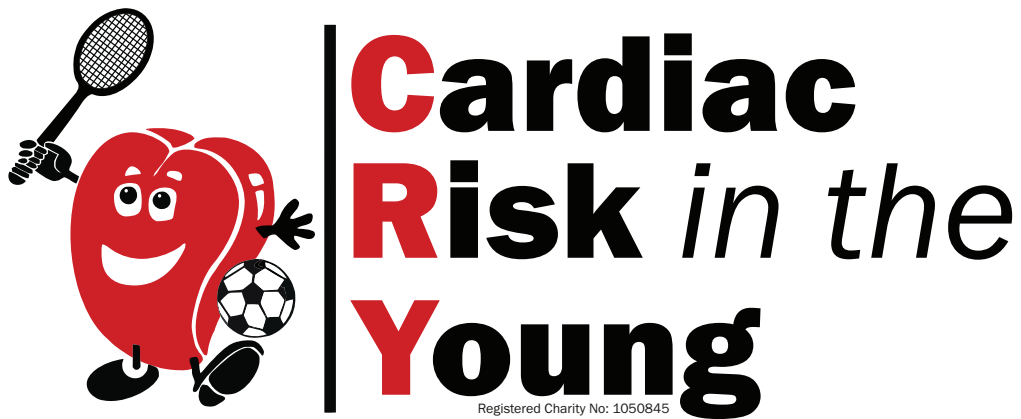
The charity is considered to pass the tests set out in Sch. 6, para. 1 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the company is potentially exempt from taxation in respect of income or capital gains received within categories covered by Pt. 11, Ch. 3 of the Corporation Tax Act 2010 or s. 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

CARDIAC RISK IN THE YOUNG

England & Wales - Charity number 1050845

Accounts

**REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MAY 2022**



Financial statements for the year ended 31 May 2022

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Executive Summary

Statement from CRY's Chairman – Hugh Mulcahey

CRY was founded in 1995 to support families after a young sudden cardiac death and to save young lives through cardiac screening, research and raising awareness of heart conditions in young people. Whilst CRY's goals have not changed, the impact of the services provided by CRY have continued to grow, operating a national screening programme which now tests tens of thousands of young people every year, throughout the UK. Prior to the COVID-19 pandemic, CRY was on track to have tested the hearts of more young people and to have raised more funds than at any point since the charity was founded in 1995. Like many in the charity sector and beyond the pandemic had a significant impact on CRY's business model and in particular our ability to fundraise and screen young people, resulting in a significant loss in income.

However, the measures CRY took in response to COVID, including the precautionary measure of taking a Coronavirus Business Interruption Loan (CBIL), ensured we were in a sound financial position to return to fundraising and screening as lockdown restrictions started to ease. Whilst we have not completely returned to the pre COVID levels of activity, and we anticipate further challenges with the cost of living crisis as well as disruption to operations caused by flu and COVID, we are pleased to report screening and fundraising are moving in the right direction. Thanks to the tremendous efforts of the CRY staff and the ongoing support from CRY's families and fundraisers, CRY has been able to continue with our strategy to prevent young sudden cardiac deaths through screening, research and awareness as well as provide crucial support to bereaved families and young people diagnosed with cardiac conditions. The end of year level of free reserves was below the minimum level previously set by the Trustees. However, they have continued to improve since June 2022 and have been further supported by a significant unrestricted legacy donation of £194,268 in September 2022. CRY is continuing to manage a difficult situation and will endeavour to adapt to the unpredictable environment as we rebuild our free reserves to pre COVID levels.

Statement on the impact of COVID-19 from CRY's Chief Executive – Dr Steven Cox

COVID-19 has had a major impact on society and the charity sector. One of the greatest challenges CRY has faced coming out of the pandemic has been the re-establishment of the national cardiac screening programme. The programme has had to address the ongoing COVID risks faced by people at the screening. As well as incorporating routine lateral flow testing we also had to adapt to the additional requirements of PPE and social distancing. In June 2021, we converted the CRY office into a National Screening Centre to be used at weekends, whilst maintaining the space as an office for the staff returning from furlough during the week. The National Screening Centre had previously been based at St George's Hospital but had to be suspended due to the increased demands on the hospital resources caused by COVID.

The result of moving the National Screening Centre to the CRY office was a huge success. By converting the office, CRY was able to restart testing the general population in response to the increased demand as the lockdown ended. In turn, CRY families, schools and sports clubs started to re-book screening events throughout the UK.

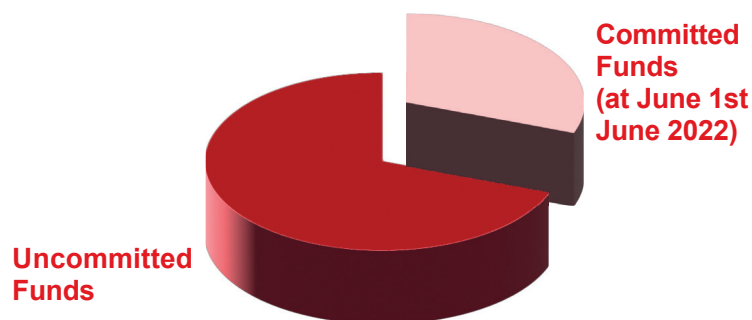
CRY's screening programme is a non-profit service which is supported by doctors who are funded through research fellowship grants. A proportion of these grants (approximately 40%) is funded out of the amount which is charged for screening events. In 2017, CRY increased the charge for a ringfenced Memorial Fund screening day (typically testing 100 young people) to £5,000. The intention was to review the cost in 2020. However, due to the impact of COVID-19, and our inability to offer



a screening service at the height of the pandemic, we postponed this review until March 2022 when we increased the amount that we charge for a screening event to £6,000 per day. This increase in cost was imperative to ensure the screening charge reflected the direct costs being incurred by the charity (including PPE, additional cleaning costs and inflation) and therefore the re-establishment, and expansion, of the screening programme would not further reduce CRY's free reserves. It is important going forward that the screening programme becomes more sustainable and less reliant on amounts raised for core funding. Considering ongoing concerns about inflation the cost of screening will be reviewed annually.

CRY currently has £4.5 million which is held within restricted funds (including 295 ringfenced memorial funds to support screening and research). On June 1st 2022 £1.375 million of these restricted funds were committed to screening events booked in the following 1-3 years. In the upcoming year it is expected that a further £1-1.5 million of these restricted funds will be committed to further events. The total amount of restricted funds ensures screening operations for 3 years, enabling the testing of more than 75,000 young people.

Total Restricted Funds (4.5 Million)



During this year, CRY families with restricted (ringfenced) funds responded positively to an appeal to release a proportion of those funds to enable us to recruit more doctors in order to re-establish the capacity of the screening programme. CRY Research Fellows (supported by research grants) are key to the CRY screening programme, with a direct relationship between the number of Research Fellows funded and the number of people we are able to screen. The Research Fellows dedicate one day a week to screening and the rest of their time to NHS work and research. CRY currently has more than 60,000 young people who have contacted the charity and registered an interest in cardiac screening. During the pandemic CRY lost tens of thousands of potential screening appointments that would normally be available in communities throughout the UK. Since restarting the programme in June 2021, CRY's screening events are often fully booked within minutes of being promoted online and the demand for screening considerably outweighs the number of events we can offer.

Whilst CRY has significant ringfenced funds which provide the funding required for the screening programme going forward for the next 3 years, the challenge with fundraising and the ongoing impact of COVID has meant that CRY's free reserves have dropped below the required level set by the Trustees (£350k). Last year CRY made the decision to put cost control measures in place to safeguard free reserves, and a CBIL of £950,000 was arranged to ensure CRY would have sufficient cash resources to be able to manage its free reserves before being able to restart screening and fundraising activities. The CBIL was secured against the CRY office which CRY purchased outright in 2013. This is CRY's largest asset and, as part of the loan financing, the office was independently valued at £990,000. This is a significantly higher value than the historic cost in 2013 which is the basis upon which it is reported in the accounts on page 26.

There is reason for optimism this year, however, there is still a significant financial impact of COVID and the new challenges of the post COVID economic pressures. One of the reasons for securing the CBIL loan was to ensure CRY's operations would not be compromised due to reduced free reserves as we re-establish the crucial component of the screening programme, namely the CRY research fellowship grants.

One of the significant financial challenges CRY has faced with re-establishing the screening programme is the additional costs we have incurred (e.g. PPE, inflated travel and accommodation expenses) The additional measures taken with PPE and social distancing meant that we were able to offer fewer appointments at each screening event, whilst also seeing an increase in last minute appointment





cancellations due to COVID infections. We accepted these additional costs as a necessary and inescapable outcome in getting the screening programme back up and running, and this partly explains the higher expenditure than income in this financial year. Reassuringly, recent analysis of June to September 2022 has shown that attendance at screening events has returned to pre COVID levels. In addition, whilst many of the screening events in 2023 had already been booked at £5,000, all new ringfenced fund screenings are being charged at the increased rate of £6,000. Our financial forecasts predict a further 6-12 months where screening expenditure will be greater than income, before this rebalances when the new increased costs are paid across the board. As such, we expect to continue to pay back the CBIL over 5 years as per the original agreement, rather than return the loan in full over the next 12 months. In November 2021 we agreed to fix the rate of interest of the loan at 2.44% over the duration of the loan and therefore it is likely to be financially prudent to retain the loan if interest rates remain elevated as well as also providing security against the unpredictable financial and societal environment we are currently operating in.

The support of CRY families and their communities throughout the crisis has been exceptional and has ensured that CRY has maintained a stable financial position. Whilst we are reporting negative free reserves of -£302k (for more information go to the reserves policy on page 26) at the end of this financial year due to the issues we have identified (e.g. increased costs of providing the screening service), the changes we have made are starting to have an impact and free reserves have markedly improved since June. This has been further supported by a significant

unrestricted legacy donation of £194,268 in September 2022.

Whilst free reserves are below the level identified as required by the Trustees, it is important to note that approximately £200,000 of the £1,375,000 of committed funds will provide the income required to pay for the research grants which are currently included in the provision of £435,000 (page 45). Provisions for all research grants are recognised in full at the time that the Research Fellow is appointed or their grant is extended and the amount of the grant is quantifiable.

CRY was founded in 1995 to support families after young sudden cardiac deaths and to screen young people to save lives. CRY's screening programme is a non-profit service, with events being booked on average 12 months in advance and therefore high levels of inflation are a vulnerability. However, CRY's mission is to save young lives through screening and research; it is why bereaved families go to such incredible lengths to support the charity and raise the funds for our vital work. Many fundraising events are planned 12 months in advance and therefore the reduction in fundraising income during this year was predictable. The significant response we have experienced from families contacting us in the last 12 months, regarding their plans for future fundraising events gives rise to optimism that the financial challenges we have experienced during the last 24 months will soon be behind us.



Legal Structure and Governance

The Trustees present their annual report and audited financial statements of the company for the year ended 31 May 2022.

Reference and Administrative Details

Company Registration Number: 3052985

Registered Charity Number: 1050845

Registered Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Principal Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Bankers: Lloyds TSB, High Street, Epsom, Surrey, KT19 8AT

Auditors: BGM Helmores Ltd, Emperor's Gate, 114a Cromwell Road, Kensington, London, SW7 4AG

Solicitors: A J Lutley, Springfield, Rookery Hill, Ashted Park, Ashted, Surrey, KT21 1HY

Trustees: Hugh Mulcahey (Chairman)

Dr Tim Bowker

Louise Brooker-Carey

Peadar O'Donnell

Paul Quarterman

Rebecca Trewinnard

Dr Jayesh Makan

Chief Executive: Dr Steven Cox

Structure, Governance and Management

Governing Document

Cardiac Risk in the Young was incorporated on 3 May 1995 as a company limited by guarantee and is governed by its Memorandum and Articles of Association. The company was subsequently registered as a charity with the Charity Commission and is also known by its initials – CRY.

Appointment of Trustees

The charity or the Trustees may appoint a person who is willing to act to be a Trustee either to fill a casual vacancy or as an additional Trustee. As set out in the Articles of Association the board appoints the chair of the Trustees.

Trustee induction and training

New Trustees are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the Trustee board and decision-making processes, the business plan and recent financial performance of the charity. Their induction involves the meeting of key employees and other Trustees. Trustees are encouraged to attend appropriate external training events.

Organisation

The board of Trustees administers the charity. The board meets three to four times a year. A Chief Executive is appointed by the Trustees to manage the day-to-day operations of the charity. To facilitate effective operations, the Chief Executive has delegated authority for operational matters including development, finance, employment, public relations and fundraising.

Audit Committee

The Audit Committee is comprised of Hugh Mulcahey (CRY Trustee), Peadar O'Donnell (CRY Trustee), Rebecca Trewinnard (CRY Trustee) and Dr Steven Cox (CRY Chief Executive). The Committee meets at least twice a year. The Committee helps to ensure that sound financial policies and internal controls are in place by providing a formal mechanism for reviewing matters of corporate governance and risk management together with external audits.

Research Committee

The Research Committee is comprised of Paul Quarterman (CRY Trustee), Hugh Mulcahey (CRY Trustee), Dr Tim Bowker (CRY Trustee), Dr Jayesh Makan and Dr Steven Cox (CRY Chief Executive). The Committee oversees CRY's research strategy.

Communications Committee

The Communications Committee is comprised of Hugh Mulcahey (CRY Trustee), Louise Brooker-Carey (CRY Trustee) and Dr Steven Cox (CRY Chief Executive). The Committee oversees CRY's communication strategy.

Related parties

Professor Sanjay Sharma, CRY's Consultant Cardiologist, who is based at University of London and St George's Hospital, oversees the CRY research programme plus the clinical aspects of the CRY cardiac screening programme. All services provided by Professor Sharma are on a voluntary basis.

Professor Mary Sheppard, CRY's Expert Cardiac Pathologist, who is based at University of London, oversees the CRY Centre for Cardiac Pathology. Professor Sheppard is part funded by the Pathology research grant to the CRY Centre for Cardiac Pathology.

Trustee attendance at meetings during the year

Hugh Mulcahey (Chairman)	All
Dr Tim Bowker	0 of 4
Louise Brooker-Carey	All
Peadar O'Donnell	All
Paul Quarterman	All
Rebecca Trewinnard	All
Dr Jayesh Makan	3 of 4

Objectives and Activities

Objectives

The objective of the charity is to support affected families and prevent young sudden cardiac deaths through awareness, screening and research.

Public benefit

CRY is a UK charity that supports families after a bereavement, both clinically and emotionally. CRY supports expert fast-track pathology and fast-track cardiology referral into the NHS to test the family. CRY also provides literature for the public written by leading cardiac experts. CRY offers a unique bereavement support programme.

The screening programme that CRY has developed gives the opportunity to save the young lives of those at risk who are asymptomatic, “fit and healthy”. There is no other charity that offers screening for young people aged 14 to 35 to schools, elite and recreational athletes and communities in the UK. CRY does not discriminate in the service we offer, whether it is an Olympic Gold Medalist or an adolescent in any local community. CRY’s screening programme is not just a service provision; it is also a research programme. CRY offers support to all people affected by cardiac conditions that can cause young sudden cardiac death.

The charity has two main aims:

1. Saving young lives
2. Helping those affected

The strategies employed to save young lives are:

- raising awareness of cardiac risk in the young
- operating a national cardiac screening programme
- funding medical research into young sudden cardiac death

The strategies employed to help those affected are:

- supporting families after a tragedy
- funding the CRY Centre for Cardiac Pathology
- funding the CRY Centre for Inherited Cardiovascular Conditions & Sports Cardiology
- supporting those diagnosed through our *myheart* Network

The Trustees confirm that they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their powers or duties. The public benefits of the Charity’s activities are outlined under ‘Objectives and Activities’ above.

1. Saving young lives

Raising awareness of cardiac risk in the young

Through raising awareness of these conditions, the public, medical and sporting communities will become more alert to the symptoms that can lead to a young sudden cardiac death as well as the potential risks that these conditions have on an asymptomatic population. The public will be aware of courses of action that can help to minimise their risk, including the choice to be screened at one of CRY's screening clinics.

The medical community will be aware of the specialist services that are available to facilitate diagnosing these conditions, as well as how to best manage these patients. The sporting community will be aware of the specialist cardiac services available at the CRY Centre for Sports Cardiology as well the importance of screening athletic populations. CRY also raises awareness within Parliament. It is essential that MPs are well informed of the latest research as well as the implications these findings have on public policy.

Operating a national screening programme

Systematic screening programmes are needed to establish the prevalence of cardiac conditions in the young. The aim of a screening programme is to detect a condition, or its risk factors. Once detected, preventative or therapeutic interventions can be implemented earlier and the disease can be treated when it is less advanced. In the case of cardiac conditions, the aim is to put in place treatments and lifestyle changes that will minimise the risk of a sudden cardiac death. These preventative actions may include medications, surgery or lifestyle changes. In some cases, the condition can be cured with the risk of sudden cardiac death removed. CRY operates screening programmes for the general public (between the age of 14 and 35), sports clubs and teams.

Funding medical research into young sudden cardiac death

CRY funds medical research through Research Fellowship grants. These grants cover a broad spectrum from fast track screening to pathology after a death. The grants also help to provide specialist knowledge of sports cardiology. The field-gathered data in CRY's screening programme is analysed and reported in peer reviewed journals, providing essential information on the understanding of these conditions.

2. Supporting families affected

Following a tragedy in a family where a young person has died suddenly, family members will require support. CRY offers both medical and emotional support.

CRY provides specialist cardiac information written by experts in the field, specifically for families or a non-medical community. Following a young sudden cardiac death, it is important that all first-degree relatives are screened. CRY can help with advising the family about seeing a cardiologist who specialises in these conditions. CRY offers direct medical support via the specialist Centre for Cardiac Pathology and Centre for Inherited Cardiovascular Conditions at St George's.

Funding the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology

CRY also funds expert cardiac pathology. The importance of correct pathology cannot be overstated as it gives families the opportunity to obtain valid answers about the cause of death and to quantify the risk posed to other family members.

Funding the CRY Centre for Cardiac Pathology

CRY also funds expert cardiac pathology. The importance of correct pathology cannot be overstated as it gives families the opportunity to obtain valid answers about the cause of death and to quantify the risk posed to other family members.

Emotional Support

CRY has a select group of bereavement supporters - volunteers who have experienced a similar tragedy themselves and have been trained to help others cope with their traumatic experience. Our Bereavement Supporters have all completed the two-year Counselling Skills and Theory course so that they can support others through their loss. So many people have contacted CRY wondering if there are others who they could talk to who have suffered similar tragedies. CRY offers telephone bereavement support to anyone (aged 18 and over) who has lost a young person to a sudden cardiac death.

CRY has developed private Facebook groups specifically for bereaved mums, dads, partners, siblings, grandparents,

aunts and uncles, and friends, as a place to connect with others who have experienced a similar tragedy, and to create a support network for one another.

CRY also offers other opportunities for bereaved families to come together our annual Heart of London Bridges Walk and our annual Heart of Durham Walk.

CRY has produced a series of grief booklets designed to help families and friends feel less alone after the tragedy of a young sudden cardiac death. Our series of grief booklets include; 'A Mother's Grief', 'A Partner's Grief', 'A Father's Grief', 'Sibling Grief', 'Coping with Christmas after a Young Sudden Cardiac Death', 'Coping with Anniversaries following a Young Sudden Cardiac Death' and 'A Friend's Grief'.

Supporting those diagnosed – myheart Network

CRY has a support network called myheart for young people who have been diagnosed with cardiac condition. The group was set up after feedback from young people who found that the existing support groups were not effective in helping them deal with issues such as having an ICD fitted or undergoing ablation surgery. The network was developed as a support system that increases effective coping and decreases social isolation for young people who have been diagnosed with a cardiac condition.

We hold two *myheart* meetings a year where members are offered 'Question and Answer' sessions with a specialist cardiologist, and the opportunity to share experiences with other young people who have been diagnosed with a cardiac condition. The *myheart* website contains medical information, personal experiences from young people who are living with a cardiac condition, questions and answers videos with myheart's Consultant Cardiologist, Dr Michael Papadakis, and a 'members only' area where young people living with a cardiac condition can connect and share experiences. There is also a private myheart network Facebook group which is exclusively for people who have been diagnosed with a cardiac condition.

Achievements and Performance

CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's Healthcare NHS Trust

In 1995 St George's was the first hospital in the UK to develop a family screening clinic after CRY's donation of an echocardiogram machine established a specialist clinic in young sudden cardiac death and meant that whole families could be screened together after a tragedy.

The CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's, combines three essential features of CRY's mission to eliminate young (aged 35 and under) sudden cardiac death - offering services for 'affected families', competitive athletes and the general population. The centre provides a 'one stop shop' for young people and 'affected families' who wish to be screened for potentially life-threatening cardiac problems.

The CRY Centre is led by CRY's consultant cardiologist, Professor Sanjay Sharma, who is Professor of Inherited Cardiovascular Conditions and Sports Cardiology at St George's Hospital, London.

It is a unique service where, after a young sudden death, families will be seen shortly after the referral is received. It is a "one stop shop" where all the tests will be conducted on the same day and all family members will be seen together wherever possible (even when travelling from different parts of the country). The Centre is able to provide this service because CRY provides the funding for the doctors and support staff at the centre.

The Centre is also the leading referral centre for elite athletes whose results can often mimic disease and they can easily be misdiagnosed if not seen by an expert cardiologist.

CRY Centre for Cardiac Pathology

The CRY Centre for Cardiac Pathology (CRY CCP) is an international cardiac referral centre at St George's University of London and the leading centre in the UK. The centre was established with a donation from the Howard and Sebastian English Memorial Fund. The service is led by Professor Mary Sheppard who is an expert cardiac pathologist, with a team of staff funded by CRY. When a cause of death is 'unascertained' and the person is aged 35 years or under, the centre will provide a free fast-track cardiac diagnostic service.

The examination and report from the centre will be completed on average within 2 weeks. When pathology is not referred to this centre it can take up to 2 years for an expert investigation to be conducted. Expert pathology is essential to help the family understand the cause of death. This information will guide clinical decisions when assessing the first degree blood relatives. When expert pathology is not conducted the family could be offered inappropriate clinical tests and there is the potential for false reassurance. As well as providing a support service for bereaved families, the work conducted at this centre is resulting in ground breaking research to improve our understanding of the causes of young sudden cardiac death. In this financial year, CRY continued to fund the 3 staff that support Professor Sheppard at the centre, these being an administrator and two clinical technicians, as well as a PhD Research fellowship.

Cardiac Screening

The screening programme and procedures were reviewed to make sure that all changes were made as per the government advice in order to enable CRY to restart the screening programme. The screening programme restarted in June 2021 and 198 days of screening were held with 15,719 people screened.

The first post-pandemic public event was held in Memory of Carli Lansley on the 29th and 30th June followed by the screening in Memory of Lily Webster on 3rd and 4th July.

ECG screening

ECG screening continues to be the most cost effective way of testing large numbers of young people. Echocardiogram tests are also conducted on the same day for those few people who may show abnormal or inconclusive ECG results.

After a tragedy a family will often raise funds specifically for screening, working to potentially save the life of someone else's child even though it is too late for them.

The first post-pandemic public event was held in Memory of Carli Lansley on 29th and 30th June followed by the screening in Memory of Lily Webster on 3rd and 4th July.

- Additional 6 days of screening were funded in Memory of Carli Lansley.
- 4 days of screening were held in Memory of Lewis Marsh.
- Another 13 days of screening were funded in Memory of Aaron Dixon.
- 5 days of screening were funded in Memory of Matthew Hesmondhalgh.
- 5 days of screening were funded in Memory of Ben Hammond.
- 4 days of screening were funded in Memory of Jamie Loncaster.
- 4 days of screening were funded in Memory of Adam Lewis.
- 3 days were funded in Memory of Ben Forsyth.
- There were 6 days of screening held in Memory of Daniel Hughes.

Once again there were 2 days of screening on the Isle of Man, where hundreds of people were screened by CRY for the charity Craig's Heartstrong Foundation, which raised money for screening in memory of Craig Lunt.

There have been some new screenings this year in memory of Graeme (Tinka) Bell, Kieran Joyce, James Pilford, Daniel Blackman, Matthew Gore, Alexander Jones and Jake Anthony Pickford.

Repeated 1 day and 2 day screening events were funded in memory of Jack Thomas, Adam Green, Alex Reid, Christopher and Steve Phillips, Zoe Teale, Neil Wickers, Harry Faulkner, Josh Merrick, Richard Brember, Tom Clabburn/ Claire Prosser, Oliver Marsden, James Nicholas, Thomas Hardman, Charlie Craig, Anthony Fitzgerald, Dean Mason, Andrew Parr, Jack Thomas, Andrew Oliver, Owen Morris, Kayleigh Griffiths, Martin Lockett, Cloe Waddell, Nathan Butler, Ben Forsyth, Robert Rowan, Dale Tennent-Butler, Madeline Siddall, James Patterson and Laura Hillier.

CRY's school screening continues to be an important factor in making these services readily available to young people. This year we screened: Eton College, Sedbergh School in Cumbria, Aylesbury Grammar School, Reed's School, Bude Primary School, Bishop Stortford College, Queen Elizabeth Hospital School in Bristol and Wellington College.

