

**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 16<sup>th</sup> 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 1<sup>st</sup> 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 16<sup>th</sup> 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 12<sup>th</sup>, but also by increased recognition of the importance of the early identification of heart conditions in young people.

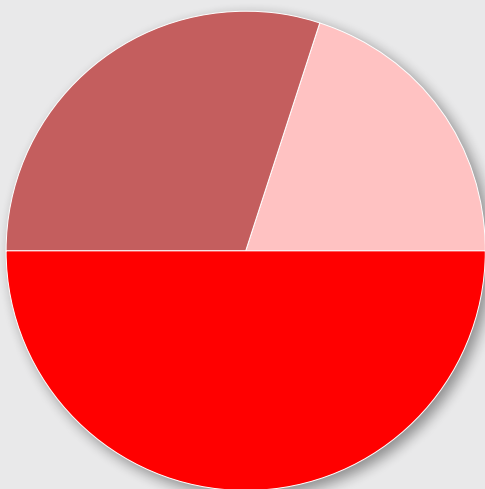
Whilst there is reason for great optimism, the financial impact of COVID has been considerable. One of the reasons for securing the CBIL loan was to ensure CRY's operations would not be compromised due to reduced free reserves, and we need to re-establish the crucial component for the expansion of the 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.

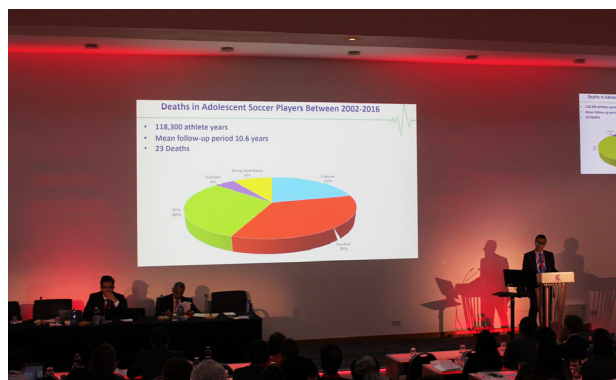
During the last 12 months the Research Fellows have been unable to screen young people but their essential NHS clinical work has continued, as well as the research projects they are working on.

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 1<sup>st</sup>, 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, Gouttebargue 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.”** Dore H, de Araújo Gonçalves P, Monge J, et al. *Portuguese 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, Saggars 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 28<sup>th</sup> June 2020, but it was to be a different kind of event for its 14<sup>th</sup> 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/](http://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 3<sup>rd</sup> 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/](http://www.c-r-y.org.uk/durham-walk-write-up-2020/)

### London Marathon 2020

The 2020 event was postponed from April 2020 until the 4<sup>th</sup> 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 9<sup>th</sup> CRY Great Cake Bake took place on Friday 20<sup>th</sup> 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/](http://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 14<sup>th</sup> to Sunday 22<sup>nd</sup> 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 1<sup>st</sup> and May 2<sup>nd</sup> 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 3<sup>rd</sup> 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 1<sup>st</sup> June 2020 to 31<sup>st</sup> 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](http://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 25<sup>th</sup> 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 Luckett on BBC South West Spotlight** *September 13, 2020*

Charlotte Luckett 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 21<sup>st</sup> 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 25<sup>th</sup> 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 1<sup>st</sup> to May 2<sup>nd</sup>.

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](https://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](https://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/cardiocriskintheyoung](https://www.instagram.com/cardiocriskintheyoung)), 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 #cardiocriskintheyoung 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"> <li><b>Daily Express.</b> '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.</li> </ul>
July 2020	15	<ul style="list-style-type: none"> <li><b>Daily Express (Scotland).</b> '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.</li> </ul>
August 2020	11	
September 2020	10	
October 2020	15	
November 2020	10	
December 2020	17	<ul style="list-style-type: none"> <li><b>Daily Express.</b> '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.</li> </ul>
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 31<sup>st</sup> 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 ensuring year.