A number of school and college screening events are being funded by CRY ringfenced Memorial Funds. Screening at Old Swinford Hospital School was funded in Memory of Zoe Teale, Berkhamstead School was funded in Memory of Harry Faulkner and Ravenwood School was funded in memory of Ben Daniels.

Over the year there were 2 days of screening on Orkney Isle in Scotland funded in Memory of Alan Bain.

Tesco Bags of Help Centenary Grant funded 25 screening days across the UK.

Screening equipment

The VO2max machine based at St George's Hospital was upgraded to newer version in Memory of Freya Cox.

Cardiac screening at CRY Head Office in Leatherhead

In order to restart the screening programme, efforts were made to transform the CRY Head Office in Leatherhead and facilitate this as a screening centre. The first screening at the CRY head office / CRY National Screening Centre was held on 10th and 11th of July 2021.

A total of 32 screening events were held at the CRY Head Offices in Leatherhead; 4 days of screening were held in Memory of Christian Thunhurst, 3 days in Memory of Shamil Hamid, 2 days in Memory of Daniel Hughes, 2 days in Memory of Rory Embling and 2 days in Memory of Sara Pilkington.

A number of screening days were funded by Trusts: Edith Florence Memorial Trust funded 1 day, Aubrey Orchard-Lisle Charitable Trust funded 1 day, Fognal Trust funded 1 day and the Leathersellers Company Charitable Fund also funded 1 day of screening.

Screening in sport

CRY provides screening for many elite and professional sports teams/clubs which includes a medical questionnaire, resting ECG and consultation with the Cardiologist (one of Professor Sanjay Sharma's Research Fellows). If an echocardiogram is required, this is also performed on the day. Some sports have ECG and echocardiogram as standard.

Screening in elite sport has been ongoing following the COVID-19 pandemic lockdowns with many sports trying to catch up on those athletes who should have been screened during the pandemic.

CRY has provided cardiac screening to the following governing bodies/organisations:

English Institute of Sport (EIS) – Loughborough EIS had two screenings and Lilleshall EIS had one screening for some of the Olympic/Paralympic athletes ahead of Tokyo 2020. These were for the sports based there, but also for other athletes to book into ahead of the games. These were all funded by the Aaron Dixon Memorial Fund with their funding provided by the JD Foundation.

Gallagher Premiership Rugby for senior/contracted academy players and u18s (all 13 clubs): Bath, Bristol Bears, Exeter Chiefs, Gloucester, Harlequins, London Irish, Newcastle Falcons, Northampton Saints, Leicester Tigers, Sale Sharks, Saracens, Wasps and Worcester Warriors. These results are then used for players called up to the National Teams e.g. England Rugby, Wales etc.

Gallagher Premiership Rugby/Rugby Football Union (RFU) also screen their u16s teams associated with the above 13 clubs and also Yorkshire Rugby. Due to the u16s missing their screening in 2020 screenings at each club were held for the u16s and u17s teams to attend, so meant an extra 14 screening days to catch up following the pandemic.

Championship Rugby Union: Doncaster Knights, Ampthill RFC (shared a day with Saracens), Coventry RFC.

Women's Rugby: Wasps Women organised a screening to have their players screened which was funded through a grant from the Wasps Legends Charity. They also extended this to other younger players and associates of the club to fill the appointments.

Football: AFC Wimbledon and Arsenal FC Academy. These screenings are a mixture of ECG only or ECG and echocardiogram with some players being funded to have their screenings by the Football Association (FA) or the English Football League (EFL). For any of these screenings the results are reviewed and reported on remotely by an FA approved Cardiologist via their digital results system rather than a CRY Research Fellow. Prof Sanjay Sharma and one of his previous Research Fellows, Prof Aneil Malhotra, are both FA approved Cardiologists to do this.

Welsh Rugby Union Teams: Ospreys and Scarlets. The National Governing Body – Welsh Rugby Union also held a screening for a mixture of their players including the women's teams and men's u20s team.

The National Football League (NFL) held a screening for their academy based in London once again.

Cricket: England Cricket had their four disability squads (visually impaired, deaf, physical disability and learning disability) screened with ECG and ECHO. Leicestershire County Cricket Club shared a day with Loughborough Lightning who compete in the women's Super League. Kent County Cricket Club.

Rugby League: Leeds Rhinos. London Broncos shared a day with London Skolars.

The Royal Ballet School held a screening day at their lower school in Richmond and their upper school in Covent Garden.

British Rowing for their u19s athletes at their trials camp – Holme Pierrepont.

World Wrestling Entertainment (WWE) for their NXT talent based in Europe.

British Canoeing – opened up the appointments to other Olympic Sports so also included British Cycling and Athletics/Para-Athletics.

As CRY's other public screenings started up once again we were able to offer up to 5 athlete appointments at each of these as we did before the pandemic. This is a way for sports which have very few athletes due for screening to have them seen, rather than paying for a whole screening day/team to come out to their venue. The sports pay per athlete for these appointments so they are not funded through the memorial fund for the day. Sports/Clubs that have screened their athletes in this way include:

- Premiership Rugby (all clubs) – for any players away on their private screening day or younger players sometimes.
- Cricket: Surrey County Cricket Club, Sussex County Cricket Club, Leicestershire County Cricket Club
- England Women's Rugby (senior team and u20s team)
- NFL
- Ospreys Rugby
- Football: AFC Wimbledon, Arsenal FC Academy
- England Badminton
- British ParaTriathlon
- British Rowing
- London Broncos
- The Royal Ballet School

Research

CRY Research Fellows

CRY Research Fellows are trained to have considerable expertise in the athlete's heart, the cardiomyopathies and ion channel diseases – thus expanding the pool of specialist doctors in this complicated field of medicine.

The Research Fellows play an instrumental role in the CRY Inherited Cardiovascular Conditions Clinics within the NHS and with the field work conducted in CRY's screening programme. Each Fellow also pursues a specific area of research.

CRY has funded 6 full-time Research Fellows during all or part of the year. Dr Hamish MacLoughlan started his grant

under the supervision of Professor Sharma and Dr Michael Papadakis in October 2017.

Dr Uchenna Ozo started his fellowship grant under the supervision of Professor Sharma and Dr Michael Papadakis in February 2019.

Two Research Fellows started their grants under the supervision of Professor Sharma and Dr Michael Papadakis in February 2020, Dr Raghav Bhatia and Dr Sarandeep Kaur Marwaha.

Dr Saad Fyyaz started his grant in October 2020 and Dr Nikhil Chatrath started his grant in April 2021, both under the supervision of Professor Sanjay Sharma and Dr Michael Papadakis.

CRY is also funding the cardiologist position of Dr Michael Papadakis, to support and further expand its collaborative research programme with St George's.

Dr Gherardo Finocchiaro is also funded by CRY.

CRY funds a research nurse and two specialist physiologists, to support research and conduct ECGs, echocardiogram and VO2 max tests at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology.

CRY's screening programme continues to surpass all expectations and has fed into crucial research for the benefit of all involved in this field. CRY was first to identify the upper limits of wall thickness and cavity size in British athletes; CRY is the first organisation in the world to characterise cardiac dimensions in adolescent athletes – knowing how to differentiate pathology from physiology is vital for diagnosis; and the first organisation to characterise ECG changes in athletes in a document that is now the blueprint for the Sports Cardiology Section of the European Society of Cardiology.

Apart from diagnostics and these physiological goals, CRY has also been pivotal in identifying the prevalence of conditions such as hypertrophic cardiomyopathy (HCM) in sportsmen. This includes recently identifying conditions such as long QT as more common than HCM.

CRY's findings are published in reputable peer reviewed journals and CRY's guidelines are now nationally and internationally recognised. The current international cardiac screening guidelines have been based on a Caucasian population in the Veneto region of Italy. CRY's research not only highlights the importance of establishing "normal" cardiac parameters in differing ethnic groups, but it is also guiding international screening recommendations when applied to these groups.

Being part of the CRY screening programme is not only about identifying those at risk through employing the highest level of cardiac expertise. It is about taking part in a national research programme.

The academic papers published in this financial year include:

- **“Cardiac magnetic resonance in patients with ARVC and family members: the potential role of native T1 mapping.”** Georgiopoulos G, Zampieri M, Molaro S, et al. *The International Journal of Cardiovascular Imaging*, June 2021.

“This study explored the diagnostic role of myocardial native T1 mapping in patients with ARVC and their first-degree relatives. Thirty ARVC patients (47% males, mean age 45 ± 27 years) and 59 first-degree relatives not meeting diagnostic criteria underwent CMR with native T1 mapping.”
- **“2020 APHRS/HRS expert consensus statement on the investigation of decedents with sudden unexplained death and patients with sudden cardiac arrest, and of their families.”** Stiles MK, Wilde AAM, Abrams DJ, et al. *Journal of Arrhythmia*, June 2021.
- **“The labyrinth of nomenclature in Cardiology. Eternal dilemmas and new challenges on the horizon in the personalized medicine era.”** Finocchiaro G, Sinagra G, Papadakis M, et al. *European Journal of Heart Failure*, July 2021.

- **“The heart of the ageing endurance athlete: the role of chronic coronary stress.”** Parry-Williams G, Gati S, Sharma S. *European Heart Journal*, July 2021.

“Studies in lifelong male athletes aged above 40 years old show a higher prevalence of high coronary artery calcium scores (>300 Agatston units), a higher coronary plaque burden, and myocardial fibrosis compatible with subclinical myocardial infarction compared with relatively sedentary healthy controls, raising speculation that lifelong intense exercise imposes chronic coronary stress on the heart. This review article will provide a critical analysis of the existing data.”

- **“Arrhythmogenic potential of myocardial disarray in hypertrophic cardiomyopathy: genetic basis, functional consequences and relation to sudden cardiac death.”** Finocchiaro G, Sheikh N, Leone O, et al. *Europace*, July 2021.
- **“Age matters: differences in exercise-induced cardiovascular remodelling in young and middle aged healthy sedentary individuals.”** Torlasco C, D’Silva A, Bhuva AN, et al. *European Journal of Preventive Cardiology*, July 2021.

“Remodelling of the cardiovascular system (including heart and vasculature) is a dynamic process influenced by multiple physiological and pathological factors. We sought to understand whether remodelling in response to a stimulus, exercise training, altered with healthy ageing.”

- **“Cardiac hypertrophy at autopsy.”** Basso C, Michaud K, d’Amati G, et al. *Virchows Archiv: An International Journal of Pathology*, July 2021.

“Since cardiac hypertrophy may be considered a cause of death at autopsy, its assessment requires a uniform approach. Common terminology and methodology to measure the heart weight, size, and thickness as well as a systematic use of cut off values for normality by age, gender, and body weight and height are needed.”

- **“An updated approach to sudden cardiac death, the AECVP perspective.”** Michaud K, van der Wal AC, Banner J, et al. *International Journal of Legal Medicine*, July 2021.
- **“The anti-cancer drug dabrafenib is not cardiotoxic and inhibits cardiac remodelling and fibrosis in a murine model of hypertension.”** Meijles DN, Cull JJ, Cooper STE, et al. *Clinical Science (London, England: 1979)*, July 2021.
- **“Management of Congenital Long-QT Syndrome: Commentary From the Experts.”** Kaufman ES, Eckhardt LL, Ackerman MJ, et al. *Circulation. Arrhythmia and Electrophysiology*, July 2021.

“We explored the diversity of opinion among 24 clinicians with expertise in long-QT syndrome. Experts from various regions and institutions were presented with 4 challenging clinical scenarios and asked to provide commentary emphasizing why they would make their treatment recommendations.”

- **“The use of cardiac imaging in the evaluation of athletes in the clinical practice: A survey by the Sports Cardiology and Exercise Section of the European Association of Preventive Cardiology and University of Siena, in collaboration with the European Association of Cardiovascular Imaging, the European Heart Rhythm Association and the ESC Working Group on Myocardial and Pericardial Diseases.”** D’Ascenzi, Anselmi F, Mondillo S, et al. *Circulation. Genomic and Precision Medicine*, July 2021.

“This survey aimed to map the use of imaging in the setting of [pre-participation evaluation] PPE and explore physician beliefs and potential barriers that may influence individual practices.”

- **“Genotype-Phenotype Correlation of SCN5A Genotype in Patients With Brugada Syndrome and Arrhythmic Events: Insights From the SABRUS in 392 Proband.”** Milman A, Behr ER, Gray B, et al. *Circulation. Genomic and Precision Medicine*, August 2021 (also published in October 2021).

“Brugada syndrome (BrS) is associated with mutations in the cardiac sodium channel gene, SCN5A. However, genetic studies of patients with BrS with arrhythmic events have been limited. We sought to compare various

clinical, ECG, and electrophysiological parameters according to SCN5A genotype in a large cohort of BrS probands with first arrhythmic event.”

- **“Return to play with hypertrophic cardiomyopathy: are we moving too fast? A critical review.”** Drezner JA, Malhotra A, Prutkin JM, et al. *British Journal of Sports Medicine*, September 2021 (also published in January 2022).

“This review explores the potential harms and benefits of sports disqualification in athletes with HCM and details the challenges and limitations of shared decision-making when all parties may not agree.”

- **“Role of subcutaneous implantable loop recorder for the diagnosis of arrhythmias in Brugada syndrome: A United Kingdom single-center experience.”** Scrocco C, Ben-Haim Y, Devine B, et al. *Heart Rhythm*, September 2021.

“The purpose of this study was to evaluate the indications and yield of ILR monitoring in a single-center BrS registry.”

- **“Higher spatial resolution improves the interpretation of the extent of ventricular trabeculation.”** Riekerk HCE, Coolen BF, Strijkers GJ, et al. *Journal of Anatomy*, September 2021 (also published in February 2022).

“In conclusion, higher spatial resolution may affect the sensitivity of diagnostic measurements and in addition could allow for novel measurements such as counting of trabeculations.”

- **“Prevalence and clinical correlates of exercise-induced ventricular arrhythmias in arrhythmogenic right ventricular cardiomyopathy.”** Finocchiaro G, Barra B, Molaro S, et al. *The international journal of cardiovascular imaging*, September 2021 (also published in February 2022).

“Exercise has a deleterious effect on the phenotypic expression of arrhythmogenic right ventricular cardiomyopathy (ARVC) and increases the risk of sudden death. The aim of the study was to determine the prevalence and correlates of exercise-induced arrhythmias during exercise tolerance test (ETT) in patients with ARVC.”

- **“The prevalence of left and right bundle branch block morphology ventricular tachycardia amongst patients with arrhythmogenic cardiomyopathy and sustained ventricular tachycardia: insights from the European Survey on Arrhythmogenic Cardiomyopathy.”** Belhassen B, Laredo M, Roudijk RW, et al. *Europace*, September 2021 (also published in February 2022).

“In arrhythmogenic cardiomyopathy (ACM), sustained ventricular tachycardia (VT) typically displays a left bundle branch block (LBBB) morphology while a right bundle branch block (RBBB) morphology is rare. The present study assesses the VT morphology in ACM patients with sustained VT and their clinical and genetic characteristics.”

- **“Preventing esophageal complications from atrial fibrillation ablation: A review.”** Leung LWM, Akhtar Z, Sheppard MN, et al. *Heart Rhythm O2*, September 2021.

- **“Biventricular Myocardial Fibrosis and Sudden Death in Patients With Brugada Syndrome.”** Miles C, Asimaki A, Ster IC, et al. *Journal of the American College of Cardiology*, October 2021.

“This study sought to characterize the presence and distribution of ventricular myocardial fibrosis in a cohort of decedents experiencing sudden cardiac death caused by BrS.”

- **“Sudden Death in Female Athletes: Insights From a Large Regional Registry in the United Kingdom.”** Finocchiaro G, Westaby J, Bhatia R, et al. *Circulation*, November 2021.

- **“Risk of atrial fibrillation in athletes: a systematic review and meta-analysis.”** Newman W, Parry-Williams G, Wiles J, et al. *British Journal of Sports Medicine*, November 2021.

- **“Supraventricular Tachycardia Causing Left Ventricular Dysfunction.”** Zaffalon D, Pagura L, Cannatà A, et al. *The American Journal of Cardiology*, November 2021.

“There is limited evidence on characterization and natural history of supraventricular tachycardia (SVT)-induced

left ventricular (LV) dysfunction. The aim of this work was to characterize clinical features and long-term evolution of SVT-induced LV dysfunction.”

- **“Hourly variability in outflow tract ectopy as a predictor of its site of origin.”** Waight MC, Li AC, Leung LW, et al. *Journal of Cardiovascular Electrophysiology*, November 2021.

“Before ablation, predicting the site of origin (SOO) of outflow tract ventricular arrhythmia (OTVA), can inform patient consent and facilitate appropriate procedural planning. We set out to determine if OTVA variability can accurately predict SOO.”

- **“Athletes with valvular heart disease and competitive sports: a position statement of the Sport Cardiology Section of the European Association of Preventive Cardiology.”** van Buuren F, Gati S, Sharma S, et al. *European Journal of Preventative Cardiology*, December 2021.

“This article provides an overview of the recommendations from the Sports Cardiology section of the European Association of Preventive Cardiology on sports participation in individuals with valvular heart disease (VHD). The aim of these recommendations is to encourage regular physical activity including sports participation, with reasonable precaution to ensure a high level of safety for all affected individuals.”

- **“Results of a nationally implemented cardiac screening programme in elite cricket players in England and Wales.”** MacLachlan H, Dhutia H, Bhatia R, et al. *Journal of Science and Medicine in Sport*, December 2021.

“We assessed the diagnostic yield and costs of an electrocardiogram-based national screening programme in elite cricket players and the incremental value of transthoracic echocardiography and periodic evaluation.”

- **“Medical care and first aid: an interassociation consensus framework for organised non-elite sport during the COVID-19 pandemic.”** Lisa Hodgson et al. *British Journal of Sports Medicine*, January 2022.

“The ongoing prevalence of SARS-CoV-2 and subsequent 'second waves' require urgent best practice guidelines to be developed to return recreational (non-elite) sports as quickly as possible while prioritising the well-being of the participants and support staff. This guidance document describes the need for such advice and the process of collating available evidence.”

- **“First Identified Case of Fatal Fulminant Necrotizing Eosinophilic Myocarditis Following the Initial Dose of the Pfizer-BioNTech mRNA COVID-19 Vaccine (BNT162b2, Comirnaty): an Extremely Rare Idiosyncratic Hypersensitivity Reaction.”** Rohan Ameratunga et al. *Journal of Clinical Immunology*, January 2022.

“These extremely rare vaccine-related adverse events are much less common than the risk of myocarditis and other lethal complications from COVID-19 infection. The benefits of vaccination far exceed the risks of COVID-19 infection.”

- **“Sudden cardiac death in cardiomyopathies: acting upon "acceptable" risk in the personalized medicine era.”** Gherardo Finocchiaro et al. *Heart Failure Reviews*, January 2022.

- **“Healthcare resource use associated with the diagnosis of transthyretin amyloidosis cardiomyopathy.”** Clint Asher et al. *Health Science Reports*, January 2022.

“Our primary aim was to evaluate the healthcare resource use associated with the diagnosis of transthyretin amyloidosis cardiomyopathy. Second, we aim to assess the effect of the number of diagnostic tests and clinical contact points on the total time and costs between symptom onset and diagnosis defining a quantitative hypothetical optimized diagnostic pathway.”

- **“COVID-19 and myocarditis: a systematic review and overview of current challenges.”** Teresa Castiello et al. *Heart Failure Reviews*, January 2022.

“Myocardial inflammation in COVID-19 has been documented. Its pathogenesis is not fully elucidated, but the two main theories foresee a direct role of ACE2 receptor and a hyperimmune response, which may also lead to isolated

presentation of COVID-19-mediated myocarditis. The frequency and prognostic impact of COVID-19-mediated myocarditis is unknown. This review aims to summarise current evidence on this topic.”

- **“Role of subcutaneous implantable loop recorder for the diagnosis of arrhythmias in Brugada syndrome: A United Kingdom single-center experience.”** Chiara Scrocco et al. *Heart Rhythm*, January 2022.

“In a large cohort of BrS patients, continuous ILR monitoring yielded a diagnosis of tachy- or bradyarrhythmic episodes in 22% of cases. Recurrences of syncope were associated with bradyarrhythmic events. Use of ILR can be helpful in guiding the management of low-/intermediate-risk BrS patients and ascertaining the cause of unexplained syncope.”

- **“Exercise prescription in individuals with hypertrophic cardiomyopathy: what clinicians need to know.”** Sabiha Gati et al. *Heart (British Cardiac society)*, February 2022.

“This review highlights the evidence base that has resulted in a paradigm shift in the approach to exercise in HCM and liberalised recent international exercise guidelines in HCM. Practical tips for prescribing exercise in symptomatic patients and relevant precautions are provided to aid clinicians when recommending exercise as part of the management plan for all patients with HCM.”

- **“EAPC Core Curriculum for Preventive Cardiology.”** Matthias Wilhelm et al. *European Journal Of Preventative Cardiology*, February 2022.

“This is the first European Core Curriculum for Preventive Cardiology, which will help to standardize, structure, deliver, and evaluate training in preventive cardiology across Europe. It will be the basis for dedicated fellowship programmes and a European Society of Preventive Cardiology (EAPC) subspecialty certification for cardiologists, with the intention to improve quality and outcome in CVD prevention.”

- **“Cardiomyocyte BRAF and type 1 RAF inhibitors promote cardiomyocyte and cardiac hypertrophy in mice in vivo.”** Angela Clerk et al. *The Biochemical Journal*, February 2022.

- **“Corrigendum to ‘Supraventricular Tachycardia Causing Left Ventricular Dysfunction’.** Denise Zaffalon et al. *The American Journal Of Cardiology*, February 2022.

- **“Exome Sequencing Highlights a Potential Role for Concealed Cardiomyopathies in Youthful Sudden Cardiac Death.”** Raquel Neves et al. *Circulation. Genomic And Precision Medicine*, February 2022.

“Our data further supports the inclusion of strong evidence cardiomyopathy-susceptibility genes on the genetic testing panels used to evaluate unexplained SCA survivors and autopsy-inconclusive/negative SUD decedents. However, to avoid diagnostic miscues, the careful interpretation of genetic test results in patients without overt phenotypes is vital.”

- **“Investigation on Sudden Unexpected Death in the Young (SUDY) in Europe: results of the European Heart Rhythm Association Survey.”** Elijah R Behr et al. *Europace*, February 2022.

“The aims of this centre-based survey, promoted and disseminated by the European Heart Rhythm Association (EHRA), was to investigate the current practice for the investigation of Sudden Unexplained Death in the Young (SUDY) amongst European countries. An online questionnaire composed of 21 questions was submitted to the EHRA Research Network, European Cardiac Arrhythmia Genetics (ECGen) Focus Group members, and European Reference Network GUARD-Heart healthcare partners. There were 81 respondents from 24 European countries.”

- **“Genome-wide association analyses identify new Brugada syndrome risk loci and highlight a new mechanism of sodium channel regulation in disease susceptibility.”** Julien Barc et al. *Nature Genetics*, March 2022.

- **“Cardiovascular effects of doping substances, commonly prescribed medications and ergogenic aids in relation to sports: a position statement of the sport cardiology and exercise nucleus of the European Association of Preventive Cardiology.”** Paolo Emilio Adami et al. *European Journal Of Preventive Cardiology*,

March 2022.

“This Position Paper reviews the recent literature and represents an update to the previously published Position Paper published in 2006. The objective is to inform physicians, athletes, coaches, and those participating in sport for a health enhancement purpose, about the adverse cardiovascular effects of doping substances, commonly prescribed medications and ergogenic aids, when associated with sport and exercise.”

- **“Non-invasive imaging as the cornerstone of cardiovascular precision medicine.”** Stephan Achenbach et al. *European Heart Journal. Cardiovascular Imaging*, March 2022.
- **“Association of Sexual Intercourse With Sudden Cardiac Death in Young Individuals in the United Kingdom.”** Gherardo Finocchiaro et al. *JAMA Cardiology*, March 2022.

“This case series assesses the cardiac conditions associated with sudden deaths during or immediately after sexual intercourse.”

- **“Electrocardiogram screening programme in detecting sudden cardiac disease in the young: cost efficiency and diagnostic yield-Authors' reply.”** Harshil Dhutia et al. *Europace*, March 2022.
- **“Physical activity and exercise recommendations for patients with valvular heart disease.”** Nikhil Chatrath et al. *Heart (British Cardiac Society)*, March 2022.
- **“Sudden cardiac death in congenital heart disease.”** Paul Khairy et al. *European Heart Journal*, March 2022.
- **“Analysis of buccal mucosa as a prognostic tool in children with arrhythmogenic cardiomyopathy.”** Carlos Bueno-Beti et al. *Progress In Pediatric Cardiology*, March 2022.

“Due to ethical concerns about obtaining heart biopsies in children with no apparent disease, it has not been possible to analyze molecular changes in cardiac myocytes with the onset/progression of clinical disease. Using buccal smears as a surrogate for the myocardium may facilitate future studies of mechanisms and pathophysiological consequences of junctional protein redistribution in ACM. Buccal cells may also be a safe and inexpensive tool for risk stratification and potentially monitoring response to treatment in children bearing ACM variants.”

- **“Mitral valve abnormalities in decedents of sudden cardiac death due to hypertrophic cardiomyopathy and idiopathic left ventricular hypertrophy.”** Raghav T Bhatia et al. *Heart Rhythm*, April 2022.
- **“Author Correction: Genome-wide association analyses identify new Brugada syndrome risk loci and highlight a new mechanism of sodium channel regulation in disease susceptibility.”** Julien Barc et al. *Nature Genetics*, April 2022.
- **“Cardiac arrest with successful cardiopulmonary resuscitation and survival induce histologic changes that correlate with survival time and lead to misdiagnosis in sudden arrhythmic death syndrome.”** Jose Coelho-Lima et al. *Resuscitation*, April 2022.

We provide a comprehensive characterisation of hypoperfusion-related changes in the heart following successful CPR with survival, which are time related. These features can lead to diagnostic confusion among pathologists but knowledge of history of resuscitation with survival should help with general and expert pathology assessment and improve SADS diagnostic yield, prompting genetic screening of decedents' relatives.

- **“The role of pre-participation cardiac evaluation in the management of an athlete with premature ventricular contraction-induced cardiomyopathy: a case report.”** Javad Norouzi et al. *European Heart Journal. Case reports*, May 2022.

This case demonstrated that a high PVC burden of common morphology does not also represent a benign finding and requires a comprehensive evaluation to rule out any pathological condition. Furthermore, the present case highlights the critical role of pre-participation cardiac evaluation in identifying cardiac disease in asymptomatic athletes.

- **“Sports cardiology in Europe from the ancient Greek-Roman era to the present.”** Silvia Castelletti et al. *European Heart Journal*, May 2022.
- **“Erratum to: Vascular histopathology and connective tissue ultrastructure in spontaneous coronary artery dissection: pathophysiological and clinical implications.”** Marios Margaritis et al. *Cardiovascular Research*, May 2022.

Conferences

CRY International Medical Conference October 3, 2021

With the continued concern of COVID, the annual CRY International Medical Conference was once again held online, as it was in 2020. For this latest online conference, we were pleased to welcome audience members from around the world as leading experts in cardiology gave presentations, discussed various case-based scenarios and how to deal with them, and held interactive debates that viewers could engage with.

Some of CRY’s doctors such as Professor Sanjay Sharma, Dr Michael Papadakis, Professor Elijah Behr and Dr Sabiha Gati gave excellent talks at the event, along with several other experts including Professor Matts Borgensson, Professor Antonio Pelliccia and Dr John Drezner.

Core Fundraising Events

PLEASE NOTE: The figures detailed below are based on the total amount raised throughout the duration of each event. Due to the process of collecting sponsorship and donations, these final totals raised can often span more than one financial year and so do not reflect the figures that are presented in the audited accounts.

London 10,000 2021

Due to the pandemic, the 2021 event was cancelled. A virtual equivalent was offered to all participants that had places and funds.

CRY Heart of London Bridges Walk 2021

The CRY Heart of London Bridges Walk took place on Sunday 27th June 2021, but it was to be a different kind of event for its 15th year. Due to the pandemic, the event took place virtually in local communities across the UK and worldwide. 321 people registered to participate in their own version of the walk and £12,550.44 was raised. To replicate the tribute wall that we usually have at the event, we replaced the CRY website homepage for 24 hours with all those photos and messages we received so that those visiting the CRY website would see them. To keep with usual traditions, speeches were recorded from CRY Patron, Kathryn Harries and Dr Steven Cox and played through social media and the website and a 2-minute silence was observed at 11am. See the full write-up here – www.c-r-y.org.uk/london-bridges-walk-2021-write-up/

RideLondon-Surrey 46 & 100 2021

Due to the pandemic, the 2021 event was cancelled. A virtual event was offered to cyclists on the day, but this was provided independently to the physical event. Any places left for this event were converted to LM places. A new event will be unveiled for 2022.

Great North Run 2021

The 2021 event went ahead with Covid restrictions in place. The long-awaited return of the event was welcomed by all that attended. It was a brilliant day, with good running conditions for most of the day, other than a few showers. With the change of route and charity village location, the event still felt the same and everyone we spoke to felt very positive about the experience. 28 CRY runners took part in the event raising £22,729.86.

CRY Heart of Durham Walk 2021

The 12th CRY Heart of Durham Walk took place on Sunday 19th September 2021, back at Durham Amateur Rowing Club, walking through the city centre. We also launched #MyWalkForCRY for those who were unable to join us in Durham. We had 122 supporters register to take part in Durham, in addition to 12 supporters registering to walk in their local area, raising a total of £3,378.04. The Durham Walk homepage turned into the digital message wall on the day. See the full write-up here – www.c-r-y.org.uk/write-up-durham-walk-2021/

London Marathon 2021

It was announced in 2020 that the 2021 event would take place on Sunday 3rd October 2021, instead of April due to the ongoing concern of the Pandemic. The virtual London Marathon also took place on the same day. CRY had 105 runners in the physical London Marathon: 60 with a CRY place and 45 with their own place. 15 supporters took part in the Virtual London Marathon: 3 with a CRY place and 12 with their own place. In total they raised a combined £229,960.46. See the full write-up here - www.c-r-y.org.uk/london-marathon-2021-write-up/

Royal Parks Half Marathon 2021

The 2021 event went ahead with Covid restrictions in place. The event was able to go ahead at the usual date in October. 8 CRY runners took part in the event raising £4,588.40.

CRY Great Cake Bake 2021

The 10th CRY Great Cake Bake took place on Friday 26th November 2021, as part of CRY's Raising Awareness Week. The event was unfortunately hampered by the pandemic with many offices and schools not being allowed to hold cake sales. A digital pack was sent to those taking part, including 6 recipes created by CRY Staff member Nat Jenkins's Grandmother, Mollie Baggs, which were kindly donated by Nat's family. Jo Brand was involved as a judge deciding on the best cake design. A total of £7,406.94 was raised by 38 participants.

London Landmarks Half Marathon 2022

With close to 12,000 runners taking to the streets of London, the buzzing atmosphere along the route really made the day special. The enthusiastic CRY cheering team spurred on our CRY London Landmarks team with noisy whistles and cowbells! 26 CRY runners took part raising £18,254.99 to date.

London 10,000 2022

CRY doctors: Dr Michael Papadakis, Prof Sanjay Sharma, Dr Jayesh Makan, Dr Raghav Bhatia, Dr Nikhil Chatrath, Rachel Simmons & Dr Anna Marciniak took part in the London 10,000 2022, raising over £10,000.

RideLondon-Essex 2022

Around 20,000 cyclists took part in the event, with brand new routes into Essex, as the event returns after more than 1,000 days away. Riders taking on the 100-mile challenge made their way into Essex via the historic Epping Forest. From there, they cruised past some of the county's most picturesque towns and villages – where residents lined the streets to cheer them on – for around 65 miles, before heading back into central London, where rapturous applause awaited them at Tower Bridge: a fitting end to an epic day in the saddle. 6 cyclists took part in the event raising £3,643 to date.

London Marathon 2022

The 2022 edition of this event was postponed due to the pandemic and has been moved to October 2nd 2022.

Trust Donations

In this financial year CRY received 78 donations from Charitable Trusts and Foundations totalling £202,484.90. In total £60,758.90 went towards Memorial Funds, £39,420 was ringfenced for certain projects/items and £102,306 went to core funding.

Grants that we have permission to acknowledge are £200 from The Rachel & David Barnett Charitable Trust; £3,000 from the A & R Woolf Charitable Trust; £5,000 from the Aubrey Orchard-Lisle Charitable Trust; £400 from the CMS Cameron McKenna Foundation; £2,000 from The Samuel Story Family Charitable Trust; £5,000 from the Edith Murphy Foundation; £2,000 from The James Tudor Foundation; £2,000 from the Borrowes Charitable Trust; £3,000 from the GC Gibson Charitable Trust; £1,400 from the G M Morrison Charitable Trust; £500 from the Cecil Rosen Foundation.

Support

Telephone Bereavement Support

CRY has a network of 27 Bereavement Supporters who have themselves been affected by a young sudden cardiac death and have since completed a two year counselling skills and theory course so that they can offer individual telephone support to other people following a tragedy. No matter how much professional support is offered, sometimes just talking to someone "who has been through a similar experience" helps the most. In the period 1st June 2021 to 31st May 2022, CRY's Bereavement Supporters accepted 42 new referrals from bereaved families. This included bereaved mums, dads, siblings and partners.

Private Bereavement Support Facebook Groups

CRY has private Facebook groups specifically for bereaved mums, dads, siblings, partners, friends, grandparents, aunts and uncles, and a group for all family and friends. The groups are private communities for people who are in touch with CRY to connect, share their feelings and experiences with others who have experienced the loss of a young person, and be part a network of support for one another.

At the end of May 2022, there were the following number of people in each group:

Mums – 172, Dads – 28, Siblings – 115, Partners – 101, Friends – 18, Family & Friends – 72, Aunts & Uncles – 18, Grandparents – 4.

Support resources

CRY's information pack for bereaved families was converted into a digital format so that we could respond to bereaved families' requests for information without delay, even during the national lockdowns due to the COVID-19 pandemic. CRY provides emotional support literature and medical information written specifically for bereaved families, free of charge upon request by any bereaved family member. This information is offered in both digital and print format.

myheart Network meetings

The myheart network meetings are informal meetings for young people aged 18-35 who have been diagnosed with life-threatening cardiac conditions. Members have the opportunity to spend time in a group, sharing experiences and asking questions informally of an expert consultant cardiologist.

National myheart meeting *October 2021*

6 young people registered to attend the October meeting, held via Zoom. CRY myheart cardiologist, Dr Sabiha Gati, offered the opportunity for those attending to informally discuss any medical queries.

National myheart meeting *March 2022*

4 young people registered to attend the Spring 2022 myheart meeting, again held via Zoom. The session was led by Consultant Cardiologist, Dr Gherardo Finocchiaro.

myheart Network Newsletter

The myheart annual newsletter, containing the latest news from the myheart network, personal stories from young people living with a cardiac condition and articles written by myheart's Consultant Cardiologist and CRY's Research Fellows, was distributed to cardiac units in hospitals across the UK to enable more young patients to find out about the support available.

Raising Awareness

Comment on the collapse of footballer Christian Eriksen *June 13, 2022*

The sudden collapse of Danish midfielder Christian Eriksen at the 2021 Euros is another terrible reminder of the horrendous impact cardiac conditions have on so many young people every day in the UK and across the world. CRY Chief Executive Dr Steven Cox gave a full statement on the incident and CRY's work to save young lives, while Professor Sanjay Sharma spoke with various news outlets following Eriksen's collapse to offer his expertise on the situation and explain how cases like this can be responded to or prevented to begin with.

CRY's 15th Heart of London Bridges Walk *June 27, 2021*

Our flagship event took place virtually for the second year in a row in 2021, as we marked the 15th anniversary of the CRY Heart of London Bridges Walk. Over 315 people from all over the country took part in their local areas to connect with each other and remember those they have lost. Many supporters taking part created their own walking routes, taking in local sights and landmarks.

CRY Patron Kathryn Harries took part and gave a speech before the event officially began, followed by a speech from Dr Steven Cox. There was then a 2-minute silence before walkers set off. We also brought back the digital message wall which was introduced for the first virtual version of this event in 2020. This became the homepage of the CRY website for the day, and 80 messages were shared from supporters about why they were taking part and who they

were walking in memory of.

CRY transforms its office into national screening centre *July 10-11, 2021*

CRY typically provides free heart checks for over 32,000 young people in a normal year. But due to the COVID-19 pandemic and the restrictions and lockdowns in place, we had to put our screenings on hold for around 15 months. Tens of thousands of people missed their heart tests as a result, which would have led to around 150 young people not receiving a diagnosis of a potentially life-threatening condition and the treatment, lifestyle advice or surgery that would reduce their risk of suffering a cardiac arrest.

Our screening services in the community and for both grass roots and elite sports were already scheduled to resume on June 28, but due to the waiting lists caused by the pandemic and the increased awareness and anxiety following Christian Eriksen's collapse, we worked to increase our testing capacity at the newly established screening centre at CRY's head office. Starting on July 10 and 11, CRY's offices in Leatherhead, Surrey were transformed into a specialist screening centre – with regular weekend appointments scheduled for the rest of the year and beyond as part of this innovative new service.

2021 London Landmarks Half Marathon *August 1, 2021*

The London Landmarks Half Marathon had a new theme this year to celebrate ways the nation has come together during the pandemic. CRY staff attended on the day along with a fantastic group of volunteers, whilst 32 CRY runners took part for Team CRY.

2021 Great North Run *September 12, 2021*

To help begin our fundraising efforts in this four-month period, we were pleased to send a team to take part in the Great North Run, one of the biggest running events of the year. It was fantastic for CRY to be well represented by 25 runners, along with their supporters who came along to cheer on the day.

CRY Heart of Durham Walk *September 19, 2021*

We were so pleased to be back in Durham in 2021 for the 12th annual CRY Heart of Durham Walk after having to use a virtual event format in 2020 due to COVID. In 2021, we welcomed walkers back to our 8km route through Durham and some of its most iconic landmarks. Meanwhile, people who preferred to not travel took part by completing walks in their own local areas.

BBC news story on young sudden cardiac death *October 1, 2021*

This BBC news segment raised awareness of the incidence of young sudden cardiac death and CRY's work to carry out screening events all over the UK and save young lives. It also told the story of BBC journalist Gem O'Reilly, who was diagnosed with a heart condition when she was 16 years old and has had to be careful with her health and exercise since. Gem explained how some heart conditions can be managed so you can maintain an active lifestyle.

Niki and Finn Mason were also interviewed to talk about Finn's experience with an undiagnosed heart condition, and how he has since been able to receive a diagnosis and the appropriate medical care he needed.

The report was an informative one, and also noted that we often only hear about the risk of young sudden cardiac death on a larger scale when there are high-profile cases, like with Christian Eriksen and Fabrice Muamba.

CRY's Raising Awareness Week *November 20-28, 2021*

We were thrilled to see so many supporters get involved with CRY's 2021 Raising Awareness Week. We brought back the 12 A Week Challenge, where supporters aim to complete 12 miles by either walking, running, cycling or swimming, and 76 people took part. Along with the CRY Great Cake Bake and everyone's different efforts to raise awareness, it was another successful week.

CRY announces further 12-month partnership with Sunrise Radio *February 1*

To start Heart Month 2022, we were excited to announce that we have renewed our partnership with Sunrise Radio for another 12 months. Our partnership with Sunrise Radio first started in January 2020, and since then they have used regular interviews, testimonials from CRY doctors and families, and on-air advertising to highlight CRY's work and why it's so important we do all we can to reduce the incidence of young sudden cardiac death.

Raising awareness of our efforts, the need to raise funds and encouraging people to sign up to our events has never

been more important – and that’s why we’re so pleased to be working with Tony and the team at Sunrise Radio again on such a positive media collaboration.

Pro cyclist Alice Barnes auctions cycling gear for CRY February 12

Professional British cyclist Alice Barnes, who also races for team Canyon-SRAM, has been actively supporting CRY online. To help raise awareness and funds during Heart Month in February, Alice held an auction on eBay, selling off some of her cycling gear that she didn’t need anymore.

Dr Raghav Bhatia interviewed on Sunrise Radio March 14

As our partnership with Sunrise Radio continues, so do their interviews with members of the CRY team. Recently, this included one of our Research Fellows, Dr Raghav Bhatia. Dr Bhatia began by talking about how he first learned about CRY, before explaining more about his role with the charity and why our work is so important. CRY’s research programme is a fundamental part of our work, enabling us to transform our understanding of young sudden cardiac death and the conditions that cause it. It’s always important for us to raise further awareness on large platforms like this.

London Landmarks Half Marathon April 3

The main fundraising event in this four-month period was the London Landmarks Half Marathon. As nearly 12,000 returned to London to take part, CRY was represented by a great team of 26 runners. It’s been fantastic to see fundraising events like this return closer to normal after the pandemic lockdowns, and for so many CRY supporters around the country to be getting involved.

Christian Eriksen and Thomas Frank visit CRY screening event April 30

After his sudden collapse at last year’s Euros, Christian Eriksen returned to play in the Premier League with Brentford FC – a club that’s had a strong connection to CRY for years. CRY Patron Andy Scott played and managed at Brentford, they hosted the final screening days of CRY’s 2009 testmyheart screening tour in memory of Tom Clabburn, and the club has also been supporting us in memory of the team’s former technical director Robert Rowan since he died suddenly in 2018.

At the end of April, Eriksen and the club’s manager Thomas Frank attended one of CRY’s screening events, held in memory of Robert at Gunnersbury Park Sports Hub.

“I think it’s very important,” Christian said on the screening day. “To get clear of something you can avoid. I think is a very healthy thing to do. It’s obviously something that, even in my case, something happened that you wouldn’t know was going to happen. So to get that cleared out of the way from a doctor’s perspective is only a positive thing.”

Social Media

CRY continues to expand its online activity with Facebook, Twitter and Instagram. Further work expanding these networks and integrating them into our existing social media activity should see an increase in these numbers. CRY continues to use SproutSocial, a social media software that enables CRY access to in-depth analytics and the ability to track the success of its messages. CRY has also started creating graphics, infographics and short videos in-house to increase engagement and noticeability across social networks as part of the raising awareness initiative.

CRY on Twitter

Over the year CRY had 850 new followers an increase of 4.8% on the main Twitter account @CRY_UK (www.twitter.com/CRY_UK), making a total of 18,604 followers as of May 2022. Tweets have covered a variety of topics, including promoting upcoming screening days; highlighting research publications as they go to press; announcing new Patrons; thanking supporters and promoting CRY fundraising events and launching new videos.

myheart on Twitter

CRY’s Twitter account for the myheart support network has gained 46 followers an increase of 10.2% making a total of 496 followers. Tweets have covered subjects such as information on support meetings, news about the members attending events/ sharing their stories, conditions and advice. With the increase of videos filmed with Dr Michael Papadakis there has been an increase in engagement with myheart members.

CRY on Facebook

Over the year there were 874 new 'likes' an increase of 7.1% on the CRY Facebook page (www.facebook.com/CardiacRiskintheYoung), making a total of 36,704 'likes' as of May 2022. Posts on Facebook allow CRY to give more detail about upcoming screening days, research publications and CRY fundraising events. CRY has also been using Facebook advertising to reach out to new audiences to raise awareness and engage new supporters. A total of £3,236.59 was spent on adverts and sponsored posts, these adverts and posts reached 721,200 people.

myheart on Facebook

Over the year there were 4 new pages likes an increase of 1.9% for the myheart page on Facebook, which has increased the total number of 'likes' to 987.

CRY on Instagram

CRY gained 1,453 followers, an increase of 20.5% on Instagram (www.instagram.com/cardiacriskintheyoung), the total number of followers is now 8,417. The account was setup to show the 'positives' of CRY's work and add more engagement with our fundraisers. Using the hashtag #cardiacriskintheyoung we have created a feed of pictures onto the homepage of the CRY website, showing what our supporters are up to with fundraising, raising awareness and more recently screenings. The CRY account shares images from CRY and supporter events with an aim to raise awareness and thank our supporters. Thanking our supporters is crucial to keep them engaged with CRY and for CRY to engage with our younger supporters. There have been over 2,000 images posted this year with #cardiacriskintheyoung (these are a mixture of supporter and CRY posted images).

CRY's YouTube Channel

CRY has continued to expand its library of videos to raise awareness of young sudden cardiac death; support those living with conditions; and offer a catalogue of talks from the CRY conference. There were over 39,000 new views on the range of videos. There has also been an increase in subscribers with the new total being 2,070 an increase of 22%.

myheart's YouTube Channel

CRY's myheart YouTube channel is dedicated to support videos, and has had over 12,500 new views and increased in subscribers to 160. The increase on views is up compared to last year.

CRY Websites

Total number of visitors to the main CRY website was 346,997 visitors. This is an increase of 60%.

Total number of visitors to the myheart website was 11,415 visitors. This is a decrease of 47%.

Total number of visitors to sads.org.uk website was 25,057 visitors. This is a decrease of 29%.

Total number of visitors to testmyheart.org.uk website was 280,725 visitors. This is an increase of 534%.

CRY in the Media

There were 270 articles on CRY published in print media, including 26 articles in national newspapers and 16 in magazines.

Month	Total Articles	National/magazine articles
June 2021	44	<ul style="list-style-type: none"> • The Mail On Sunday. “How on earth could my healthy son drop dead without warning?” – This article told the story of Toby Berlevy, who died suddenly when he was just 22 years old, and how his family have been working to raise awareness of young sudden cardiac death. 6/6/2021. • The Times. “I was one of the lucky ones – if I’d played in second half I’d have died” – CRY Patron and former footballer Andy Scott was diagnosed with hypertrophic cardiomyopathy, and he recalled his own experience and the importance of screening after seeing Christian Eriksen’s collapse. 6/6/2021.
July 2021	22	
August 2021	14	<ul style="list-style-type: none"> • The Daily Telegraph. ‘How Brentford miracle is tinged with pain: “Rob is looking down with pride”’ – This article told the story of Robert Rowan, who used to work for Brentford Football Club. Since his sudden death, Robert’s family and friends have done what they can to raise awareness and funds for CRY. 12/8/2021.
September 2021	24	
October 2021	28	<ul style="list-style-type: none"> • Sunday Mail. ‘When my boy died he was 25, fit and looked so healthy. I just don’t want any other parent to suffer like this’ – Robert Cowan lost his 25-year-old son, Scott, and wants all young people to be given free heart checks at work to prevent other similar deaths. Robert and his friends and family have been supporting CRY in Scott’s memory. 3/10/2021.
November 2021	15	
December 2021	8	
January 2022	12	
February 2022	31	
March 2022	29	
April 2022	15	
May 2022	28	

Fundraising Regulator Requirements

As members of the Fundraising Regulator, CRY is committed to having a complaints procedure in place. During the period of this annual report, we received no fundraising complaints.

Strategic Report

Financial Review

During the year the funds receivable by the charity increased from £1.91 million to £2.85 million. The resources expended increased from £2.37 million to £3.09 million.

Reserves policy

The Trustees have established the level of reserves that the charity ought to have.

Unrestricted funds are needed to:

- cover support and management costs;
- provide funds which can be designated to specific projects to enable these projects to be undertaken at short notice;
- achieve a liquid reserve to provide cover for further capital expenditure.

The Trustees consider it prudent that unrestricted reserves should be sufficient to cover 6 months Support and Management Costs. The Trustees have set the required level of free reserves for the above matters at £350,000. The financial forecasts since March 2020 predicted there would be a significant ongoing impact of COVID on CRY's ability to fundraise. Income has continued to be impacted by COVID throughout this year and the free reserves reduced from £48,000 at 31st May 2021 to a negative £302,000 at 31st May 2022. The free reserve figure is calculated by subtracting CRY's tangible assets (£630,733, page 34) from the Total unrestricted funds carried forward at 31st May 2022 (£328,498, page 33). Since 1st June 2022 the free reserves have significantly improved as fundraising and screening activity have started to return to pre-COVID levels. Whilst free reserves are below the level identified as required by the Trustees, it is important to note that approximately £200,000 of the £1,375,000 of restricted funds which are already committed will provide the income required to pay for the research grants which are currently included in the provision of £435,000 (page 45). In accordance with the Charities SORP provisions for all research grants payable are made at the time that the Research Fellow is appointed or their grant is extended, and the payment can be measured reliably.

In 2020 a plan was put in place to arrange a CBIL loan to ensure CRY would maintain sufficient free reserves going forward and this is recognised in the accounts in note 11 on page 44. This loan was borrowed against the value of CRY's office which was purchased in 2013 and was valued at £990,000 just prior to the CBIL loan being approved. The level of reserves is monitored and reviewed by the Trustees throughout the year and this will inform whether to repay the loan before it is due.

An explanation of CRY's reserves and Ringfenced Funds

A significant proportion of CRY's reserve funds are "ringfenced" and have to be used for a specific project. The majority of these funds are raised by families who have suffered a tragedy from young sudden cardiac death, in order to take forward a screening programme in their community in memory of their child, sibling or partner. Once the family has reached the appropriate sum, CRY supports them in taking forward one or more screening events.

£4.5 million is now ringfenced by CRY families specifically for screening and these funds will be spent during the next 3-4 years. On 1st June 2022 £1.375 million of these ringfenced funds were committed to screening events booked in the following 1-3 years. In the upcoming year it is expected that a further £1-1.5 million of these restricted funds will be committed to further events. The total amount of ringfenced funds ensures screening operations for 3 years, enabling the testing of more than 75,000 young people.

CRY cannot use these funds for other activities such as bereavement support or raising awareness. CRY encourages families to use the funds that are ringfenced, and funding their own screening programme in memory of their relative is important to many bereaved families. We do not want to stop this essential aspect of what we offer families who contact CRY seeking support.