By order of the Board

Trustee:



Date: 30<sup>th</sup> 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](http://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: 30<sup>th</sup> 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 £
<b>INCOMING RESOURCES</b>							
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
<b>TOTAL INCOMING RESOURCES</b>		<b>1,330,893</b>	<b>581,186</b>	<b>1,912,079</b>	<b>2,196,108</b>	<b>1,531,066</b>	<b>3,727,174</b>
<b>RESOURCES EXPENDED</b>							
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
		<b>1,507,977</b>	<b>433,118</b>	<b>1,941,095</b>	<b>1,427,268</b>	<b>1,115,547</b>	<b>2,542,815</b>
Other Expenditure		70,524	-	70,524	69,884	-	69,884
<b>TOTAL RESOURCES EXPENDED</b>	5	<b>1,940,678</b>	<b>433,118</b>	<b>2,373,796</b>	<b>1,997,541</b>	<b>1,115,547</b>	<b>3,113,088</b>
<b>Net Incoming / (Outgoing) Resources</b>		<b>(609,785)</b>	<b>148,068</b>	<b>(461,717)</b>	<b>198,567</b>	<b>415,519</b>	<b>614,086</b>
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 £
<b>Fixed assets</b>					
Tangible assets	7		696,001		749,704
<b>Current assets</b>					
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>	
<b>Creditors: Amounts falling due within one year</b>	10	<u>1,164,163</u>		<u>737,392</u>	
<b>Net current assets</b>			<u>5,230,153</u>		<u>4,779,472</u>
<b>Total assets less current liabilities</b>			5,926,154		5,529,176
<b>Creditors: Amounts falling due greater than one year</b>	11		858,695		-
<b>Net assets</b>	12		<u>5,067,459</u>		<u>5,529,176</u>
<b>The funds of the charity:</b>					
Unrestricted funds	15		744,450		1,329,235
Restricted funds	15		4,323,009		4,199,941
<b>Total Charity Funds</b>			<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 30<sup>th</sup> November 2021 and signed on its behalf by:

H Mulcahey



- Trustee

P O'Donnell



- Trustee

## Cash Flow Statement

	Notes	2021 £	2020 £
<b>Net cash provided by operating activities</b>	<b>1</b>	<u>157,561</u>	<u>122,422</u>
<b>Cash flows from investing activities:</b>			
Interest from investments		1,279	35,708
Purchase of plant and equipment		(25,293)	(122,456)
<b>Net cash used in investing activities</b>		<u>(24,014)</u>	<u>(86,748)</u>
<b>Cash flows from financing activities:</b>			
Proceeds from borrowings		950,000	-
<b>Net cash generated in financing activities</b>		950,000	-
<b>Change in cash and cash equivalents in the reporting period</b>		1,083,547	35,674
<b>Cash and cash equivalents at the beginning of the reporting period</b>		5,185,345	5,149,671
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>2</b>	<u>6,268,892</u>	<u>5,185,345</u>
<b>1. Reconciliation of net incoming resources to net cash inflow from operating activities</b>			
		<b>2021 £</b>	<b>2020 £</b>
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)
<b>Net cash provided by operating activities</b>		<u>157,561</u>	<u>122,422</u>
<b>2. Analysis of cash and cash equivalents</b>			
		<b>2021 £</b>	<b>2020 £</b>
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 £
<b>Donations</b>		
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 £
<b>Research costs</b>		
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>

<b>Prior year analysis</b>	<b>Direct Staff Costs £</b>	<b>Other Direct Costs £</b>	<b>Support &amp; Management Costs £</b>	<b>Total 2020 £</b>
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>

<b>Support and Management Costs</b>	<b>2021 £</b>	<b>2020 £</b>
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
<b>Total</b>	<b>138,437</b>	<b>55,662</b>	<b>118,742</b>	<b>83,371</b>	<b>59,380</b>	<b>455,592</b>

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
<b>Total</b>	<b>139,485</b>	<b>53,042</b>	<b>143,386</b>	<b>78,890</b>	<b>58,740</b>	<b>473,543</b>

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
	<b>1,275,834</b>	<b>1,760,513</b>
Direct Staff Costs	1,091,233	1,594,763
Support Staff Costs	184,601	165,750
	<b>1,275,834</b>	<b>1,760,513</b>

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	68	102
The above includes the following part time staff	23	57

### 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 £
<b>Cost</b>				
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	678,201	914,477	99,491	1,692,169
<b>Depreciation</b>				
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	108,488	845,256	42,424	996,168
<b>Net Book Value</b>				
At 31 May 2021	569,713	69,221	57,067	696,001
At 31 May 2020	583,201	119,919	46,584	749,704

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	<u>407,483</u>	<u>428,505</u>

### 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
<b>Total Grants</b>			<u>13</u>	<u>407,483</u>

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
	<u>696,001</u>	<u>4,371,458</u>	<u>5,067,459</u>

## 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
	<u>5,529,176</u>	<u>1,912,079</u>	<u>(2,373,796)</u>	<u>-</u>	<u>5,067,459</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 2020 £	Incoming Funds £	Outgoing Funds £	Transfer Between Funds £	Balance at 31 May 2021 £
<b>Restricted</b>					
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 31<sup>st</sup> 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.