Investment Policy

The Trustees have considered the most appropriate investment policy for funds, and have decided that interest bearing accounts with clearing banks effectively meet their requirements to generate income and meet operational contingencies.

Risk Management

The Trustees have a risk management strategy, which comprises:

- A review of the risks the charity may face which is conducted at each board meeting;
- the establishment of systems and procedures to mitigate those risks identified;
- the implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

The major risks are considered to be those that would prevent CRY from carrying out its charitable objects permanently. The Trustees have identified the following as possible risks that the charity faces: impact of economic climate; failure to govern effectively; major fraud or financial mismanagement. The risks are regularly reviewed by the main board.

Achievements and Performance

Our achievements and performance are discussed in detail on pages 8 to 25 of this report.

Going Concern

The Trustees have reviewed the budget for the next 12 months and consider the charity has adequate resources to continue for the foreseeable future.

Related Parties

None of the Trustees received remuneration or other benefits for their work for the charity. Any transactions between the charity and the Trustees or senior management or related parties must be disclosed to the board. In the current year no such related party transactions were reported.

Plans for the Future

- 1.** To continue funding the CRY Centre for Cardiac Pathology at St George's Hospital:
 - raise awareness of the importance of pathology in the role of young sudden cardiac death
 - continue development as the leading service in this field
 - continue funding coroner referrals to expert cardiac pathologist, Professor Mary Sheppard.
- 2.** To continue funding the Research Fellows, the specialist physiologist and the maintenance of the machinery that is used at the CRY Centre for Sports Cardiology at St George's Hospital and maintaining the current service, where a fast-track cardiac screening service is available to elite athletes.
- 3.** To develop CRY's programme of cardiac screening and research:
 - continue the provision and development of the most proficient screening service to elite athletes in the UK
 - enable people in local communities who enjoy sport - many of whom aspire to be elite athletes - to access the very same level of expertise that we offer to athletes representing our country
 - continue the expansion of the infrastructure for our ECG screening service
- 4.** To expand the number of Research Fellowship grants, which will enable CRY to:
 - increase the number of screening events CRY can hold
 - increase number of referrals that can be managed at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology
 - increase CRY's contribution to research in the area of young sudden cardiac death, through:
 - o published abstracts and posters
 - o published articles in peer reviewed journals
 - o presentations at international conferences
- 5.** To develop CRY's counselling support programme through:
 - training programmes for bereavement supporters
 - support services we offer to families after both a bereavement and a diagnosis
 - developing a library of books and online resources to support families after a tragedy
- 6.** To raise awareness of cardiac risk in the young:
 - CRY will continue to make people aware of cardiac risk in the young and what can be done to prevent a tragedy
 - CRY will continue to drive forward and expand the impact of our Raising Awareness Week. Through an improved representative structure and increased volunteer base this event will continue to generate awareness of these conditions in local communities throughout the country
- 7.** To campaign to establish a national strategy for the prevention of young sudden cardiac death.

Statement of Trustees Responsibilities

The Trustees (who are also directors of Cardiac Risk in the Young for the purposes of company law) are responsible for preparing the Trustees' Report (including the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare the 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, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and 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, and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper 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.

In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditors

A resolution will be proposed at the Annual General Meeting that BGM Helmores Limited be re-appointed as auditors to the charity for the ensuing year.

By order of the Board

Trustee:



Date: 30th November 2022

Independent Auditors' Report

Opinion

We have audited the financial statements of Cardiac Risk in the Young for the year ended 31 May 2022 which comprise Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as of 31 May 2022 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report, including the trustees' report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matter prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report and the strategic report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

Responsibilities of Trustees

As explained more fully in the Trustees' Responsibilities Statement set out on page 29, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

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

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

This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and then design and perform

audit procedures responsive to those risks, including obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion.

In identifying and addressing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We obtained an understanding of laws and regulations that affect the company, focusing on those that had a direct effect on the financial statements or that had a fundamental effect on its operations. Key laws and regulations that we identified included the Companies Act 2006, Charities SORP (FRS 102). We also compliance with other laws and legislation which may not have a direct impact on the financial statements but whose compliance is paramount to the charitable company such as General Data Protection Regulation (GDPR), employment and health and safety legislation.
- We enquired of the trustees and the Audit Committee, reviewed trustees' and Audit Committee meeting minutes for evidence of non-compliance with relevant laws and regulations. We also reviewed controls the trustees have in place to ensure compliance.
- We gained an understanding of the controls that the trustees have in place to prevent and detect fraud. We enquired of the directors about any incidences of fraud that had taken place during the accounting period.
- The risk of fraud and non-compliance with laws and regulations and fraud was discussed within the audit team and tests were planned and performed to address these risks. We identified the potential for fraud in the following areas: accounting estimates principally in respect of research grants, income recognition, related parties outside normal course of business, management override of controls, misappropriation of cash and other assets and compliance with debt covenants.
- We reviewed financial statements disclosures and tested to supporting documentation to assess compliance with relevant laws and regulations discussed above.
- We enquired of the trustees about actual and potential litigation and claims.
- We performed analytical procedures to identify any unusual or unexpected relationships that might indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud due to management override of internal controls we tested the appropriateness of journal entries and assessed whether the judgements made in making accounting estimates were indicative of a potential bias.

Due to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing fraud or non-compliance with laws and regulations and cannot be expected to detect all fraud and non-compliance with laws and regulations.

Use of our report

This report is made solely to the charitable company's members, 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 auditor's 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



Date: 9th December 2022

Paul Davis FCA (Senior Statutory Auditor)
for and on behalf of BGM Helmores Limited

Chartered Accountants and Statutory Auditors
114a Cromwell Road, London, SW7 4AG

Statement of Financial Activities

	Note	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
INCOMING RESOURCES							
Donations and Legacies	2	1,549,084	938,112	2,487,196	939,126	581,186	1,520,312
Investment Income		6,197	-	6,197	15,772	-	15,772
Screening		300,090	-	300,090	22,420	-	22,420
Other Income Received	3	59,104	-	59,104	353,575	-	353,575
TOTAL INCOMING RESOURCES		1,914,475	938,112	2,852,587	1,330,839	581,186	1,912,079
RESOURCES EXPENDED							
Raising Funds		441,453	-	441,453	362,177	-	362,177
Charitable Activities							
Screening		501,149	659,691	1,160,840	517,307	39,054	556,361
Family support		285,793	-	285,793	294,386	-	294,386
Research Grants	4	530,432	97,935	628,367	305,288	394,064	699,352
Awareness & PR		484,950	-	484,950	390,996	-	390,996
		1,802,234	757,626	2,559,950	1,507,977	433,118	1,941,095
Other Expenditure		86,650	-	86,650	70,524	-	70,524
TOTAL RESOURCES EXPENDED	5	2,330,427	757,626	3,088,053	1,940,678	433,118	2,373,796
Net Incoming / (Outgoing) Resources		(415,952)	180,486	(235,466)	(609,785)	148,068	(461,717)
Transfers between funds		-	-	-	25,000	(25,000)	-
Net movement in funds for the year		(415,952)	180,486	(235,466)	(584,785)	123,068	(416,717)
Total Funds brought forward at 1 June 2021		744,450	4,323,009	5,067,459	1,329,235	4,199,941	5,529,176
Total funds carried forward at 31 May 2022		328,498	4,503,495	4,831,993	744,450	4,323,009	5,067,459

There are no recognised gains or losses other than disclosed above. All results derive from continuing operations.

Balance Sheet at 31 May 2022

	Note	2022 £	2022 £	2021 £	2021 £
Fixed assets					
Tangible assets	7		630,733		696,001
Current assets					
Debtors	8	249,507		125,424	
Cash at bank and in hand	9	6,019,142		6,268,892	
		<u>6,268,649</u>		<u>6,394,316</u>	
Creditors: Amounts falling due within one year	10	<u>1,403,931</u>		<u>1,164,163</u>	
Net current assets			<u>4,864,718</u>		<u>5,230,153</u>
Total assets less current liabilities			5,495,451		5,926,154
Creditors: Amounts falling due greater than one year	11		663,458		858,695
Net assets	13		<u>4,831,993</u>		<u>5,067,459</u>
The funds of the charity:					
Unrestricted funds:	14		328,498		744,450
Restricted funds	14		4,503,495		4,323,009
Total Charity Funds			<u>4,831,993</u>		<u>5,067,459</u>

The financial statements on pages 33 to 47 were approved by the Board of Trustees on 30th November 2022 and signed on its behalf by:

H Mulcahey  - Trustee

P O'Donnell  - Trustee

Date: 30th November 2022

Cash Flow Statement

	Notes	2022 £	2021 £
Net cash provided by operating activities	1	<u>(253,090)</u>	<u>157,561</u>
Cash flows from investing activities:			
Interest from investments		3,919	1,279
Purchase of plant and equipment		(579)	(25,293)
Net cash used in investing activities		<u>3,340</u>	<u>(24,014)</u>
Cash flows from financing activities:			
Proceeds from borrowings		-	950,000
Net cash generated in financing activities		-	950,000
Change in cash and cash equivalents in the reporting period		(249,750)	1,083,547
Cash and cash equivalents at the beginning of the reporting period		6,268,892	5,185,345
Cash and cash equivalents at the end of the reporting period	2	<u>6,019,142</u>	<u>6,268,892</u>
1. Reconciliation of net incoming resources to net cash inflow from operating activities			
		2022 £	2021 £
Net outgoing resources for reporting period		(235,466)	(461,717)
Depreciation charges		65,843	77,999
Movement in debtors		(128,002)	206,095
Movement in creditors		44,535	335,184
Net cash (used)/provided by operating activities		<u>(253,090)</u>	<u>157,561</u>
2. Analysis of cash and cash equivalents			
		2022 £	2021 £
Cash at Bank		6,019,142	6,268,892
		<u>6,019,142</u>	<u>6,268,892</u>

Notes to the Accounts

1. Accounting Policies

1.1 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 (FRS 102) (Effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Cardiac Risk in the Young ('CRY') 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).

1.2 Legal status of the Charity

The charity is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

1.3 Incoming resources

Screening fees income are accounted for on a receivable basis.

Donations are accounted for on a receivable basis as soon as they are capable of accurate financial measurement and includes any taxation recoverable under Gift Aid. Gifts in kind are included in the Statement of Financial Activities at their gross value to the charity.

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated items have been met, the receipt of economic benefit from the use by the charity of the items probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

Donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Government grants are recognised at the fair value of the asset received or receivable when there is reasonable assurance that the grant conditions will be met and the grants will be received.

Donated fixed assets are taken to income at the value to the charity with the other entry being capitalised in fixed assets.

Legacies receivable are considered on a case by case basis and recognised as the earlier of the date on which: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. If the legacy is in the form of an asset other than cash or an asset listed on a recognised stock exchange, recognition is subject to the value of the asset being able to be reliably measured and title to the asset has passed to the charity. Where legacies have been notified to the or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

1.4 Tangible Fixed Assets

Tangible fixed Assets are initially measured at cost net of depreciation and impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following basis- assets held under finance leases are depreciated in the same way as owned assets:

Leasehold Property	2%
Equipment	25%
Motor vehicles	20%

It is the charity's policy not to capitalise fixed assets costing below £500.

The gains or loss arising on disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to profit or loss.

At each reporting period end date, CRY reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis under the following activity headings:

Fundraising

Costs incurred in financing fundraising activities including allocated staff costs and support costs.

Screening

These include all costs associated with the screening of individuals including the salary cost of time spent by employees, travel, subsistence and depreciation of related fixed assets.

Family Support

Costs incurred in undertaking Family Support including allocated staff costs and support costs.

Awareness and PR

This includes all costs for the purpose of promoting the charity's activities and increasing awareness in the public.

Research

The costs include research fellows, research assistants, donated equipment and related research expenses.

Governance

Includes staff time and expenses for time spent in connection with trustees meetings, plus the cost of audit and professional fees. Salary costs are charged in accordance with time spent.

Support costs

Costs incurred directly in support of expenditure on the objects of the charity and include functions such as Human Resources and Information Technology. All costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource.

Stationery and brochures

Costs incurred in respect of stationery and brochures are written off as incurred.

1.6 Debtors

Trade and other debtors are recognised at the settlement amount due after any discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income and tax recoverable is included at the best estimate of the amounts receivable at the balance sheet date.

1.7 Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.8 Cash and Cash Equivalents

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

1.9 Creditors and Provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

1.10 Employee Benefit

The costs of short-term employee benefits are recognised as a liability and an expense.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.11 Pensions

In line with recent changes in pension legislation CRY has enrolled eligible employees into an auto-enrolment pension scheme. The basic contributions for the scheme are 3% (3% April 2021) of pensionable earnings by CRY and 5% (5% April 2021) by the employees. Pension costs are charged to the Statement of Financial Activities as incurred. There were £7,168 (2021: £7,174) of outstanding contributions at the year end.

1.12 Leases

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

Assets held under finance leases are recognised as assets at the lower of the assets fair value at the date of inception and the present value of the minimum lease payments. The related liability is included in the balance sheet as a finance lease obligation. Lease payments are treated as consisting of capital and interest elements. The interest is charged to the profit and loss account so as to produce a constant periodic rate of interest on the remaining balance of the liability.

Rentals payable under operating leases, including any lease incentives received, are charged to income on a straight line basis over the term of the relevant lease except where another more systematic basis is more representative of the time pattern in which economic benefits from the lease asset are consumed.

1.13 Funds held by the charity are either:

Unrestricted funds – these are funds which can be used in accordance with the charitable objects at the discretion of the trustees.

Designated funds – these are funds which have been designated by the trustees for research projects.

Restricted funds – these are funds that can only be used for particular restricted purposes within the charity's objects.

Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

1.14 Going Concern

After producing a budget for 12 months from the date of signing the accounts, the trustees have reasonable expectations that the charity has adequate resources to continue acting as a going concern and has thus adopted this basis in preparing the accounts.

1.15 Significant areas of estimation and judgement

The preparation of the financial statements requires judgements, estimations and assumptions to be made which affect the reported values of assets, liabilities, income and expenditure. The nature of such could result in actual outcomes differing from expectation. Management has applied judgement in the follow material area:

– Research grants are recognised in full by the charity as soon as the criteria for a constructive obligation has been met, payment is probable, can be measured reliably and there are no conditions attached which limit its recognition.

2. Donations and Legacies

	2022 £	2021 £
Donations		
Gifts	2,362,202	1,468,287
Legacies	8,967	13,000
Trusts	101,807	39,700
Sponsorship	14,220	(675)
	<u>2,487,196</u>	<u>1,520,312</u>

3. Other Income Received

Furlough grant receivable	51,645	346,242
Other government grants	7,459	7,333
	<u>59,104</u>	<u>353,575</u>

4. Research

	2022 £	2021 £
Research costs		
Medical Research - Professor Sharma - St George's, University of London	328,997	332,822
Cardiac Pathology and Coroners' Referral Research	231,938	233,652
Medical Research - Dr Papadakis - St George's, University of London	66,488	132,878
Medical Research - Liverpool John Moores	944	-
See note 12	<u>628,367</u>	<u>699,352</u>

Please see the trustees report page 45 for further information in respect of provisions for research grants.

5. Total resources expended

	Direct Staff Costs £	Other Direct Costs £	Support & Management Costs £	Total 2022 £
Screening	674,350	340,319	146,171	1,160,840
Family Support	220,687	8,060	57,046	285,793
Awareness & PR	201,858	128,114	154,978	484,950
Governance	12,481	-	74,169	86,650
Research (Note 4)	-	628,367	-	628,367
Fundraising	249,181	83,110	109,162	441,453
	<u>1,358,557</u>	<u>1,187,970</u>	<u>541,526</u>	<u>3,088,053</u>

Prior year analysis

	Direct Staff Costs £	Other Direct Costs £	Support & Management Costs £	Total 2021 £
Screening	384,478	33,446	138,437	556,361
Family Support	237,119	1,605	55,662	294,386
Awareness & PR	198,671	73,583	118,742	390,996
Governance	11,144	-	59,380	70,524
Research (Note 4)	-	699,352	-	699,352
Fundraising	259,821	18,985	83,371	362,177
	<u>1,091,233</u>	<u>826,971</u>	<u>455,592</u>	<u>2,373,796</u>

Support and Management Costs	2022 £	2021 £
Staff Costs (not included in direct staff costs above)	223,173	184,601
Rent & Rates	8,072	11,316
Heat, Light & Power	5,170	2,264
Motor Expenses	11,837	7,963
Travelling	186	75
Printing, Stationery and Telephone	20,656	12,610
Postage and carriage	22,244	5,802
Computer Expenses	61,178	45,829
Professional Fees	21,439	34,286
Auditors Remuneration	21,600	23,640
Insurance	36,687	30,424
Maintenance	16,619	9,562
Bad Debts	-	-
General Expenses	1,542	(526)
Bank charges and Interest	25,280	12,747
Depreciation	65,843	77,999
Profit on disposal of fixed assets	-	(3,000)
	<u>541,526</u>	<u>455,592</u>

Support Costs allocated to activities	Screening	Family support	Awareness & PR	Fundraising	Governance	Total 2022
	£	£	£	£	£	£
Premises	2,426	539	6,839	1,980	1,461	13,245
General Office	91,189	12,098	121,748	36,690	36,534	298,259
Management	7,624	6,013	3,800	11,816	1,415	30,668
Finance	34,815	30,497	9,986	48,260	22,532	146,090
Information Technology	826	817	1,421	808	184	4,056
Human Resources	9,291	7,082	11,184	9,608	12,043	49,208
Total	146,171	57,046	154,978	109,162	74,169	541,526

Prior year analysis

Support Costs allocated to activities	Screening	Family support	Awareness & PR	Fundraising	Governance	Total 2021
	£	£	£	£	£	£
Premises	3,164	548	6,495	1,878	1,494	13,579
General Office	89,706	9,721	87,710	26,497	31,736	245,370
Management	9,571	7,729	6,404	10,362	1,714	35,780
Finance	26,486	29,572	6,195	35,389	23,790	121,432
Information Technology	509	613	1,063	466	60	2,711
Human Resources	9,001	7,479	10,875	8,779	586	36,720
Total	138,437	55,662	118,742	83,371	59,380	455,592

Costs were allocated on the basis of staff time other than premises and general office costs which were allocated on a usage basis.

6. Staff costs and number of employees

	2022	2021
	£	£
Wages and salaries	1,402,197	1,099,644
Social security costs	110,872	89,502
Pension costs	39,659	21,512
Other staff costs (including staff training)	29,002	65,176
	1,581,730	1,275,834
Direct Staff Costs	1,358,557	1,091,233
Support Staff Costs	223,173	184,601
	1,581,730	1,275,834

One employee received a salary in excess of £60,000 in the year to 31 May 2022 (2021: 1).

'The charity trustees were not paid or received any other benefits from employment with CRY in the year (2021: £nil) neither were they reimbursed expenses during the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil)

The key management personnel of the charity, comprise the CRY Founder, the Chief Executive Officer and the Director of Screening and Research. The total employee benefits of the key management personnel of the charity were £133,599 (2021:£140,959).

Total employee benefits include: Salary, pension and healthcare.

The average monthly number of employees during the year was:

	2022	2021
Management and administration	8	8
Charitable work	68	60
Total	<u>76</u>	<u>68</u>
The above includes the following part time staff	<u>31</u>	<u>23</u>

Net incoming resources before transfers

This is stated after charging:	2022 £	2021 £
Depreciation	65,843	77,999
Auditors' remuneration		
For audit services	9,970	9,970
For other services	11,630	13,670
Loss/(Profit) on disposal of fixed assets	-	(3,000)

7. Tangible fixed assets

	Long Leasehold Property £	Equipment £	Motor Vehicles £	Total £
Cost				
At 1 June 2021	678,201	914,477	99,491	1,692,169
Additions	-	575	-	575
At 31 May 2022	<u>678,201</u>	<u>915,052</u>	<u>99,491</u>	<u>1,692,744</u>
Depreciation				
At 1 June 2021	108,488	845,256	42,424	996,168
Charge for the year	13,488	37,699	14,656	65,843
At 31 May 2022	<u>121,976</u>	<u>882,955</u>	<u>57,080</u>	<u>1,062,011</u>
Net Book Value				
At 31 May 2022	<u>556,225</u>	<u>32,097</u>	<u>42,411</u>	<u>630,733</u>
At 31 May 2021	<u>569,713</u>	<u>69,221</u>	<u>57,067</u>	<u>696,001</u>

All fixed assets are used for charitable purposes.

8. Debtors

	2022	2021
	£	£
Trade Debtors	24,600	11,650
Prepayments	93,007	79,181
Accrued Income	131,900	34,593
	<u>249,507</u>	<u>125,424</u>

9. Cash at bank and in hand

	2022	2021
	£	£
Deposit account	5,061,138	5,303,500
Current account	955,402	960,563
Cash in hand	2,602	4,829
	<u>6,019,142</u>	<u>6,268,892</u>

10. Creditors: Amounts falling due within one year

	2022	2021
	£	£
Bank Loan (Note 11)	189,323	91,547
Trade Creditors	109,002	36,119
Other Creditors	34,863	14,649
Taxation and Social Security	19,271	19,271
Accruals and deferred income	616,671	595,094
Research (Note 12)	434,801	407,483
	<u>1,403,931</u>	<u>1,164,163</u>

11. Creditors: Amounts falling due after one year

	2022	2021
	£	£
Bank Loan	663,458	858,695
	<u>663,458</u>	<u>858,695</u>

The bank loan is secured by fixed charges over all the charity's leasehold property.

The loan is for a term of 6 years and with monthly instalments commencing in November 2021, after an initial 12 month capital repayment holiday. Interest accrues at 2.44% over Bank of England Base Rate.

12. Research

	2022 £	2021 £
Provision at 1 June 2021	407,483	428,505
Recognised in statement of financial activities (Note 4)	628,367	699,352
Grant payments in the year	(601,049)	(720,374)
Provision at 31 May 2022	<u>434,801</u>	<u>407,483</u>

Grant commitment at 31 May 2022

Institution	Activity	Type	Number of grants	Total
St George's University of London	Research under Professor Sharma	Fellows	8	326,467
St George's University of London	Research under Professor Sharma	Cardiac Physiologists	2	33,334
Cardiac Pathology and Coroners' Referral Research			2	75,000
Total Grants			<u>12</u>	<u>434,801</u>

See note 16 in respect of further information on these projects

13. Analysis of net assets between funds

	Tangible assets £	Net current assets £	Total £
Unrestricted funds	630,733	(302,235)	328,498
Restricted funds	-	4,503,495	4,503,495
	<u>630,733</u>	<u>4,201,260</u>	<u>4,831,993</u>

14. Analysis of Funds

	Balance at 1 June 2021 £	Incoming Funds £	Outgoing Funds £	Balance at 31 May 2022 £
Unrestricted funds	744,450	1,914,475	(2,330,427)	328,498
Restricted funds (Note 16)	4,323,009	938,112	(757,626)	4,503,495
	<u>5,067,459</u>	<u>2,852,587</u>	<u>(3,088,053)</u>	<u>4,831,993</u>

15. Research Costs

Cardiac Pathology Research

After a death, fast track expert pathology is crucial. CRY has designated significant funds to support essential research and fund the expertise required to conduct these investigations at The CRY Centre for Cardiac Pathology (CRY CCP), which is based at St George's Hospital, University of London, Tooting, London. Expert cardiac pathology is essential to help understand the cause of death as well as inform which tests are required for the testing of first degree blood relatives.

Coroners' Referral

CRY is funding coroners' referrals to The CRY Centre for Cardiac Pathology for young people (aged 35 or under) where the cause of death in the initial pathology is "unascertained". Coroners sometimes do not have the funds to access a service where they can refer complex cases to an expert pathologist. This means that many deaths are simply recorded as unascertained or, incorrectly, such as epilepsy, asthma or drowning. This service allows coroners to refer cases directly and receive a full report of the actual cause of death within 2 weeks.

St George's, University of London

CRY has funded 7 research fellowship grants during this year. All seven grants are supervised by Professor Sharma and Dr Michael Papadakis. CRY is funding a cardiologist to support and further expand its collaborative research programme with St George's. The fellows under the supervision of Professor Sharma and Dr Papadakis focus on the data obtained in CRY's screening programme and take forward projects relating to Young Sudden Cardiac Death, inherited cardiovascular conditions and sports cardiology. Research Fellowship funding is essential for CRY's screening programme. A research fellow is present at every screening to ensure that all abnormal ECG findings are evaluated immediately with follow-up ECHO (ultrasound of the heart). CRY is also funding a cardiac nurse and two full time physiologists to work at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology. The research fellows, physiologists, and the nurse support Professor Sharma, to provide a specialist service for bereaved families after a tragedy, where all family members can be seen together and have all necessary tests conducted on the same day.

16.Restricted Funds	Balance at 1 June 2021 £	Incoming Funds £	Outgoing Funds £	Balance at 31 May 2022 £
Restricted				
Memorial Funds	4,170,994	840,192	(568,430)	4,442,756
Cardiff City Football Club	19,946	-	(15,000)	4,946
Robert Luff Foundation	20,000	20,000	(20,000)	20,000
Stanley Grundy Foundation	5,000	-	(5,000)	-
Aubrey Orchard-Lisle Charitable Trust	5,000	-	(5,000)	-
The Geoff and Fiona Squire Foundation	477	-	-	477
Carval Foundation	3,521	-	(3,521)	-
James Tudor Foundation	3,000	1,670	(4,353)	317
The Anthony and Elizabeth Mellows Charitable Settlement	1,000	-	-	1,000
W.E.D. Charitable Trust	1,000	500	-	1,500
Brian Shaw Trust	1,000	-	(1,000)	-
Wrexham Rugby Club	2,500	-	-	2,500
The Rothley Trust	821	-	(821)	-
The Edith Florence Spence Memorial Trust	2,000	5,000	(7,000)	-
Chapman Charitable Trust	1,000	-	-	1,000
Wasps Foundation	2,500	-	(2,500)	-
Tesco Bags of Help Grant	77,500	57,500	(120,000)	15,000
The Sir Robert Gooch Charitable Trust	500	500	-	1,000
The Pannet Charitable Trust	250	250	-	500
The Fognal Trust	5,000	-	(5,000)	-
The Stanton Ballard Charitable Trust	-	500	-	500
Glasdon Charitable Programme	-	12,000	-	12,000
	4,323,009	938,112	(757,626)	4,503,495

16. Restricted Funds (continued)

Restricted funds include 295 active funds (2021: 289) which have been set up to fund primarily screening events, but also provide funds for research fellows, raising awareness and for the purchase of ECG machines and a screening van.

- The Cardiff City Football Club and the Rhonda Mayoral Fund donations were restricted to provide funding for screening in South Wales.
- Robert Luff Foundation donation was restricted to finance research costs.
- Stanley Grundy Foundation donation was restricted to fund cardiac screening.
- Aubrey Orchard-Lisle donation was restricted to fund cardiac screening.
- The Geoff and Fiona Squire Foundation donation was restricted to fund the purchase of an ECG machine for screenings.
- Carval Foundation donation was restricted to fund the purchase of reading barcode Scanner.
- James Tudor Foundation donation was restricted to fund Heart Screening Booklet.
- The Anthony and Elizabeth Mellows Charitable Settlement restricted for St George's Centre.
- W.E.D. Charitable Trust donation for restricted for St George's Centre.
- Brian Shaw Trust donation restricted for St George's Centre.
- Wrexham Rugby Club donation were restricted to provide funding for screening in Wales.
- The Rothley Trust donation was restricted to fund Durham Walk leaflet.
- The Edith Florence Spence Memorial Trust donation was restricted to fund cardiac screening.
- Chapman Charitable Trust donation was restricted to fund cardiac screening.
- Wasps Foundation donation was restricted to fund cardiac screening.
- Tesco Bags of Help grant was restricted to fund cardiac screening.
- The Sir Robert Gooch Charitable Trust donation was restricted to fund cardiac screening.
- Pannet Charitable Trusts donation was restricted to fund Cardiac screening in East Sussex.
- The Fognal Trust donation was restricted to fund cardiac screening.
- The Stanton Ballard Charitable Trust restricted to fund cardiac screening.
- Glasdon Charitable Programme was restricted to fund cardiac screening.

18. Contingent liability

The charity had no contingent liabilities at 31 May 2022.

19. Taxation

The charity is considered to pass the tests set out in Sch. 6, para. 1 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the company is potentially exempt from taxation in respect of income or capital gains received within categories covered by Pt. 11, Ch. 3 of the Corporation Tax Act 2010 or s. 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

CARDIAC RISK IN THE YOUNG

England & Wales - Charity number 1050845

Accounts

**REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MAY 2021**



Financial statements for the year ended 31 May 2021

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Executive Summary

Statement on the impact of COVID-19 from CRY's Chairman – Hugh Mulcahey

In February 2020, CRY was on track to have screened more young people and to have raised more funds than at any point since the charity was founded in 1995. The COVID-19 pandemic has had a significant impact on CRY's ability to fundraise and screen young people, resulting in a loss in anticipated income and all screening services being put on hold from March 16th 2020.

However, CRY was quick to adapt to the changing work environment. Staff smoothly transitioned to home working and were able to effectively maintain essential support services in response to an increase in demand. CRY's doctors reoriented their focus towards developing and disseminating clinical support resources for families with cardiac conditions and those concerned about the risk of COVID. Furthermore, CRY reduced expenditure where possible to ensure sufficient free reserves were available to maintain essential operations during this financial year, enabling CRY to be in a sound financial position to return to fundraising and screening as lockdown restrictions started to ease. We are pleased to report, since June 1st there is reason for optimism as screening and fundraising has started to return to pre-COVID levels resulting in an increase in CRY's free reserves.

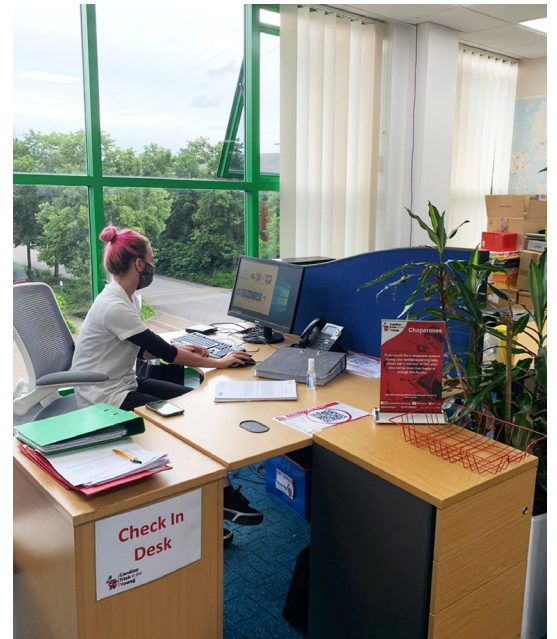
Statement on the impact of COVID-19 from CRY's Chief Executive – Dr Steven Cox

COVID-19 has had a major impact on society and the charity sector. In late February 2020, CRY's senior executive team and Trustees anticipated the significant impact COVID was going to have on CRY's operations. Prior to the announcement of the first lockdown, CRY tested remote working. CRY operates on a secure cloud with an internet based phone system which enabled a smooth and secure transition to home working. It was quickly apparent that CRY's screening programme would have to postpone all activity. The number of people CRY was due to have tested during the last financial year was more than 32,000. This was more than any previous year in CRY's history. However, on March 16th 2020, all screening events, 74 days of screening and 7,400 appointments, were postponed or cancelled. This trend continued throughout this financial year.

In January 2020, the financial forecasts were anticipating an end of year income to be in excess of £4,000,000. From mid-March 2020 major events like the London Marathon were either postponed or cancelled. Financial forecasts predicted an ongoing impact of COVID and in this financial year the income is approximately half of what would have been anticipated pre-COVID. CRY responded to this principal risk by continuing to reduce expenditure where possible, including a temporary reduction in the number of new research fellowship grants awarded, furloughing staff where necessary and converting our literature into a digital format.

Fundraising and screening were significantly impacted throughout this financial year, however, support services continued or moved into an online format where appropriate, as in the case of the *myheart* support network's meeting for young people with inherited cardiac conditions. Furthermore, the clinical support provided through the CRY Centre for Cardiac Pathology was able to continue helping families to understand the cause of young sudden deaths throughout the pandemic. The uncertainty about the health impact of COVID caused a great deal of anxiety for many people. Professor Sanjay Sharma and his team continued to develop resources for families affected by cardiac conditions and young people exercising during the pandemic, helping to allay their anxieties and concerns. CRY played a pivotal role in disseminating these key resources through a number of means (social media / website / articles) to help people through the crisis.

Throughout the last financial year CRY adapted the charity's operations to ensure it was in a strong position when it could return to screening and fundraising as soon as the lockdown(s) and restrictions eased. CRY had built up £580k in free reserves at the start of the financial year in anticipation that its free reserves would decrease as a consequence of the restrictions on its charitable activities caused by COVID. Due to cost control measures put in place to safeguard free reserves, they did not decrease as much as predicted. However, a Coronavirus Business Interruption Loan (CBIL) of £950,000 was arranged to ensure CRY would have sufficient cash resources to be able to manage its free reserves before being able to restart its screening and fundraising activities.



Photos above and below right – In June 2021, CRY’s office was converted to the National Screening Centre to enable screenings at weekends and an office space for staff during the week

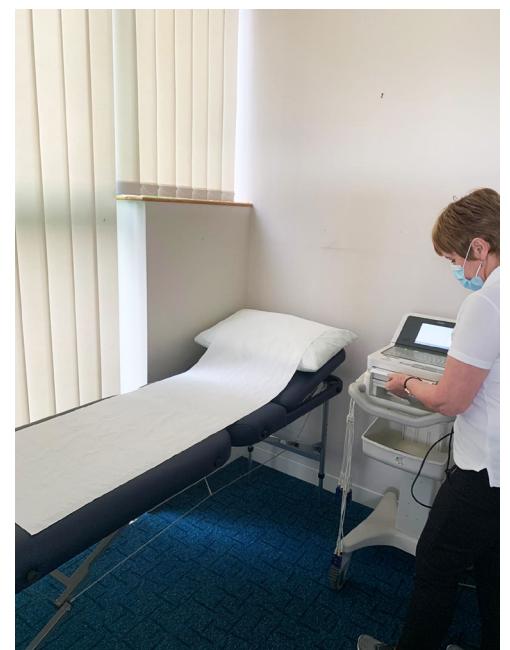
The CBIL loan was secured against the CRY office which CRY purchased outright in 2013. This is CRY’s largest asset, and as part of the loan financing the office was independently valued at £990,000. This is a significantly higher value than the historic cost in 2013 which is the basis upon which it is reported in the accounts on page 24.

The CRY office has, in turn, played a pivotal role in our recovery from the impact of COVID. One of the greatest challenges CRY has faced has been the re-establishment of the national screening program. The program has not only had to address the ongoing COVID risks faced by people at the screening, but as well as incorporating routine lateral flow testing we have also had to adapt to the additional requirements of PPE and social distancing. In June, CRY took the bold step of converting the CRY office into the National Screening Centre for weekend events, whilst maintaining the space as an office for the staff returning from furlough during the week. The National Screening Centre had previously been based at St George’s Hospital but had to be suspended due to the increased demands on the hospital resources caused by COVID.

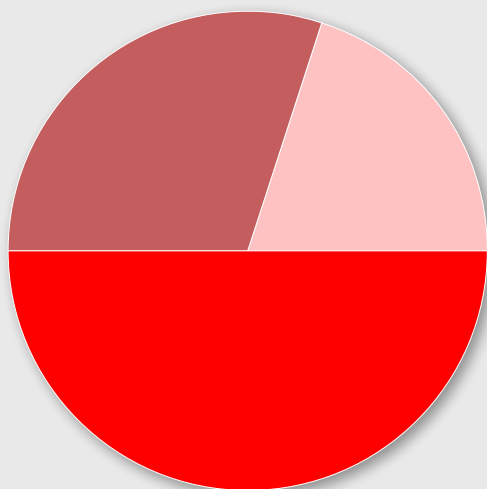
The result has been a huge success. By converting the CRY office, CRY has been able to restart testing the general population in response to the increased demand as the lockdowns have ended. The demand for screening is now greater than ever. We currently have more than 57,000 young people on a waiting list to be tested and CRY screening events are often becoming fully booked within minutes of going live. This has been partly fuelled by the increase in awareness following the collapse of Christian Eriksen on June 12th, but also by increased recognition of the importance of the early identification of heart conditions in young people.

Whilst there is reason for great optimism, the financial impact of COVID has been considerable. One of the reasons for securing the CBIL loan was to ensure CRY’s operations would not be compromised due to reduced free reserves, and we need to re-establish the crucial component for the expansion of the screening programme, namely the CRY research fellowship grants.

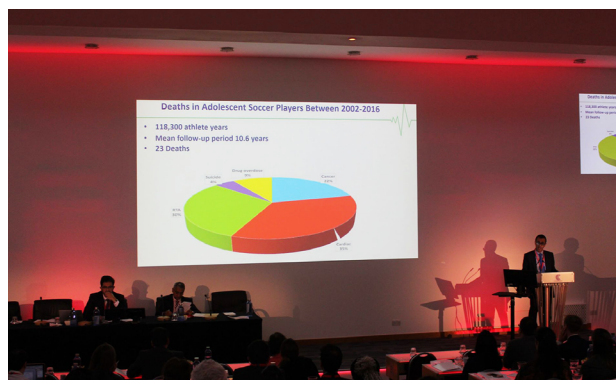
We currently have more than 57,000 young people on a waiting list to be tested and CRY screening events are often becoming fully booked within minutes of going live.



How CRY Research Fellows dedicate their time



- Cardiac screening to prevent young sudden cardiac death
- NHS referrals for families after a tragedy or when at risk
- Research into prevention and causes of young sudden cardiac deaths



CRY Research Fellows are key to the CRY screening programme, with a direct relationship between the number of Research Fellows CRY is funding and the number of people we are able to screen. The Research Fellows dedicate one day a week to screening and the rest of their time to NHS work and research.

During the last 12 months the Research Fellows have been unable to screen young people but their essential NHS clinical work has continued, as well as the research projects they are working on.

CRY has a significant amount of ringfenced funds (over £4,300,000 – page 24) which are reserved for specific activities. The majority of these funds will be directed at CRY screenings over the next 3 years, to enable the screening of more than 75,000 young people. In recognition of the considerable impact of COVID, 51 CRY families released a total of more than £300,000 from their ringfenced funds to support CRY's research fellowship grants throughout the crisis.

The support of CRY families and their communities during the crisis has been exceptional and has ensured that CRY has maintained a strong position, remarkably reporting free reserves of £48,000 at the end of this financial year. As fundraising has picked up since June 1st, and as we have returned to screening throughout the UK, we are pleased to report that the CRY free reserves have increased since the end of this financial year.

With such a great demand for the screening services CRY offers, there is a need to appoint more doctors through the CRY research fellowship grants, enabling CRY to respond to the demand. Whilst CRY's free reserves have increased, they are still below the levels we would have expected prior to COVID. Over the next 6 months CRY will identify the best way forward to ensure the research fellowship programme is fully reinstated in order to respond to the demand for CRY's services and return to testing the number of young people we were pre COVID.

CRY's greatest strength has always been the commitment and support of bereaved families, their friends and local communities throughout the country who have dedicated so much to CRY's aims. With their support we look forward to building our national screening program beyond the pre-COVID levels and saving many more young lives.

CRY families responded to the impact of COVID by releasing more than £300,000 from ringfenced funds to support the CRY Research Fellowship Grants.

Legal Structure and Governance

The Trustees present their annual report and audited financial statements of the company for the year ended 31 May 2021.

Reference and Administrative Details

Company Registration Number: 3052985

Registered Charity Number: 1050845

Registered Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Principal Office: Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD

Bankers: Lloyds TSB, High Street, Epsom, Surrey, KT19 8AT

Auditors: BGM Helmores Ltd, Emperor's Gate, 114a Cromwell Road, Kensington, London, SW7 4AG

Solicitors: A J Lutley, Springfield, Rookery Hill, Ashted Park, Ashted, Surrey, KT21 1HY

Trustees: Hugh Mulcahey (Chairman)

Dr Tim Bowker

Louise Brooker-Carey

Peadar O'Donnell

Paul Quarterman

Rebecca Trewinnard

Dr Jayesh Makan

Chief Executive: Dr Steven Cox

Structure, Governance and Management

Governing Document

Cardiac Risk in the Young was incorporated on 3 May 1995 as a company limited by guarantee and is governed by its Memorandum and Articles of Association. The company was subsequently registered as a charity with the Charity Commission and is also known by its initials – CRY.

Appointment of Trustees

The charity or the Trustees may appoint a person who is willing to act to be a Trustee either to fill a casual vacancy or as an additional Trustee. As set out in the Articles of Association the board appoints the chair of the Trustees.

Trustee induction and training

New Trustees are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the Trustee board and decision-making processes, the business plan and recent financial performance of the charity. Their induction involves the meeting of key employees and other Trustees. Trustees are encouraged to attend appropriate external training events.

Organisation

The board of Trustees administers the charity. The board meets three to four times a year. A Chief Executive is appointed by the Trustees to manage the day-to-day operations of the charity. To facilitate effective operations, the Chief Executive has delegated authority for operational matters including development, finance, employment, public relations and fundraising.

Audit Committee

The Audit Committee is comprised of Hugh Mulcahey (CRY Trustee), Peadar O'Donnell (CRY Trustee), Rebecca Trewinnard (CRY Trustee) and Dr Steven Cox (CRY Chief Executive). The Committee meets at least twice a year. The Committee helps to ensure that sound financial policies and internal controls are in place by providing a formal mechanism for reviewing matters of corporate governance and risk management together with external audits.

Research Committee

The Research Committee is comprised of Paul Quarterman (CRY Trustee), Hugh Mulcahey (CRY Trustee), Dr Tim Bowker (CRY Trustee), Dr Jayesh Makan and Dr Steven Cox (CRY Chief Executive). The Committee oversees CRY's research strategy.

Communications Committee

The Communications Committee is comprised of Hugh Mulcahey (CRY Trustee), Louise Brooker-Carey (CRY Trustee) and Dr Steven Cox (CRY Chief Executive). The Committee oversees CRY's communication strategy.

Related parties

Professor Sanjay Sharma, CRY's Consultant Cardiologist, who is based at University of London and St George's Hospital, oversees the CRY research programme plus the clinical aspects of the CRY cardiac screening programme. All services provided by Professor Sharma are on a voluntary basis.

Professor Mary Sheppard, CRY's Expert Cardiac Pathologist, who is based at University of London, oversees the CRY Centre for Cardiac Pathology. Professor Sheppard is part funded by the Pathology research grant to the CRY Centre for Cardiac Pathology.

Objectives and Activities

Objectives

The objective of the charity is to support affected families and prevent young sudden cardiac deaths through awareness, screening and research.

Public benefit

CRY is a UK charity that supports families after a bereavement, both clinically and emotionally. CRY supports expert fast-track pathology and fast-track cardiology referral into the NHS to test the family. CRY also provides literature for the public written by leading cardiac experts. CRY offers a unique bereavement support programme.

The screening programme that CRY has developed gives the opportunity to save the young lives of those at risk who are asymptomatic, “fit and healthy”. There is no other charity that offers screening for young people aged 14 to 35 to schools, elite and recreational athletes and communities in the UK. CRY does not discriminate in the service we offer, whether it is an Olympic Gold Medalist or an adolescent in any local community. CRY’s screening programme is not just a service provision; it is also a research programme. CRY offers support to all people affected by cardiac conditions that can cause young sudden cardiac death.

The charity has two main aims:

1. Saving young lives
2. Helping those affected

The strategies employed to save young lives are:

- raising awareness of cardiac risk in the young
- operating a national cardiac screening programme
- funding medical research into young sudden cardiac death

The strategies employed to help those affected are:

- supporting families after a tragedy
- funding the CRY Centre for Cardiac Pathology
- funding the CRY Centre for Inherited Cardiovascular Conditions & Sports Cardiology
- supporting those diagnosed through our *myheart* Network

The Trustees confirm that they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their powers or duties. The public benefits of the Charity’s activities are outlined under ‘Objectives and Activities’ above.

1. Saving young lives

Raising awareness of cardiac risk in the young

Through raising awareness of these conditions, the public, medical and sporting communities will become more alert to the symptoms that can lead to a young sudden cardiac death as well as the potential risks that these conditions have on an asymptomatic population. The public will be aware of courses of action that can help to minimise their risk, including the choice to be screened at one of CRY's screening clinics.

The medical community will be aware of the specialist services that are available to facilitate diagnosing these conditions, as well as how to best manage these patients. The sporting community will be aware of the specialist cardiac services available at the CRY Centre for Sports Cardiology as well the importance of screening athletic populations. CRY also raises awareness within Parliament. It is essential that MPs are well informed with the latest research as well as the implications these findings have on public policy.

Operating a national screening programme

Systematic screening programmes are needed to establish the prevalence of cardiac conditions in the young. The aim of a screening programme is to detect a condition, or its risk factors. Once detected, preventative or therapeutic interventions can be implemented earlier and the disease can be treated when it is less advanced. In the case of cardiac conditions, the aim is to put in place treatments and lifestyle changes that will minimise the risk of a sudden cardiac death. These preventative actions may include medications, surgery or lifestyle changes. In some cases, the condition can be cured with the risk of sudden cardiac death removed. CRY operates screening programmes for the general public (between the age of 14 and 35), sports clubs and teams.

Funding medical research into young sudden cardiac death

CRY funds medical research through Research Fellowship grants. These grants cover a broad spectrum from fast track screening to pathology after a death. The grants also help to provide specialist knowledge of sports cardiology. The field-gathered data in CRY's screening programme is analysed and reported in peer reviewed journals, providing essential information on the understanding of these conditions.

2. Supporting families affected

Following a tragedy in a family where a young person has died suddenly, family members will require support. CRY offers both medical and emotional support.

CRY provides specialist cardiac information written by experts in the field, specifically for families or a non-medical community. Following a young sudden cardiac death, it is important that all first-degree relatives are screened. CRY can help with advising the family about seeing a cardiologist who specialises in these conditions. CRY offers direct medical support via the specialist Centre for Cardiac Pathology and Centre for Inherited Cardiovascular Conditions at St George's.

Funding the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology

CRY supports clinics at St George's Hospital, London. At these clinics specialist screening is offered to the family after the sudden death of a family member. The family can all be seen together, with most tests completed on the same day to minimise the number of return visits. Expert cardiac screening is vital following the sudden death of a first-degree blood relative. The CRY Centre for Sports Cardiology (CRY CSC) provides a specialist service led by Professor Sharma for expert clinical cardiac diagnoses of elite athletes.

Funding the CRY Centre for Cardiac Pathology

CRY also funds expert cardiac pathology. The importance of correct pathology cannot be overstated as it gives families the opportunity to obtain valid answers about the cause of death and to quantify the risk posed to other family members.

Emotional Support

CRY has a select group of bereavement supporters - volunteers who have experienced a similar tragedy themselves and have been trained to help others cope with their traumatic experience. Our Bereavement Supporters have all completed the two-year Counselling Skills and Theory course so that they can support others through their loss. So

many people have contacted CRY wondering if there are others who they could talk to who have suffered similar tragedies. CRY offers telephone bereavement support to anyone (aged 18 and over) who has lost a young person to a sudden cardiac death.

CRY has developed private Facebook groups specifically for bereaved mums, dads, partners, siblings, grandparents, aunts and uncles, and friends, as a place to connect with others who have experienced a similar tragedy, and to create a support network for one another.

CRY also offers other opportunities for bereaved families to come together including national bereavement support days, our annual Heart of London Bridges Walk and our annual Heart of Durham Walk.

CRY has produced a series of grief booklets designed to help families and friends feel less alone after the tragedy of a young sudden cardiac death. Our series of grief booklets include; 'A Mother's Grief', 'A Partner's Grief', 'A Father's Grief', 'Sibling Grief', 'Coping with Christmas after a Young Sudden Cardiac Death', 'Coping with Anniversaries following a Young Sudden Cardiac Death' and 'A Friend's Grief'.

Supporting those diagnosed – myheart Network

CRY has a support network called myheart for young people who have been diagnosed with cardiac condition. The group was set up after feedback from young people who found that the existing support groups were not effective in helping them deal with issues such as having an ICD fitted or undergoing ablation surgery. The network was developed as a support system that increases effective coping and decreases social isolation for young people who have been diagnosed with a cardiac condition.

We hold two national myheart meetings a year where members are offered 'Question and Answer' sessions with a specialist cardiologist, and the opportunity to share experiences with other young people who have been diagnosed with a cardiac condition. The myheart website contains medical information, personal experiences from young people who are living with a cardiac condition, questions and answers videos with myheart's Consultant Cardiologist, Dr Michael Papadakis, and a 'members only' area where young people living with a cardiac condition can connect and share experiences. There is also a private myheart network Facebook group which is exclusively for people who have been diagnosed with a cardiac condition.

Achievements and Performance

CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's Healthcare NHS Trust

In 1995 St George's was the first hospital in the UK to develop a family screening clinic after CRY's donation of an echocardiogram machine established a specialist clinic in young sudden cardiac death and meant that whole families could be screened together after a tragedy.

The CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology at St George's, combines three essential features of CRY's mission to eliminate young (aged 35 and under) sudden cardiac death - offering services for 'affected families', competitive athletes and the general population. The centre provides a 'one stop shop' for young people and 'affected families' who wish to be screened for potentially life-threatening cardiac problems.

The CRY Centre is led by CRY's consultant cardiologist, Professor Sanjay Sharma, who is Professor of Inherited Cardiovascular Conditions and Sports Cardiology at St George's Hospital, London.

It is a unique service where, after a young sudden death, families will be seen shortly after the referral is received. It is a "one stop shop" where all the tests will be conducted on the same day and all family members will be seen together wherever possible (even when travelling from different parts of the country). The Centre is able to provide this service because CRY provides the funding for the doctors and support staff at the centre.

The Centre is also the leading referral centre for elite athletes whose results can often mimic disease and they can easily be misdiagnosed if not seen by an expert cardiologist.

CRY Centre for Cardiac Pathology

The CRY Centre for Cardiac Pathology (CRY CCP) is an international cardiac referral centre and the leading centre in the UK. The centre was established with a donation from the Howard and Sebastian English Memorial Fund. The service is led by Professor Mary Sheppard who is an expert cardiac pathologist, with a team of staff funded by CRY. When a cause of death is 'unascertained' and the person is aged 35 years or under, the centre will provide a free fast-track cardiac diagnostic service.

The examination and report from the centre will be completed on average within 2 weeks. When pathology is not referred to this centre it can take up to 2 years for an expert investigation to be conducted. Expert pathology is essential to help the family understand the cause of death. This information will guide clinical decisions when assessing the first degree blood relatives. When expert pathology is not conducted the family could be offered inappropriate clinical tests and there is the potential for false reassurance. As well as providing a support service for bereaved families, the work conducted at this centre is resulting in ground breaking research to improve our understanding of the causes of young sudden cardiac death. In this financial year, CRY continued to fund the 3 staff that support Professor Sheppard at the centre, these being an administrator and two clinical technicians, as well as a PhD Research fellowship.

Cardiac Screening

CRY's mobile screening is fundamental in bringing specialist services to local communities. However, due to the COVID-19 pandemic all public events in the last financial year had to be cancelled or postponed due to the national lockdown.

Limited numbers of sport screening events have taken place, with CRY having 19 sport screening days and screening 510 athletes.

ECG screening

Due to the national lockdown all CRY public screening events had to be cancelled or postponed. During this time, CRY have reviewed the screening programme and procedures to make sure that all changes are made as per the government advice in order to enable CRY to restart the screening programme.

Screening equipment

This year, a van was donated in memory of Isabelle Tudisca.

Cardiac screening at St George's Hospital at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology

Due to the COVID-19 pandemic and the national lockdown no screenings were held at The CRY Centre at St George's Hospital. In order to restart the screening programme, efforts were made to transform the CRY Head Office in Leatherhead and facilitate this as a screening centre. We are planning for the first screening to take place as soon as the lockdown measures are eased.

Screening in sport

CRY provides screening for many elite and professional sports teams/clubs which includes a medical questionnaire, resting ECG and consultation with the Cardiologist (one of Professor Sanjay Sharma's Research Fellows). If an echocardiogram is required, this is also performed on the day. Some sports have ECG and echocardiogram as standard.

Screening in elite sport in 2020 re-started in August following the COVID-19 pandemic lockdown as elite/professional athletes were once allowed to travel to their place of work where they then trained in bubbles with regular COVID testing. The number of screenings was heavily reduced, but CRY continued to provide cardiac screening to the following governing bodies/organisations:

- World Wrestling Entertainment (WWE) for their NXT talent based in Europe.
- Football: AFC Wimbledon, Colchester United FC, Ipswich Town FC. These screenings are a mixture of ECG only or ECG and echocardiogram with some players being funded to have their screenings by the Football Association (FA). For any players funded by the FA an FA approved Cardiologist reviews the results remotely via their digital results system rather than a CRY Research Fellow.
- A new sport this year was for the National Football League (NFL) academy based in London. The NFL took the opportunity to screen their new academy players at their college base and would like to continue this protocol going forward.
- British Sailing had a screening at their training base on the Isle of Portland which was part funded as an EIS screening (for their ECG and invoiced for their echocardiogram) in memory of Aaron Dixon.
- Gallagher Premiership Rugby for senior and contracted academy players: Harlequins, Northampton Saints, Worcester Warriors, Bath, Bristol Bears, Exeter Chiefs.
- Championship Rugby Union: Saracens
- Team INEOS continue to require screening of their riders for their UCI licence which included ECG, echocardiogram and exercise ECG at their medical camp.
- English Institute of Sport (EIS) – two screenings were held at Bisham Abbey EIS for Olympic/Paralympic athletes ahead of Tokyo 2020. These were for the sports based there, but also for other athletes to book into ahead of the

games. These were all funded by the Aaron Dixon Memorial Fund with their funding provided by the JD Foundation.

- GB Rugby Sevens held a screening ahead of Tokyo 2020 at their training base in Loughborough.

Research

CRY Research Fellows

CRY Research Fellows are trained to have considerable expertise in the athlete's heart, the cardiomyopathies and ion channel diseases – thus expanding the pool of specialist doctors in this complicated field of medicine.

The Research Fellows play an instrumental role in the CRY Inherited Cardiovascular Conditions Clinics within the NHS and with the field work conducted in CRY's screening programme. Each Fellow also pursues a specific area of research.

CRY has funded 7 full-time Research Fellows during all or part of the year. Two Research Fellows, Dr Hamish MacLoughlan and Dr Bashir Ibrahim, started their grants under the supervision of Professor Sharma and Dr Michael Papadakis in October 2017.

Dr Uchenna Ozo started his fellowship grant under the supervision of Professor Sharma and Dr Michael Papadakis in February 2019.

Two Research Fellows started their grants under the supervision of Professor Sharma and Dr Michael Papadakis in February 2020, Dr Raghav Bhatia and Dr Sarandeep Kaur Marwaha.

Dr Saad Fyyaz started his grant in October 2020 and Dr Nikhil Chatrath started his grant in April 2021, both under the supervision of Professor Sanjay Sharma and Dr Michael Papadakis.

CRY is also funding the cardiologist position of Dr Michael Papadakis, to support and further expand its collaborative research programme with St George's.

Dr Gherardo Finocchiaro is also funded by CRY.

CRY funds a research nurse and two specialist physiologists, to support research and conduct ECGs, echocardiogram and VO₂ max tests at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology.

CRY's screening programme continues to surpass all expectations and has fed into crucial research for the benefit of all involved in this field. CRY was first to identify the upper limits of wall thickness and cavity size in British athletes; CRY is the first organisation in the world to characterise cardiac dimensions in adolescent athletes – knowing how to differentiate pathology from physiology is vital for diagnosis; and the first organisation to characterise ECG changes in athletes in a document that is now the blueprint for the Sports Cardiology Section of the European Society of Cardiology.

Apart from diagnostics and these physiological goals, CRY has also been pivotal in identifying the prevalence of conditions such as hypertrophic cardiomyopathy (HCM) in sportsmen. This includes recently identifying conditions such as long QT as more common than HCM.

CRY's findings are published in reputable peer reviewed journals and CRY's guidelines are now nationally and internationally recognised. The current international cardiac screening guidelines have been based on a Caucasian population in the Veneto region of Italy. CRY's research not only highlights the importance of establishing "normal" cardiac parameters in differing ethnic groups, but it is also guiding international screening recommendations when applied to these groups.

Being part of the CRY screening programme is not only about identifying those at risk through employing the highest level of cardiac expertise. It is about taking part in a national research programme that endeavours to eliminate young sudden cardiac death and save the lives of young people.

The academic papers published in this financial year include:

- **“Age matters: differences in exercise-induced cardiovascular remodelling in young and middle aged healthy sedentary individuals.”** Torlasco C, D’Silva A, Bhuvana AN, et al. *European Journal of Preventive Cardiology*, June 2020.

“Medium-term, unsupervised physical training in healthy sedentary individuals induces measurable remodelling of both heart and vasculature. This amount is age dependent, with predominant cardiac remodelling when younger and predominantly vascular remodelling when older.”

- **“Recommendations for participation in leisure-time physical activity and competitive sports of patients with arrhythmias and potentially arrhythmogenic conditions. Part 2: ventricular arrhythmias, channelopathies, and implantable defibrillators.”** Heidbuchel H, Arbelo E, D’Ascenzi F, et al. *Europace*, June 2020.
- **“Differentiation between athlete’s heart and dilated cardiomyopathy in athletic individuals.”** Millar LM, Fanton Z, Finocchiaro G, et al. *Heart*, July 2020.

“Comprehensive assessment using a cascade of routine investigations revealed that exercise stress echocardiography has the greatest discriminatory value in differentiating between grey-zone athletes and asymptomatic patients with DCM. Our findings require validation in larger studies.”

- **“The metabolic signature: an emerging paradigm in cardiovascular nutritional health research?”** Sharma S, Parry-Williams G, Gati S. *European Heart Journal*, July 2020.
- **“Left ventricular remodeling in elite and sub-elite road cyclists.”** Brown B, Millar L, Somauroo J, et al. *Scandinavian Journal of Medicine & Science in Sports*, July 2020.

“This study aimed to describe structural, functional, and mechanical characteristics of the cyclists’ LV, based on clearly defined performance levels.”

- **“Myocardial Infarction With Nonobstructed Coronary Arteries and Sudden Cardiac Death: A Clinical and Pathological Perspective.”** Ciliberti G, Finocchiaro G, Papadakis M, et al. *Circulation. Arrhythmia and Electrophysiology*, July 2020.
- **“Infographics. Football-specific strategies to reduce COVID-19 transmission.”** Carmody S, Ahmad I, Gouttebarga V, et al. *British Journal of Sports Medicine*, August 2020.

“This article considers the evolving science pertinent to professional footballers in the context of COVID-19, with the overarching purpose to ensure the health and safety of players, staff, their families and the general public. The primary focus of this article is on strategies to reduce the risk of human-to-human transmission during football activity, aspects of which will be relevant to other sports.”

- **“Exercise: The ultimate treatment to all ailments?”** Kasiakogias A, Sharma S. *Clinical Cardiology*, August 2020.
- **“Exercise in the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) era: A Question and Answer session with the experts Endorsed by the section of Sports Cardiology & Exercise of the European Association of Preventive Cardiology (EAPC).”** Bhatia RT, Marwaha S, Malhotra A, et al. *European Journal of Preventive Cardiology*, August 2020.
- **“The Impact of Ethnicity on Cardiac Adaptation.”** Ozo U, Sharma S. *European Cardiology*, August 2020.

“Ethnicity is an important determinant of cardiac adaptation to exercise and should be considered during cardiac evaluation of an athlete. Black athletes from middle and west Africa and the Caribbean appear to develop the most profound electrical and structural changes. An awareness of these ethnic variants will prevent over investigation of healthy athletes and potentially unwarranted exclusion from competitive sports.”

- **“Mavacamten: treatment aspirations in hypertrophic cardiomyopathy.”** Papadakis M, Basu J, Sharma S.

Lancet, September 2020.

- **“Cardiorespiratory considerations for return-to-play in elite athletes after COVID-19 infection: a practical guide for sport and exercise medicine physicians.”** Wilson MG, Hull JH, Rogers J, et al. *British Journal of Sports Medicine*, September 2020.

“To support safe RTP [return to play], we provide sport and exercise medicine physicians with practical recommendations on how to exclude cardiorespiratory complications of COVID-19 in elite athletes who place high demand on their cardiorespiratory system. As new evidence emerges, guidance for a safe RTP should be updated.”

- **“Morphometric characterization of collagen and fat in normal ventricular myocardium.”** Miles C, Westaby J, Ster IC, et al. *Cardiovascular Pathology: The official journal of the Society for Cardiovascular Pathology*, September 2020.

“Our findings provide location and sex-specific proportions of myocardial histological tissue composition that may aid quantitative evaluation of pathology in future studies.”

- **“Recreational marathon running does not cause exercise-induced left ventricular hypertrabeculation.”** D’Silva A, Captur G, Bhuva AN, et al. *International Journal of Cardiology*, September 2020.
- **“Coronary atherosclerotic burden in veteran male recreational athletes with low to intermediate cardiovascular risk.”** Dores H, de Araújo Gonçalves P, Monge J, et al. *Portugese Journal of Cardiology*, September 2020.
- **“COVID-19, the heart and returning to physical exercise.”** Kennedy FM, Sharma S. *Occupational Medicine*, October 2020.

“In conclusion, the possibility of persisting low-grade cardiac injury should be considered when assessing protracted COVID-19 illness and providing fitness for work advice, particularly in the context of jobs involving strenuous physical exercise.”

- **“The Impact of COVID-19 on the Continuity of Cardiovascular Care.”** Bhatia RT, Gati S, Papadakis M, et al. *European Heart Journal*, October 2020.

“Given the uncertainty surrounding the duration of the COVID-19 pandemic, safe and effective integrated models of care which include remote methods of clinical management, disease surveillance and appropriate staff training should be engraved into our daily practice whilst ensuring staff wellbeing is not neglected.”

- **“Electrocardiographic interpretation in athletes.”** Abela M, Sharma S. *Minerva Cardioangiologica*, October 2020.

“This review will describe the normal electrical patterns of the ‘athlete’s heart’ and provide insights into differentiation physiological electrical patterns from those observed in serious cardiac disease.”

- **“Diagnosis of arrhythmogenic cardiomyopathy: The Padua criteria.”** Corrado D, Marra MP, Zorzi A, et al. *International Journal of Cardiology*, November 2020.
- **“Recommendations for participation in competitive sport in adolescent and adult athletes with Congenital Heart Disease (CHD): position statement of the Sports Cardiology & Exercise Section of the European Association of Preventive Cardiology (EAPC), the European Society of Cardiology (ESC) Working Group on Adult Congenital Heart Disease and the Sports Cardiology, Physical Activity and Prevention Working Group of the Association for European Paediatric and Congenital Cardiology (AEPC).”** Budts W, Pieles GE, Roos-Hesselink JW, et al. *European Heart Journal*, November 2020.
- **“SCN5A Mutation Type and a Genetic Risk Score Associate Variably With Brugada Syndrome Phenotype in SCN5A Families.”** Wijeyeratne YD, Tanck MW, Mizusawa Y, et al. *Circulation. Genomic and Precision Medicine*, December 2020.

- **"Screening of Potential Cardiac Involvement in Competitive Athletes Recovering From COVID-19: An Expert Consensus Statement."** Phelan D, Kim JH, Elliott MD, et al. *Journal of the American College of Cardiology. Cardiovascular Imaging*, December 2020.

"This review seeks to evaluate the current evidence regarding COVID-19–associated cardiovascular disease and how multimodality imaging may be useful in the screening and clinical evaluation of athletes with suspected cardiovascular complications of infection."

- **"Highlights from the 2020 ESC guidelines on sport cardiology: practical management for safe sports and exercise in patients with cardiovascular disease."** Gati S, Drezner J, Sharma S. *Heart*, December 2020.
- **"The Labyrinth of Nomenclature in Cardiology. Eternal Dilemmas and New Challenges on the Horizon in the Personalized Medicine Era."** Finocchiaro G, Sinagra G, Papadakis M, et al. *European Journal of Heart Failure*, December 2020.
- **"2020 ESC Guidelines on sports cardiology and exercise in patients with cardiovascular disease."** Pelliccia A, Sharma S, Gati S, et al. *European Heart Journal*, January 2021.

"The overarching aim of these recommendations was to minimize the risk of adverse events in highly trained athletes. It is important to recognize, however, that most of the exercising population engages in leisure sport and solo recreational exercise and, unlike elite athletes, these individuals have a higher prevalence of risk factors for atherosclerosis and established CVD [cardiovascular disease]."

- **"Enhancing rare variant interpretation in inherited arrhythmias through quantitative analysis of consortium disease cohorts and population controls."** Walsh R, Lahrouchi N, Tadros R, et al. *Genetics in Medicine: Official Journal of the American College of Medical Genetics*, January 2021.
- **"The 2020 ESC Guidelines on Sport Cardiology."** Pelliccia A, Sharma S. *European Heart Journal*, January 2021.

"The initiative for producing the first Guidelines (GLs) on Sport Cardiology was prompted by the European Society of Cardiology (ESC) to facilitate appropriate risk stratification and safe decision-making when prescribing exercise programmes and sport participation in patients with CV [cardiovascular] diseases/abnormalities."

- **"The 'Ten Commandments' for the 2020 ESC Guidelines on Sports Cardiology and Exercise in Patients with Cardiovascular Disease."** Sharma S, Pelliccia A, Gati S. *European Heart Journal*, January 2021.
- **"Defining the Normal Spectrum of Electrocardiographic and Left Ventricular Adaptations in Mixed-Race Male Adolescent Soccer Players."** Malhotra A, Oxborough D, Rao P, et al. *Circulation*, January 2021.

"We examined the electric and structural adaptations in the heart in healthy mixed-race male soccer players and compared them with those of White and Black male soccer players."

- **"Diagnostic yield and financial implications of a nationwide electrocardiographic screening programme to detect cardiac disease in the young."** Dhutia H, Malhotra A, Finocchiaro G, et al. *Europace*, February 2021.

"The inclusion of an ECG to a health questionnaire is associated with a five-fold increase in the ability to detect disease associated with SCD in young individuals and is more cost effective for detecting serious disease compared with screening with a health questionnaire alone."

- **"Medical care and first aid: an interassociation consensus framework for organised non-elite sport during the COVID-19 pandemic."** Hodgson L, Phillips G, Siggers RT, et al. *British Journal of Sports Medicine*, February 2021.

"The ongoing prevalence of SARS-CoV-2 and subsequent 'second waves' require urgent best practice guidelines to be developed to return recreational (non-elite) sports as quickly as possible while prioritising the well-being of the participants and support staff. This guidance document describes the need for such advice and the process of collating available evidence."

- **"Familial Evaluation in Idiopathic Ventricular Fibrillation: Diagnostic Yield and Significance of J Wave Syndromes."** Mellor GJ, Blom LJ, Groeneveld SA, et al. *Circulation: Arrhythmia and Electrophysiology*, March 2021.

"The yield of family screening in relatives of IVF [idiopathic ventricular fibrillation] probands is low when the proband is comprehensively investigated. The significance of J wave syndromes in relatives and the role for systematic sodium channel blocker provocation are, however, uncertain and require further research."

- **"Multi-catheter cryotherapy compared with radiofrequency ablation in long-standing persistent atrial fibrillation: a randomized clinical trial."** Gallagher MM, Yi G, Gonna H, et al. *Europace*, March 2021.

"Multi-catheter cryotherapy can restore SR [sinus rhythm] by ablation alone in more cases and more quickly than RF [radiofrequency] ablation. Long-term success is difficult to achieve by either methods and is similar with both."

- **"Innovative Cardiac Resynchronization: Deployable Lead as an Anchor to Facilitate Guidewire Advancement."** Akhtar Z, Chen Z, Leung LWM, et al. *Journal of the American College of Cardiology. Case Reports*, March 2021.
- **"Finding the heart of the problem: A letter to the editor on 'Detection of oesophageal course during left atrial ablation' by Santoro et al."** Leung LW, Akhtar Z, Gallagher MM. *Indian Pacing and Electrophysiology Journal*, March-April 2021.
- **"Athletes with valvular heart disease and competitive sports: a position statement of the Sport Cardiology Section of the European Association of Preventive Cardiology."** van Buuren F, Gati S, Sharma S, et al. *European Journal of Preventive Cardiology*, April 2021.

"This article provides an overview of the recommendations from the Sports Cardiology section of the European Association of Preventive Cardiology on sports participation in individuals with valvular heart disease (VHD). The aim of these recommendations is to encourage regular physical activity including sports participation, with reasonable precaution to ensure a high level of safety for all affected individuals."

- **"EAPC Core Curriculum for Preventive Cardiology."** Wilhelm M, Abreu A, Adami PE, et al. *European Journal of Preventive Cardiology*, April 2021.

"This is the first European Core Curriculum for Preventive Cardiology, which will help to standardize, structure, deliver, and evaluate training in preventive cardiology across Europe."

- **"Percutaneous management of lead-related cardiac perforation with limited use of computed tomography and cardiac surgery."** Elbatran AI, Akhtar Z, Bajpai A, et al. *Pacing and Clinical Electrophysiology*, April 2021.

"CT [computed tomography] scanning provides incremental diagnostic value in a minority of CIED [cardiac implantable electronic device] related perforations. TLR [transvenous lead revision] is a safe and effective strategy."

- **"Future of preventive cardiology: EAPC vision 2020-22."** Halle M, Davos CH, Dendale P, et al. *European Journal of Preventive Cardiology*, May 2021.
- **"Prolonged QT predicts prognosis in COVID-19."** Akhtar Z, Gallagher MM, Yap YG, et al. *Pacing and Clinical Electrophysiology*, May 2021.

"Coronavirus disease-2019 (COVID-19) causes severe illness and multi-organ dysfunction. An abnormal electrocardiogram is associated with poor outcome, and QT prolongation during the illness has been linked to pharmacological effects. This study sought to investigate the effects of the COVID-19 illness on the corrected QT interval (QTc)."

- **"Leadless cardiac resynchronization therapy: a distant Utopia."** Akhtar Z, Leung LWM, Sohal M, et al. *Europace*, May 2021.
- **"Genetics and genomics of arrhythmic risk: current and future strategies to prevent sudden cardiac death."**

Scrocco C, Bezzina CR, Ackerman MJ, et al. *Nature Reviews. Cardiology*, May 2021.

“In this Review, we assess the current understanding of the epidemiology and causes of SCD and evaluate both the monogenic and the polygenic contributions to the risk of SCD in the young and SCD associated with drug therapy. Finally, we analyse the potential clinical role of genomic testing in the prevention of SCD in the general population.”

Conferences

CRY International Medical Conference *October 16, 2020*

Like our fundraising events, the 2020 CRY Conference went virtual. An excellent set of presentations were broadcast live through the day. Some of CRY’s former Research Fellows, CRY Consultant Cardiologist Professor Sanjay Sharma, and *myheart* cardiologist Dr Michael Papadakis spoke about their new research, while other experts such as Professor Domenico Corrado, Professor Antonio Pelliccia and Professor Mats Börjesson spoke as well.

ESC Congress *August 29 - September 1, 2020*

The 2020 ESC Congress was a virtual event with a record-breaking number of 116,000 healthcare professionals joining from 211 countries to watch online presentations from some of the world’s leading cardiologists.

CRY was well represented by a number of our doctors. CRY Research Fellow Dr Joyee Basu gave a presentation about her research, “Safety and outcomes of a structured exercise programme in young patients with hypertrophic cardiomyopathy: The SAFE-HCM trial,” which had fantastic engagement on the day as well as after the talk when the results were shared on social media. This study highlighted the need for a personalised approach to ‘safe exercise’ for young people living with heart conditions and suggests that personalised exercise regimes should be ‘prescribed.’ The results ultimately indicate that high intensity exercise in patients is not as unsafe as previously thought and could pave the way for further research leading to a new national framework. Professor Mary Sheppard from the CRY Centre for Cardiac Pathology (CRY CCP) also spoke and gave a presentation entitled “Autopsy investigation and the need of uniform protocols in sudden cardiac death.”

Webinar on guidance for ‘safe exercise’ in the COVID era and how to prepare for a return to sport *June 15, 2020*

To continue to share research and the expertise of CRY’s doctors during 2020, we held webinars for the first time. Like our virtual CRY Conference, these gave people a chance to hear from experts and ask questions. On June 15, we held our first webinar, covering how athletes can continue exercising safely during the COVID-19 pandemic and how to prepare for a return to sport.

Professor Sanjay Sharma, Professor Mat Wilson (the head of sport and exercise medicine at the Institute for Sport Exercise and Health), and Dr Michael Papadakis each gave presentations to address different areas of this topic, from the effects of COVID on the heart to returning to competitive sport after quarantine.

Webinar on the importance of CRY’s research *November 4, 2020*

To look at some of the developments of CRY’s research and its importance, Professor Sanjay Sharma hosted a live 15-minute presentation. This covered several key areas, including how CRY’s research has shed light on the incidence of YSCD, the causes of sudden cardiac death, the interpretation of autopsy findings, the evaluation of first-degree relatives of victims of sudden cardiac death, identifying the prevalence of serious cardiac diseases in the young population, and refining cost-effective methods for identifying and treating young people with cardiac conditions. To finish, Professor Sharma answered questions from CRY supporters.

Webinar on how CRY’s research impacted the investigation and management of people at risk of sudden cardiac death *December 17, 2020*

For our final webinar of the year, Dr Michael Papadakis spoke about how CRY’s research has impacted the investigation and management of people at risk of sudden cardiac death. He began by looking at what CRY’s research is based on, including the 4,000 individuals with inherited cardiac conditions that are seen annually at St George’s Hospital, the 30,000 young people we typically screen every year, and the 200 hearts that are examined each year at the CRY Centre for Cardiac Pathology. Dr Papadakis proceeded to go into further detail on the different factors that go into preventing young sudden cardiac deaths, before highlighting areas of research that CRY’s doctors are aiming to advance in 2021. Everyone watching live also had the opportunity to send in questions at the end.

Core Fundraising Events

PLEASE NOTE: The figures detailed below are based on the total amount raised throughout the duration of each event. Due to the process of collecting sponsorship and donations, these final totals raised can often span more than one financial year and so do not reflect the figures that are presented in the audited accounts.

London 10,000 2020

Due to the pandemic, the 2020 event was cancelled and any participants had their places and funds rolled over to the 2021 event.

CRY Heart of London Bridges Walk 2020

The CRY Heart of London Bridges Walk took place on Sunday 28th June 2020, but it was to be a different kind of event for its 14th year. Due to the pandemic, the event took place virtually in local communities across the UK and worldwide. 330 people registered to participate in their own version of the walk and £18,093.50 was raised. To replicate the tribute wall that we usually have at the event, we replaced the CRY website homepage for 24 hours with all those photos and messages we received so that those visiting the CRY website would see them. To keep with usual traditions, speeches were recorded from Professor Sanjay Sharma, Professor Mary Sheppard and Dr Steven Cox and played through social media and the website and a 2-minute silence was observed at 11am. See the full write-up here – www.c-r-y.org.uk/bridges-walk-write-up/

RideLondon-Surrey 46 & 100 2020

Due to the pandemic, the 2020 event was cancelled and any participants had their places and funds rolled over to the 2021 event. A virtual event was offered to cyclists on the day, but this was provided independently to the physical event.

Great North Run 2020

Due to the pandemic, the 2020 event was cancelled and any participants had their places and funds rolled over to the 2021 event. A virtual event was offered to runners on the day, but this was provided independently to the physical event.

CRY Heart of Durham Walk 2020

The CRY Heart of Durham Walk took place virtually on Saturday 3rd October 2020 due to the pandemic. We had 38 supporters register their interest in the event with £660 raised. We followed the format of the Virtual Bridges Walk and had a recorded speech from Dr Steven Cox and a 1-minute silence. CRY supporter and founder of the Durham Walk Jeff Morland also provided a quote of support for the website. See the full write-up here – www.c-r-y.org.uk/durham-walk-write-up-2020/

London Marathon 2020

The 2020 event was postponed from April 2020 until the 4th October 2020 but due to the ongoing concern with the Pandemic, the physical event had to be cancelled. In its place, a virtual event was created and CRY had 38 supporters taking part. Of the 38 taking part, 33 had a place in the physical event and so all fundraising will go towards their pledge.

Royal Parks Half Marathon 2020

Due to the pandemic, the 2020 event was rescheduled and then subsequently cancelled. Any participants had their places and funds rolled over to the 2021 event.

CRY Great Cake Bake 2020

The 9th CRY Great Cake Bake took place on Friday 20th November 2020, as part of CRY's Raising Awareness Week. The event was unfortunately hampered by the pandemic with bake sales and gatherings not allowed. A digital pack was sent with 8 recipes to those taking part. See the full write-up here – www.c-r-y.org.uk/cry-great-cake-bake-write-up/

12 A Week Challenge 2020

Due to the cancellation and postponement of so many events in 2020, CRY launched a virtual event called the 12 A Week Challenge that was available to all supporters. The event was held Saturday 14th to Sunday 22nd November. Participants had one week to complete 12 miles however they wanted to. This symbolised the 12 young sudden cardiac deaths a week. 175 people took part and £36,362.25 was raised in total.

25 Million Metre Challenge

The second CRY organised virtual challenge took place to coincide with Heart Month. Working with CRY supporter and

founder of the Million Metre Challenge (MMC), Tony Eames, we asked for supporters' help in reaching a cumulative total of 25 million metres between February 1st and May 2nd 2021. Supporters could walk, cycle, swim or row to help contribute to the total and we were able to use MMC's new website to help keep a record of the achievements. The original target was easily reached and the 134 participants completed a fantastic 47,366,719 metres. Those participating also managed to raise £3,797 in sponsorship.

London Landmarks Half Marathon 2021

Following the cancellation of the 2020 event due to the pandemic, the 2021 edition of this event had to be postponed until August 2021.

London Marathon 2021

The 2021 edition of this event was postponed due to the pandemic and has been moved to October 3rd 2021.

Trust Donations

In this financial year CRY received 41 donations from Charitable Trusts and Foundations totaling £84,450. In total £13,500 went towards Memorial Funds, £31,250 was ringfenced for certain projects/items and £39,700 went to core funding.

Grants that we have permission to acknowledge are £2,000 from the A & R Woolf Charitable Trust; £5,000 from the Aubrey Orchard-Lisle Charitable Trust; £500 from the Bartle Family Charitable Trust; £1,000 from the Cecil Rosen Foundation; £500 from the Dennis Alan Yardy Charitable Trust; £1,000 from the Francis and Eric Ford Charity Trust; £3,000 from the G C Gibson Charitable Trust; £500 from the Gowling WLG (UK) Charitable Trust; £500 from the H A Holliday Charitable Trust; £1,000 from the Patrick Rowland Foundation; £5,000 from the Risman Foundation; £1,000 from the Linrod Fund; £1,000 from the Thales Charitable Trust; £500 from The Catherine Cookson Charitable Trust; £5,000 from The Florian Charitable Trust; £250 from The Gilander Foundation; £1,400 from The GM Morrison Charitable Trust; £250 from The Helianthus Charitable Trust; £2,000 from The Hospital Saturday Fund; £500 from The Hudson Charitable Trust; £300 from The John Cowan Foundation; £50 from The JP Jacobs Charitable Trust; £5,000 from The Lady Forester Trust; £500 from The Manchester United Foundation; £200 from The Michael and Anna Wix Charitable Trust; £250 from The Pannett Charitable Trust; £500 from The Percy Hedley 1990 Charitable Trust; £200 from The Rachel & David Barnett Charitable Trust; £200 from The Rest Harrow Trust; £500 from The Roger Raymond Charitable Trust; £2,000 from The Vandervell Foundation; £3,000 from The Wood Foundation; £500 from the TJX UK Foundation; £5,000 from the Tresanton Trust; and £4,000 from the Vernon N Ely Charitable Settlement.

Support

Telephone Bereavement Support

CRY has a network of 27 Bereavement Supporters who have themselves been affected by a young sudden cardiac death and have since completed a two year counselling skills and theory course so that they can offer individual telephone support to other people following a tragedy. No matter how much professional support is offered, sometimes just talking to someone "who has been through a similar experience" helps the most. In the period 1st June 2020 to 31st May 2021, CRY's Bereavement Supporters accepted 35 new referrals from bereaved families. This included bereaved mums, dads, siblings, partners and grandparents.

Private Bereavement Support Facebook Groups

CRY has private Facebook groups specifically for bereaved mums, dads, siblings, partners, friends, grandparents, aunts and uncles, and a group for all family and friends. The groups are private communities for people who are in touch with CRY to connect, share their feelings and experiences with others who have experienced the loss of a young person, and be part a network of support for one another.

At the end of May 2021, there were the following number of people in each group:

Mums – 149, Dads – 26, Siblings – 93, Partners – 76, Friends – 17, Family & Friends – 62, Aunts & Uncles – 18, Grandparents – 3.

Support resources

CRY's information pack for bereaved families was converted into a digital format so that we could respond to bereaved families' requests for information without delay, even during the national lockdowns due to the COVID-19 pandemic. In addition, a new resource was added to the CRY website featuring personal contributions from some of CRY's bereaved Representatives and Bereavement Supporters, about grieving during lockdown and social distancing through the pandemic. www.c-r-y.org.uk/grieving-during-lockdown-and-social-distancing

myheart Network meetings

The *myheart* network meetings are informal meetings for young people aged 18-35 who have been diagnosed with life-threatening cardiac conditions. Members have the opportunity to spend time in a group, sharing experiences and asking questions informally of an expert consultant cardiologist.

National myheart meeting October 2020

Due to the COVID-19 pandemic, *myheart* meetings were moved to an online setting, and were held via Zoom. 3 young people registered to attend the October meeting. CRY *myheart* cardiologist, Dr Sabiha Gati, offered the opportunity for those attending to informally discuss any medical queries.

National myheart meeting March 2021

7 young people aged 22-35 registered to attend the Spring 2021 *myheart* meeting, again held via Zoom. The session was led by Dr Sabiha Gati.

In addition to the meetings, several articles were posted to the *myheart* website in 2021 responding to members questions and concerns about COVID-19. These were produced by Professor Sanjay Sharma, Dr Michael Papadakis and Dr Sabiha Gati.

Raising Awareness

Professor Sanjay Sharma interviewed on Sunrise Radio June 22, 2020

Professor Sharma was interviewed on Sunrise Radio to talk about a variety of topics, from how he first got started with CRY, to the importance of cardiac screening. Sanjay went on to talk about how Alison's connections with the Lawn Tennis Association helped tennis become the first sport where athletes were screened in this country, and how screening in other sports expanded and how his research developed.

Sue Dewhirst interviewed on BBC Radio Shropshire June 25, 2020

Sue Dewhirst has been supporting CRY since the sudden death of her son, Matthew, in 2012. She went on BBC Radio Shropshire to share her story, and to talk about how people can continue to help CRY during the COVID-19 pandemic. Sue had four of her CRY screening events postponed. With the Virtual Heart of London Bridges Walk just a few days away at the time, Sue also helped promote the event.

CRY Virtual Heart of London Bridges Walk June 28, 2020

While the typical Heart of London Bridges Walk that we had planned to help mark CRY's 25th year unfortunately couldn't go ahead due to the ongoing pandemic, this year's event was still a special day. As we were unable to gather in person to walk in memory and support of young people, we organised the Virtual Heart of London Bridges Walk. This gave people the opportunity to still complete their own walk in their different areas of the UK, with over 300 people pre-registering to take part and many more joining in on the day. There were also speeches before the event began, and the homepage of the CRY website was turned into a message wall where over 200 people uploaded photos and messages to remember those they have lost.

Mark Maguire interviewed on BBC Radio Cumbria July 3, 2020

CRY's supporters have been creative in their efforts to keep raising funds and awareness in 2020. Mark Maguire wanted to support CRY in memory of his close friend and fellow cyclist Ben Forsyth, who died suddenly in 2018, and came up with his own challenge. Mark decided to run 30 marathons in 30 days and raised thousands of pounds and awareness for CRY along the way. He also went on BBC Radio Cumbria to talk about his challenge and spread word of CRY.

Charlotte Lockett on BBC South West Spotlight *September 13, 2020*

Charlotte Lockett lost her brother, Martyn, when he was only 19 years old. She has been supporting CRY in his memory and has done what she can to raise awareness. In 2020, she undertook the challenge of completing 12 marathons in 12 months, and talked about her support for CRY in an interview with BBC South West Spotlight.

Virtual London Marathon *October 4, 2020*

The London Marathon typically takes place in April, but due to COVID-19 it was unable to go ahead in 2020. Instead, it was postponed and became a virtual event in October, and we were so pleased to see so many CRY supporters getting out and taking part. 38 runners all around the UK completed a marathon run in their local area, raising vital funds and awareness for CRY.

“The importance of CRY’s research” webinar with Professor Sanjay Sharma *November 4, 2020*

To look at some of the developments of CRY’s research and its importance, Professor Sharma hosted a live 15-minute presentation and answered questions from supporters. This covered several key areas, including how CRY’s research has shed light on the incidence of YSCD, the causes of sudden cardiac death, the interpretation of autopsy findings, the evaluation of first-degree relatives of victims of sudden cardiac death, identifying the prevalence of serious cardiac diseases in the young population, and refining cost-effective methods for identifying and treating young people with cardiac conditions.

Arjun announced as new CRY Ambassador *November 18, 2020*

Ambassadors have achieved recognition in their chosen field, and work with CRY and deliver key messages to their followers and fans. The latest CRY Ambassador we were proud to announce was international singer and songwriter, Arjun. In 2018, Arjun lost his wife, Natasha, when she died suddenly from a previously undiagnosed heart condition when she was just 28 years old. In 2019, Arjun attended CRY’s Heart of London Bridges Walk with more than 100 of Natasha’s family and friends and held a concert (#ForNatasha) at the Hammersmith Apollo in February 2020 which raised over £32,000 for CRY.

Raising Awareness Week *November 14-22, 2020*

Like all events in 2020, our Raising Awareness Week went virtual. Even though we were unable to get out and about as usual, CRY supporters got engaged on social media by sharing key messages to raise awareness online. We highlighted CRY’s research and support resources during this Raising Awareness Week, with November 21st marking 25 years since CRY received its charity status. Meanwhile, the CRY Great Cake Bake went ahead with plenty of supporters getting involved by baking at home.

We also introduced the 12 A Week Challenge which was a great success. 175 participants racked up miles by walking, running, hiking, cycling and jogging for the challenge of completing 12 miles through the week. Each of the 12 miles completed represented the 12 young sudden cardiac deaths that happen every week. Over £26,000 was raised.

CRY’s 25 Million Metre Challenge *February 1, 2021*

One of the ways we marked CRY’s 25th anniversary and engaged supporters in Heart Month was by introducing a new virtual event: the 25 Million Metre Challenge. We partnered with CRY supporter and myheart member Tony Eames, who originally created the Million Metre Challenge to raise funds and awareness for the charity. The aim of our new event was to challenge people to collectively cover the distance of 25 million metres from February 1st to May 2nd.

Supporters could take part as an individual or create a virtual team of 12 and complete metres by walking, running, cycling, rowing or swimming. The event was a success as we raised awareness around the country and nearly £4,000 in the process.

BBC Look North feature about CRY and Heather Reid *February 3, 2021*

Heather Reid has been supporting CRY since the sudden death of her daughter Alex, who died in her sleep from an undiagnosed heart condition. This BBC feature looked at their story and stressed the importance of taking care of our hearts and minds, while also noting that many screening days have been lost due to COVID-19, resulting in thousands of young people missing the opportunity to have their heart tested in 2020. CRY Chief Executive Dr Steven Cox also went on the show to talk about the impact that COVID has had on CRY.

Sunrise Radio hold marathon broadcasting event for CRY *March 26-27, 2021*

Sunrise Radio’s latest major initiative was led by presenter Anushka Arora, who hosted a 36-hour radio marathon which

included music, shoutouts, interviews with CRY doctors, families and young people whose lives had been saved by screening, and reminders of why it's essential to support CRY and raise funds for screenings. Guests included doctors such as former CRY Research Fellow Dr Joyee Basu, athletes like England Women's cricketer Danielle Wyatt, and CRY Ambassador and singer-songwriter Arjun. Dr Steven Cox also joined to speak and help bring the broadcast to a close.

“Sudden Death: My Sister’s Silent Killer” documentary April 14, 2021

BBC 2 aired a documentary telling the story of Patrick, who lost his sister Lauren when she died suddenly at just 19 years old. Patrick has struggled to understand how Lauren could have died so suddenly and found it difficult to open up about his emotions to his family and friends. Patrick attended bereavement counselling sessions and was also keen to learn more about what can be done to save other young people and the incidence of young sudden cardiac death, which led to him visiting Professor Mary Sheppard at the CRY Centre for Cardiac Pathology.

The documentary highlighted the impact a young sudden cardiac death can have on a family and siblings in particular and brought awareness to the importance of both bereavement support for those affected by these tragedies and screening to save young lives.

Social Media

CRY continues to expand its online activity with Facebook, Twitter and Instagram. Further work expanding these networks and integrating them into our existing social media activity should see an increase in these numbers. CRY continues to use SproutSocial, a social media software that enables CRY access to in-depth analytics and the ability to track the success of their messages. CRY has also started creating graphics, infographics and short videos in-house using to increase engagement and noticeability across social networks and raising awareness initiative.

CRY on Twitter

Over the year CRY had 29 new followers on the main Twitter account @CRY_UK (www.twitter.com/CRY_UK), making a total of 17,775 followers as of May 2021. Tweets have covered a variety of topics, including promoting upcoming screening days; highlighting research publications as they go to press; announcing new Patrons; thanking supporters and promoting CRY fundraising events and launching new videos.

myheart on Twitter

CRY's Twitter account for the myheart support network has gained 23 followers making a total of 450 followers. Tweets have covered subjects such as information on support meetings, news about the members attending events/ sharing their stories, conditions and advice. With the increase of videos filmed with Dr Michael Papadakis there has been an increase in engagement with myheart members.

CRY on Facebook

Over the year there were 975 new 'likes' on the CRY Facebook page (www.facebook.com/CardiacRiskintheYoung), making a total of 34,280 'likes' as of May 2021. Posts on Facebook allow CRY to give more detail about upcoming screening days, research publications and CRY fundraising events. CRY has also been using Facebook advertising to reach out to new audiences to raise awareness and engage new supporters. A total of £3,236.59 was spent on adverts and sponsored posts, these adverts and posts reached 721,200 people.

myheart on Facebook

Over the year there were 14 new pages likes for the myheart page on Facebook, which has increased the total number of 'likes' to 969.

CRY on Instagram

CRY gained 887 followers on Instagram (www.instagram.com/cardiacriskintheyoung), the total number of followers is now 6,986. The account was setup to show the 'positives' of CRY's work and add more engagement with our fundraisers. Using the hashtag #cardiacriskintheyoung we have created a feed of pictures onto the homepage of the CRY website, showing what our supporters are up to with fundraising, raising awareness and more recently screenings. The CRY account shares images from CRY and supporter events with an aim to raise awareness and thank our supporters. Thanking our supporters is crucial to keep them engaged with CRY and engage with our younger

supporters. There have been over 2,000 images posted this year with #cardiacriskintheyoung (these are a mixture of supporter and CRY posted images).

CRY's YouTube Channel

CRY has continued to expand its library of videos to raise awareness of young sudden cardiac death; support those living with conditions; and offer a catalogue of talks from the CRY conference. There were 40,149 new views on the range of videos. There has also been an increase in subscribers with the new total being 1,790.

myheart's YouTube Channel

CRY's *myheart* YouTube channel is dedicated to support videos, and has had a total of 8,081 new views and increased in subscribers to 100. The increase on views is up compared to last year.

CRY Websites

Total number of visitors to the main CRY website was 295,920 visitors. This is a decrease of 36%.

Total number of visitors to the myheart website was 26,433 visitors. This is a decrease of 27%.

Total number of visitors to sads.org.uk website was 57,426 visitors. This is a decrease of 45%.

Total number of visitors to testmyheart.org.uk website was 176,334 visitors. This is a decrease of 79%.

The decreases on some of CRY's websites can be attributed to the COVID-19 pandemic which has caused some of the core services operated by CRY to be suspended.

CRY in the Media

There were 161 articles on CRY published in print media, including 8 articles in national newspapers and 14 in magazines.

Month	Total articles	National/magazine articles
June 2020	21	<ul style="list-style-type: none"> Daily Express. 'Deadly heart condition in young is going undetected' – This article looked at the impact of CRY's screening events being cancelled due to COVID, with comments from CRY Chief Executive Dr Steven Cox and CRY Consultant Cardiologist Professor Sanjay Sharma. 22/6/2020.
July 2020	15	<ul style="list-style-type: none"> Daily Express (Scotland). 'Mark finishes runs for "amazing" friend' – Mark McGuire, 22, ran 30 marathons in 30 days in memory of his best friend Ben Forsyth, who died suddenly when he was just 20 years old, and raised over £20,000 for CRY. 2/7/2020.
August 2020	11	
September 2020	10	
October 2020	15	
November 2020	10	
December 2020	17	<ul style="list-style-type: none"> Daily Express. 'Thousands have missed the heart test that saved my son' – This article brought awareness to the issue of young sudden cardiac death and how many people will have missed out on heart screenings due to the COVID-19 pandemic. 15/12/2020.
January 2021	5	
February 2021	30	
March 2021	3	
April 2021	8	
May 2021	16	

Fundraising Regulator Requirements

As members of the Fundraising Regulator, CRY is committed to having a complaints procedure in place. During the period of this annual report, we received no fundraising complaints.

Strategic Report

Financial Review

During the year the funds receivable by the charity decreased from £3.73 million to £1.91 million. The resources expended reduced from £3.11 to £2.37 million.

Reserves policy

The Trustees have established the level of reserves that the charity ought to have. Unrestricted funds are needed to:

- cover support and management costs;
- provide funds which can be designated to specific projects to enable these projects to be undertaken at short notice;
- achieve a liquid reserve to provide cover for further capital expenditure.

The Trustees consider it prudent that unrestricted reserves should be sufficient to cover 6 months Support and Management Costs. The Trustees have set the required level of free reserves for the above matters at £350,000. The financial forecasts since March 2020 predicted there would be a significant ongoing impact of COVID on CRY's ability to fundraise. CRY responded to this principle risk by reducing expenditure where possible, including a reduction in the number of new research fellowship grants awarded, furloughing staff where necessary and converting the charitable literature into a digital format. The reduction in expenditure has enabled CRY to minimise the impact on the charity operations as free reserves reduced, as predicted, from £580,000 in 2020 to £48,000 at 31st May 2021.

In 2020 a plan was put in place to arrange a CBIL loan to ensure CRY would maintain sufficient free reserves going forward and this is recognised in the accounts in note 11 on page 42. This loan was borrowed against the value CRY's office which was purchased in 2013 and was valued at £990,000 just prior to the CBIL loan being approved. The level of reserves is monitored and reviewed by the Trustees throughout the year and this will inform whether to repay the loan before it is due.

An explanation of CRY's reserves and Ringfenced Funds

A significant proportion of CRY's reserve funds are "ringfenced" and have to be used for a specific project. The majority of these funds are raised by families, who have suffered a tragedy from young sudden cardiac death, to take forward a screening programme in their community in memory of their child, sibling or partner. Once the family has reached the appropriate sum CRY supports them in taking forward one or more screening events. £4.32 million is now ringfenced by CRY families specifically for screening and these funds will be spent during the next 3-4 years. CRY cannot use these funds for other activities such as bereavement support, raising awareness and research. CRY encourages families to use the funds that are ringfenced, and funding their own screening programme in memory of their relative is important to many bereaved families. We do not want to stop this essential aspect of what we offer families who contact CRY seeking support.

Investment Policy

The Trustees have considered the most appropriate investment policy for funds, and have decided that interest bearing accounts with clearing banks effectively meet their requirements to generate income and meet operational contingencies.

Risk Management

The Trustees have a risk management strategy, which comprises:

- A review of the risks the charity may face which is conducted at each board meeting;
- the establishment of systems and procedures to mitigate those risks identified;
- the implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

The major risks are considered to be those that would prevent CRY from carrying out its charitable objects permanently. The Trustees have identified the following as possible risks that the charity faces: impact of economic climate; failure to govern effectively; major fraud or financial mismanagement. The risks are regularly reviewed by the main board.

Achievements and Performance

Our achievements and performance are discussed in detail on pages 9 to 23 of this report.

Going Concern

The Trustees have reviewed the budget for the next 12 months and consider the charity has adequate resources to continue for the foreseeable future.

Related Parties

None of the Trustees received remuneration or other benefits for their work for the charity. Any transactions between the charity and the Trustees or senior management or related parties must be disclosed to the board. In the current year no such related party transactions were reported.

Plans for the Future

- 1.** To continue funding the CRY Centre for Cardiac Pathology at St George's Hospital:
 - raise awareness of the importance of pathology in the role of young sudden cardiac death
 - continue development as the leading service in this field
 - continue funding coroner referrals to expert cardiac pathologist, Professor Mary Sheppard.
- 2.** To continue funding the Research Fellows, the specialist physiologist and the maintenance of the machinery that is used at the CRY Centre for Sports Cardiology at St George's Hospital and maintaining the current service, where a fast-track cardiac screening service is available to elite athletes.
- 3.** To develop CRY's programme of cardiac screening and research:
 - continue the provision and development of the most proficient screening service to elite athletes in the UK
 - enable people in local communities who enjoy sport - many of whom aspire to be elite athletes - to access the very same level of expertise that we offer to athletes representing our country
 - continue the expansion of the infrastructure for our ECG screening service
- 4.** To expand the number of Research Fellowship grants, which will enable CRY to:
 - increase the number of screening events CRY can hold
 - increase number of referrals that can be managed at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology
 - increase CRY's contribution to research in the area of young sudden cardiac death, through:
 - o published abstracts and posters
 - o published articles in peer reviewed journals
 - o presentations at international conferences
- 5.** To develop CRY's counselling support programme through:
 - training programmes for bereavement supporters
 - support services we offer to families after both a bereavement and a diagnosis
 - developing a library of books and online resources to support families after a tragedy
- 6.** To raise awareness of cardiac risk in the young:
 - CRY will continue to make people aware of cardiac risk in the young and what can be done to prevent a tragedy
 - CRY will continue to drive forward and expand the impact of our Raising Awareness Week. Through an improved representative structure and increased volunteer base this event will continue to generate awareness of these conditions in local communities throughout the country
- 7.** To campaign to establish a national strategy for the prevention of young sudden cardiac death.

Statement of Trustees Responsibilities

The Trustees (who are also directors of Cardiac Risk in the Young for the purposes of company law) are responsible for preparing the Trustees' Report (including the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare the 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, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and 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, and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper 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.

In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

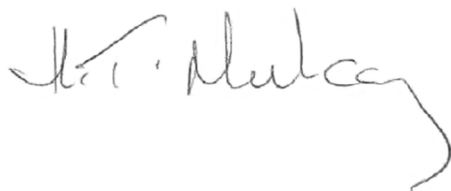
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditors

A resolution will be proposed at the Annual General Meeting that BGM Helmores Limited be re-appointed as auditors to the charity for the ensuing year.

By order of the Board

Trustee:



Date: 30th November 2021

Independent Auditors' Report

Opinion

We have audited the financial statements of Cardiac Risk in the Young for the year ended 31 May 2021 which comprise Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as of 31 May 2021 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report, including the trustees' report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matter prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report and the strategic report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

Responsibilities of Trustees

As explained more fully in the Trustees' Responsibilities Statement set out on page 27, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

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

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

This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and then design and perform audit procedures responsive to those risks, including obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion.

In identifying and addressing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We obtained an understanding of laws and regulations that affect the company, focusing on those that had a direct effect on the financial statements or that had a fundamental effect on its operations. Key laws and regulations that we identified included the Companies Act 2006, Charities SORP (FRS 102). We also compliance with other laws and legislation which may not have a direct impact on the financial statements but whose compliance is paramount to the charitable company such as General Data Protection Regulation (GDPR), employment and health and safety legislation.
- We enquired of the trustees and the Audit Committee, reviewed trustees' and Audit Committee meeting minutes for evidence of non-compliance with relevant laws and regulations. We also reviewed controls the trustees have in place to ensure compliance.
- We gained an understanding of the controls that the trustees have in place to prevent and detect fraud. We enquired of the directors about any incidences of fraud that had taken place during the accounting period.
- The risk of fraud and non-compliance with laws and regulations and fraud was discussed within the audit team and tests were planned and performed to address these risks. We identified the potential for fraud in the following areas: accounting estimates principally in respect of research grants, income recognition, related parties outside normal course of business, management override of controls, misappropriation of cash and other assets and compliance with debt covenants.
- We reviewed financial statements disclosures and tested to supporting documentation to assess compliance with relevant laws and regulations discussed above.
- We enquired of the trustees about actual and potential litigation and claims.
- We performed analytical procedures to identify any unusual or unexpected relationships that might indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud due to management override of internal controls we tested the appropriateness of journal entries and assessed whether the judgements made in making accounting estimates were indicative of a potential bias.

Due to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing fraud or non-compliance with laws and regulations and cannot be expected to detect all fraud and non-compliance with laws and regulations.

Use of our report

This report is made solely to the charitable company's members, 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 auditor's 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.

Paul Davis FCA (Senior Statutory Auditor)
for and on behalf of BGM Helmores Limited
Chartered Accountants and Statutory Auditors
114a Cromwell Road
London
SW7 4AG

Date: 30th November 2021

Statement of Financial Activities

	Note	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
INCOMING RESOURCES							
Donations and Legacies	2	939,126	581,186	1,520,312	1,632,594	1,531,066	3,163,660
Other Trading Activities		-	-	-	14,592	-	14,592
Investment Income		15,772	-	15,772	42,753	-	42,753
Screening		22,420	-	22,420	396,955	-	396,955
Other Income Received	3	353,575	-	353,575	109,214	-	109,214
TOTAL INCOMING RESOURCES		1,330,893	581,186	1,912,079	2,196,108	1,531,066	3,727,174
RESOURCES EXPENDED							
Raising Funds		362,177	-	362,177	500,389	-	500,389
Charitable Activities							
Screening		517,307	39,054	556,361	398,229	926,657	1,324,886
Family support		294,386	-	294,386	322,442	-	322,442
Research Grants	4	305,288	394,064	699,352	198,946	188,890	387,836
Awareness & PR		390,996	-	390,996	507,651	-	507,651
		1,507,977	433,118	1,941,095	1,427,268	1,115,547	2,542,815
Other Expenditure		70,524	-	70,524	69,884	-	69,884
TOTAL RESOURCES EXPENDED	5	1,940,678	433,118	2,373,796	1,997,541	1,115,547	3,113,088
Net Incoming / (Outgoing) Resources		(609,785)	148,068	(461,717)	198,567	415,519	614,086
Transfers between funds		25,000	(25,000)	-	-	-	-
Net movement in funds for the year		(584,785)	123,068	(461,717)	198,567	415,519	614,086
Total Funds brought forward at 1 June 2020		1,329,235	4,199,941	5,529,176	1,130,668	3,784,422	4,915,090
Total funds carried forward at 31 May 2021		744,450	4,323,009	5,067,459	1,329,235	4,199,941	5,529,176

There are no recognised gains or losses other than disclosed above. All results derive from continuing operations.

Balance Sheet at 31 May 2021

	Note	2021 £	2021 £	2020 £	2020 £
Fixed assets					
Tangible assets	7		696,001		749,704
Current assets					
Debtors	8	125,424		331,519	
Cash at bank and in hand	9	6,268,892		5,185,345	
		<u>6,394,316</u>		<u>5,516,864</u>	
Creditors: Amounts falling due within one year	10	<u>1,164,163</u>		<u>737,392</u>	
Net current assets			<u>5,230,153</u>		<u>4,779,472</u>
Total assets less current liabilities			5,926,154		5,529,176
Creditors: Amounts falling due greater than one year	11		858,695		-
Net assets	12		<u>5,067,459</u>		<u>5,529,176</u>
The funds of the charity:					
Unrestricted funds	15		744,450		1,329,235
Restricted funds	15		4,323,009		4,199,941
Total Charity Funds			<u>5,067,459</u>		<u>5,529,176</u>

The financial statements on pages 31 to 46 were approved by the Board of Trustees on 30th November 2021 and signed on its behalf by:

H Mulcahey



- Trustee

P O'Donnell



- Trustee

Cash Flow Statement

	Notes	2021 £	2020 £
Net cash provided by operating activities	1	<u>157,561</u>	<u>122,422</u>
Cash flows from investing activities:			
Interest from investments		1,279	35,708
Purchase of plant and equipment		(25,293)	(122,456)
Net cash used in investing activities		<u>(24,014)</u>	<u>(86,748)</u>
Cash flows from financing activities:			
Proceeds from borrowings		950,000	-
Net cash generated in financing activities		950,000	-
Change in cash and cash equivalents in the reporting period		1,083,547	35,674
Cash and cash equivalents at the beginning of the reporting period		5,185,345	5,149,671
Cash and cash equivalents at the end of the reporting period	2	<u>6,268,892</u>	<u>5,185,345</u>
1. Reconciliation of net incoming resources to net cash inflow from operating activities			
		2021 £	2020 £
Net incoming resources for reporting period		(461,717)	614,086
Depreciation charges		77,999	87,213
Movement in debtors		206,095	(169,204)
Movement in creditors		335,184	(409,673)
Net cash provided by operating activities		<u>157,561</u>	<u>122,422</u>
2. Analysis of cash and cash equivalents			
		2021 £	2020 £
Cash at Bank		6,268,892	5,185,345
		<u>6,268,892</u>	<u>5,185,345</u>

Notes to the Accounts

1. Accounting Policies

1.1 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 (FRS 102) (Effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Cardiac Risk in the Young ('CRY') 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).

1.2 Legal status of the Charity

The charity is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

1.3 Incoming resources

Screening fees income are accounted for on a receivable basis.

Donations are accounted for on a receivable basis as soon as they are capable of accurate financial measurement and includes any taxation recoverable under Gift Aid. Gifts in kind are included in the Statement of Financial Activities at their gross value to the charity.

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated items have been met, the receipt of economic benefit from the use by the charity of the items probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

Donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Government grants are recognised at the fair value of the asset received or receivable when there is reasonable assurance that the grant conditions will be met and the grants will be received.

Donated fixed assets are taken to income at the value to the charity with the other entry being capitalised in fixed assets.

Legacies receivable are considered on a case by case basis and recognised as the earlier of the date on which: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. If the legacy is in the form of an asset other than cash or an asset listed on a recognised stock exchange, recognition is subject to the value of the asset being able to be reliably measured and title to the asset has passed to the charity. Where legacies have been notified to the or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

1.4 Tangible Fixed Assets

Tangible fixed Assets are initially measured at cost net of depreciation and impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following basis- assets held under finance leases are depreciated in the same way as owned assets:

Leasehold Property	2%
Equipment	25%
Motor vehicles	20%

It is the charity's policy not to capitalise fixed assets costing below £500.

The gains or loss arising on disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to profit or loss.

At each reporting period end date, CRY reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis under the following activity headings:

Fundraising

Costs incurred in financing fundraising activities including allocated staff costs and support costs.

Screening

These include all costs associated with the screening of individuals including the salary cost of time spent by employees, travel, subsistence and depreciation of related fixed assets.

Family Support

Costs incurred in undertaking Family Support including allocated staff costs and support costs.

Awareness and PR

This includes all costs for the purpose of promoting the charity's activities and increasing awareness in the public.

Research

The costs include research fellows, research assistants, donated equipment and related research expenses.

Governance

Includes staff time and expenses for time spent in connection with trustees meetings, plus the cost of audit and professional fees. Salary costs are charged in accordance with time spent.

Support costs

Costs incurred directly in support of expenditure on the objects of the charity and include functions such as Human Resources and Information Technology. All costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource.

Stationery and brochures

Costs incurred in respect of stationery and brochures are written off as incurred.

1.6 Debtors

Trade and other debtors are recognised at the settlement amount due after any discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income and tax recoverable is included at the best estimate of the amounts receivable at the balance sheet date.

1.7 Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.8 Cash and Cash Equivalents

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

1.9 Creditors and Provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

1.10 Employee Benefit

The costs of short-term employee benefits are recognised as a liability and an expense.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.11 Pensions

In line with recent changes in pension legislation CRY has enrolled eligible employees into an auto-enrolment pension scheme. The basic contributions for the scheme are 3% (2% April 2019) of pensionable earnings by CRY and 5% (3% April 2019) by the employees. Pension costs are charged to the Statement of Financial Activities as incurred. There were £7,174 (2020: £6,705) of outstanding contributions at the year end.

1.12 Leases

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

Assets held under finance leases are recognised as assets at the lower of the assets fair value at the date of inception and the present value of the minimum lease payments. The related liability is included in the balance sheet as a finance lease obligation. Lease payments are treated as consisting of capital and interest elements. The interest is charged to the profit and loss account so as to produce a constant periodic rate of interest on the remaining balance of the liability.

Rentals payable under operating leases, including any lease incentives received, are charged to income on a straight line basis over the term of the relevant lease except where another more systematic basis is more representative of the time pattern in which economic benefits from the lease asset are consumed.

1.13 Funds held by the charity are either:

Unrestricted funds – these are funds which can be used in accordance with the charitable objects at the discretion of the trustees.

Designated funds – these are funds which have been designated by the trustees for research projects.

Restricted funds – these are funds that can only be used for particular restricted purposes within the charity's objects.

Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

1.14 Going Concern

After producing a budget for 12 months from the date of signing the accounts, the trustees have reasonable expectations that the charity has adequate resources to continue acting as a going concern and has thus adopted this basis in preparing the accounts.

1.15 Significant areas of estimation and judgement

The preparation of the financial statements requires judgements, estimations and assumptions to be made which affect the reported values of assets, liabilities, income and expenditure. The nature of such could result in actual outcomes differing from expectation. Management has applied judgement in the follow material area:

– Research grants are recognised in full by the charity as soon as the criteria for a constructive obligation has been met, payment is probable, can be measured reliably and there are no conditions attached which limit its recognition.

2. Donations and Legacies

	2021 £	2020 £
Donations		
Gifts	1,468,287	3,018,472
Legacies	13,000	60,785
Trusts	39,700	80,328
Sponsorship	(675)	4,075
	<u>1,520,312</u>	<u>3,163,660</u>

3. Other Income Received

Furlough grant receivable	346,242	109,214
Other government grants	7,333	-
	<u>353,575</u>	<u>109,214</u>

4. Research

	2021 £	2020 £
Research costs		
Medical Research - Professor Sharma - St George's, University of London	332,822	49,102
Cardiac Pathology and Coroners' Referral Research	233,652	181,350
Medical Research - Dr Behr - St George's, University of London	-	(1,665)
Medical Research - Dr Papadakis - St George's, University of London	132,878	156,783
Medical Research - Liverpool John Moores	-	2,265
See note 12	<u>699,352</u>	<u>387,836</u>

Please see the trustees report on page 11 for further information in respect of provisions for research grants.

5. Total resources expended

	Direct Staff Costs £	Other Direct Costs £	Support & Management Costs £	Total 2021 £
Screening	384,478	33,446	138,437	556,361
Family Support	237,119	1,605	55,662	294,386
Awareness & PR	198,671	73,583	118,742	390,996
Governance	11,144	-	59,380	70,524
Research (Note 4)	-	699,352	-	699,352
Fundraising	259,821	18,985	83,371	362,177
	<u>1,091,233</u>	<u>826,971</u>	<u>455,592</u>	<u>2,373,796</u>

Prior year analysis	Direct Staff Costs £	Other Direct Costs £	Support & Management Costs £	Total 2020 £
Screening	856,447	328,954	139,485	1,324,886
Family Support	246,484	22,916	53,042	322,442
Awareness & PR	206,334	157,931	143,386	507,651
Governance	11,144	-	58,740	69,884
Research (Note 4)	-	387,836	-	387,836
Fundraising	274,354	147,145	78,890	500,389
	<u>1,594,763</u>	<u>1,044,782</u>	<u>473,543</u>	<u>3,113,088</u>

Support and Management Costs	2021 £	2020 £
Staff Costs (not included in direct staff costs above)	184,601	165,750
Rent & Rates	11,316	8,885
Heat, Light & Power	2,264	5,721
Motor Expenses	7,963	12,872
Travelling	75	4,353
Printing, Stationery & Telephone	12,610	29,651
Postage & carriage	5,802	32,890
Computer Expenses	45,829	31,052
Professional Fees	34,286	14,186
Auditors Remuneration	23,640	21,420
Insurance	30,424	33,587
Maintenance	9,562	18,965
Bad Debts	-	-
General Expenses	(526)	2,284
Bank charges & interest	12,747	6,763
Depreciation	77,999	87,214
Profit on disposal of fixed assets	(3,000)	(2,050)
	<u>455,592</u>	<u>473,543</u>

Support Costs allocated to activities	Screening	Family support	Awareness & PR	Fundraising	Governance	Total 2021
	£	£	£	£	£	£
Premises	3,164	548	6,495	1,878	1,494	13,579
General Office	89,706	9,721	87,710	26,497	31,736	245,370
Management	9,571	7,729	6,404	10,362	1,714	35,780
Finance	26,486	29,572	6,195	35,389	23,790	121,432
Information Technology	509	613	1,063	466	60	2,711
Human Resources	9,001	7,479	10,875	8,779	586	36,720
Total	138,437	55,662	118,742	83,371	59,380	455,592

Costs were allocated on the basis of staff time other than premises and general office costs which were allocated on a usage basis.

Prior year analysis

Support Costs allocated to activities	Screening	Family support	Awareness & PR	Fundraising	Governance	Total 2020
	£	£	£	£	£	£
Premises	2,674	595	7,545	2,185	1,605	14,604
General Office	90,448	10,505	118,526	34,533	33,250	287,262
Management	9,913	7,346	5,952	7,242	1,697	32,150
Finance	26,447	26,725	1,988	27,204	21,559	103,923
Information Technology	668	513	838	364	53	2,436
Human Resources	9,335	7,358	8,537	7,362	576	33,168
Total	139,485	53,042	143,386	78,890	58,740	473,543

Costs were allocated on the basis of staff time other than premises and general office costs which were allocated on a usage basis.

6. Staff costs and number of employees

	2021 £	2020 £
Wages and salaries	1,099,644	1,543,820
Social security costs	89,502	117,310
Pension costs	21,512	27,133
Other staff costs (including staff training)	65,176	72,250
	1,275,834	1,760,513
Direct Staff Costs	1,091,233	1,594,763
Support Staff Costs	184,601	165,750
	1,275,834	1,760,513

One employee received a salary in excess of £60,000 in the year to 31 May 2021 (2020: 1).

The charity trustees were not paid or received any other benefits from employment with CRY in the year (2020: £nil) neither were they reimbursed expenses during the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

The key management personnel of the charity, comprise the CRY Founder, the Chief Executive Officer and the Director of Screening and Research. The total employee benefits of the key management personnel of the charity were £140,959 (2020: £141,322).

Total employee benefits include: Salary, pension and healthcare.

The average monthly number of employees during the year was:

	2021	2020
Management and administration	8	8
Charitable work	60	94
Total	<u>68</u>	<u>102</u>
The above includes the following part time staff	<u>23</u>	<u>57</u>

Net incoming resources before transfers

This is stated after charging:	2021 £	2020 £
Depreciation	77,999	87,213
Auditors' remuneration		
For audit services	9,970	9,950
For other services	13,670	11,470
Loss/(Profit) on disposal of fixed assets	(3,000)	(2,050)

7. Tangible fixed assets

	Long Leasehold Property £	Equipment £	Motor Vehicles £	Total £
Cost				
At 1 June 2020	678,201	914,477	95,512	1,688,190
Additions	-	-	25,293	25,293
Disposals	-	-	(21,314)	(21,314)
At 31 May 2021	<u>678,201</u>	<u>914,477</u>	<u>99,491</u>	<u>1,692,169</u>
Depreciation				
At 1 June 2020	95,000	794,558	48,928	938,486
Charge for the year	13,488	50,698	13,813	77,999
Depreciation on disposal	-	-	(20,317)	(20,317)
At 31 May 2021	<u>108,488</u>	<u>845,256</u>	<u>42,424</u>	<u>996,168</u>
Net Book Value				
At 31 May 2021	<u>569,713</u>	<u>69,221</u>	<u>57,067</u>	<u>696,001</u>
At 31 May 2020	<u>583,201</u>	<u>119,919</u>	<u>46,584</u>	<u>749,704</u>

All fixed assets are used for charitable purposes.

8. Debtors

	2021 £	2020 £
Trade Debtors	11,650	115,140
Prepayments	79,181	78,884
Accrued Income	34,593	137,495
	<u>125,424</u>	<u>331,519</u>

9. Cash at bank and in hand

	2021 £	2020 £
Deposit account	5,303,500	5,174,009
Current account	960,563	6,507
Cash in hand	4,829	4,829
	<u>6,268,892</u>	<u>5,185,345</u>

10. Creditors: Amounts falling due within one year

	2021 £	2020 £
Bank Loan (Note 11)	91,547	-
Trade Creditors	36,119	22,957
Other Creditors	14,649	9,724
Taxation and Social Security	19,271	22,825
Accruals and deferred income	595,094	253,380
Research (Note 12)	407,483	428,505
	<u>1,164,163</u>	<u>737,392</u>

11. Creditors: Amounts falling due after one year

	2021 £	2020 £
Bank Loan	858,695	-
	<u>858,695</u>	<u>-</u>

The bank loan is secured by fixed charges over all the charity's leasehold property.

The loan is for a term of 6 years and is repayable in monthly instalments from November 2021, after an initial 12 month capital repayment holiday. Interest is accrues at 1.51% over Bank of England Base Rate.

12. Research

	2021 £	2020 £
Provision at 1 June 2020	428,505	667,083
Recognised in statement of financial activities (Note 4)	699,352	387,836
Grant payments in the year	(720,374)	(626,414)
Provision at 31 May 2021	407,483	428,505

Grant commitment at 31 May 2021

Institution	Activity	Type	Number of grants	Total
St George's University of London	Research under Professor Sharma	Fellows/ cardiologist	8	275,816
St George's University of London	Research under Professor Sharma	Nurse	1	16,667
St George's University of London	Research under Professor Sharma	Cardiac Physiologists	2	33,333
Cardiac Pathology and Coroners' Referral Research			2	81,667
Total Grants			13	407,483

See note 15 in respect of further information on these projects.

13. Analysis of net assets between funds

	Tangible assets £	Net current assets £	Total £
Unrestricted funds	696,001	48,449	744,450
Restricted funds	-	4,323,009	4,323,009
	696,001	4,371,458	5,067,459

14. Analysis of Funds

	Balance at 1 June 2020 £	Incoming Funds £	Outgoing Funds £	Transfer Between Funds £	Balance at 31 May 2021 £
Unrestricted funds	1,329,235	1,330,893	(1,940,678)	25,000	744,450
Restricted funds (Note 16)	4,199,941	581,186	(433,118)	(25,000)	4,323,009
	5,529,176	1,912,079	(2,373,796)	-	5,067,459

15. Research Costs

Cardiac Pathology Research

After a death, fast track expert pathology is crucial. CRY has designated significant funds to support essential research and fund the expertise required to conduct these investigations at The CRY Centre for Cardiac Pathology (CRY CCP), which is based at St George's Hospital, University of London, Tooting, London. Expert cardiac pathology is essential to help understand the cause of death as well as inform which tests are required for the testing of first degree blood relatives.

Coroners' Referral

CRY is funding coroners' referrals to The CRY Centre for Cardiac Pathology for young people (aged 35 or under) where the cause of death in the initial pathology is "unascertained". Coroners sometimes do not have the funds to access a service where they can refer complex cases to an expert pathologist. This means that many deaths are simply recorded as unascertained or, incorrectly, such as epilepsy, asthma or drowning. This service allows coroners to refer cases directly and receive a full report of the actual cause of death within 2 weeks.

St George's, University of London

CRY has funded 7 research fellowship grants during this year. All seven grants are supervised by Professor Sharma and Dr Michael Papadakis. CRY is funding a cardiologist to support and further expand its collaborative research programme with St George's. The fellows under the supervision of Professor Sharma and Dr Papadakis focus on the data obtained in CRY's screening programme and take forward projects relating to Young Sudden Cardiac Death, inherited cardiovascular conditions and sports cardiology. Research Fellowship funding is essential for CRY's screening programme. A research fellow is present at every screening to ensure that all abnormal ECG findings are evaluated immediately with follow-up ECHO (ultrasound of the heart). CRY is also funding a cardiac nurse and two full time physiologists to work at the CRY Centre for Inherited Cardiovascular Conditions and Sports Cardiology. The research fellows, physiologists, and the nurse support Professor Sharma, to provide a specialist service for bereaved families after a tragedy, where all family members can be seen together and have all necessary tests conducted on the same day.

16. Restricted Funds

	Balance at 1 June 2020 £	Incoming Funds £	Outgoing Funds £	Transfer Between Funds £	Balance at 31 May 2021 £
Restricted					
Memorial Funds	4,057,176	554,936	(416,118)	(25,000)	4,170,994
Cardiff City Football Club	19,946				19,946
Robert Luff Foundation	-	21,000	(1,000)		20,000
Stanley Grundy Foundation	5,000				5,000
Aubrey Orchard-Lisle Charitable Trust	-	5,000			5,000
The Geoff and Fiona Squire Foundation	477				477
Carval Foundation	3,521				3,521
James Tudor Foundation	3,000				3,000
The Anthony and Elizabeth Mellows Charitable Settlement	11,000		(10,000)		1,000
W.E.D. Charitable Trust	1,000				1,000
Brian Shaw Trust	1,000				1,000
Wrexham Rugby Club	2,500				2,500
The Rothley Trust	821				821
The Edith Florence Spence Memorial Trust	2,000				2,000
Chapman Charitable Trust	1,000				1,000
Wasps Foundation	2,500				2,500
Hobson Charity	6,000		(6,000)		-
Tesco Bags of Help Grant	77,500				77,500
The Sir Robert Gooch Charitable Trust	500				500
The Pannet Charitable Trust	-	250			250
The Fognal Trust	5,000				5,000
	4,199,941	581,186	(433,118)	(25,000)	4,323,009

16. Restricted Funds (continued)

Restricted funds include 289 active funds (2020: 310) which have been set up to fund primarily screening events, but also provide funds for research fellows, raising awareness and for the purchase of ECG machines and a screening van.

- The Cardiff City Football Club and the Rhonda Mayoral Fund donations were restricted to provide funding for screening in South Wales.
- Robert Luff Foundation donation was restricted to finance research costs.
- Stanley Grundy Foundation donation was restricted to fund cardiac screening.
- Aubrey Orchard-Lisle donation was restricted to fund cardiac screening.
- The Geoff and Fiona Squire Foundation donation was restricted to fund the purchase of an ECG machine for screenings.
- Carval Foundation donation was restricted to fund the purchase of reading barcode Scanner.
- James Tudor Foundation donation was restricted to fund Heart Screening Booklet.
- The Anthony and Elizabeth Mellows Charitable Settlement restricted for St George's Centre.
- W.E.D. Charitable Trust donation for restricted for St George's Centre.
- Brian Shaw Trust donation restricted for St George's Centre.
- Wrexham Rugby Club donation were restricted to provide funding for screening in Wales.
- The Rothley Trust donation was restricted to fund Durham Walk leaflet.
- The Edith Florence Spence Memorial Trust donation was restricted to fund cardiac screening.
- Chapman Charitable Trust donation was restricted to fund cardiac screening.
- Wasps Foundation donation was restricted to fund cardiac screening.
- Hobson Charity donation was restricted to fund the purchase machinery.
- Tesco Bags of Help grant was restricted to fund cardiac screening.
- The Sir Robert Gooch Charitable Trust donation was restricted to fund cardiac screening.
- Pannet Charitable Trusts donation was restricted to fund Cardiac screening in East Sussex.
- The Fognal Trust donation was restricted to fund cardiac screening.

18. Contingent liability

The charity had no contingent liabilities at 31st May 2021.

19. Taxation

The charity is considered to pass the tests set out in Sch. 6, para. 1 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the company is potentially exempt from taxation in respect of income or capital gains received within categories covered by Pt. 11, Ch. 3 of the Corporation Tax Act 2010 or s. 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

