A BETTER START FOR TINY HEARTS
ANNUAL REPORT & ACCOUNTS 2015-16

Tiny Tickers Limited
Annual report and accounts
For the year ended 30 April 2016
Charity registration number 1078114
Company registration number 03758594

tiny tickers
a better start for tiny hearts

INDEX

WELCOME FROM OUR CHAIR

A year of ambition and impact

It's been one of the most successful and exciting years in our history.

We're incredibly proud of the impact we've made through our charitable projects, and the rapid development of our organisation. But we're conscious that there is so much more for us to do.

Our work is about helping babies with congenital heart defects (CHD) and their families and, with 1 in 125 babies being affected, we know we can have a huge impact on thousands of newborns every year.

We are a unique charity - the only one in the UK dedicated to improving antenatal and newborn detection rates of CHD. No one else is doing the work we are doing.

The 2015/16 financial year saw a significant addition to the way we deliver our core charitable activity - the training of sonographers to be better skilled and more confident in detecting CHD during pregnancy scans. We successfully delivered a major pilot scheme - offering free training to every sonographer in Yorkshire and the Humber.

Elsewhere, the charity continued to grow. We had a superb fundraising year, not least thanks to the efforts of our ambassadors Sir AP and Lady Chanelle McCoy.

Our staff team grew with the appointment of a new project delivery post, and more expert sessional trainers.

We have ambitious plans to continue our growth so we can have an even greater impact - and have developed a new five-year strategy.

It's an exciting time for Tiny Tickers; I'd like to thank everyone who has been part of our success in 2015/16.

DAVID LALE
CHAIR OF TRUSTEES

OUR CHARITABLE WORK

A better start for tiny hearts

VISION

Our vision is that every baby with a serious heart condition is detected and treated at the first opportunity; and their family gets the support they need.

MISSION

Our mission is to increase early detection rates of congenital heart defects to achieve an improvement in survival rates, quality of life and equal access to high quality services; and to help families access the information and support they need.

We exist to improve the early detection and care of babies with serious heart conditions, giving these babies a better start in life.

Heart problems are the most common congenital birth defect – affecting around one in every 125 babies.

Every year in the UK, more than 3,000 babies are born with a defect so serious it requires open heart surgery or other complex procedures during their first year of life.

Early detection means babies get the treatment they need from the first opportunity. This can save lives, improve post-surgery survival rates and lead to a better long-term quality of life.

Tiny Tickers helps babies with congenital heart defects (CHD), their families, and the health professionals who look after them. Our work focuses on five key themes - what we call our START impact areas:

STANDARDS

We work to improve prenatal and newborn detection rates and the early treatment of babies with CHD.

AWARENESS

We work hard to empower parents-to-be, new parents, the general public and health professionals by providing key information about CHD.

TRAINING

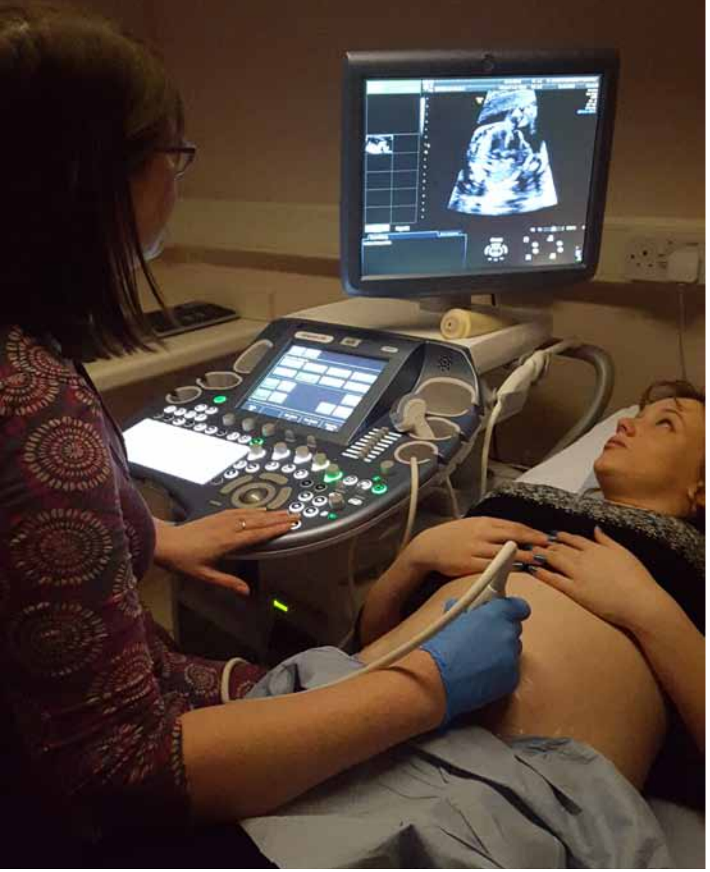
We train sonographers who perform routine pregnancy scans - improving their skills and confidence to spot CHD.

RESEARCH

We fund academic research to increase our understanding of CHD and its impact.

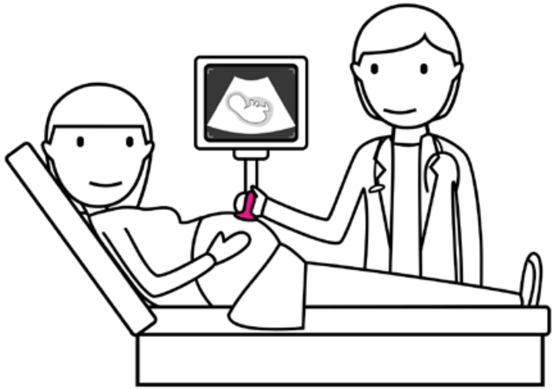
TOGETHER

We offer support and information to families with a diagnosis of CHD, including working with other charities and organisations.



OUR ACHIEVEMENTS

Training sonographers



It has been one of the busiest years for training in the charity's history.

One of our core activities is the practical training of sonographers – giving them the confidence and skills to spot possible heart defects during 20 week pregnancy scans.

Our expert trainers have been visiting hospitals around the UK delivering this hands-on service since 2002, and this year saw a step-change in the way we organise this work.

Thanks to the Big Lottery Fund and other funders, we were able to launch a major project offering free training to sonographers throughout Yorkshire and the Humber. Working in collaboration with the regional children's heart unit in Leeds, the scheme provided our usual practical training, plus two theory conferences and associated training materials.

This work complemented our usual delivery of training to individual units, which continued at hospitals across the UK. Additionally, we were commissioned by the NHS Fetal Anomaly Screening Programme to help their roll-out of training for a new view of the baby's heart (a view we've been training in and lobbying for over a number of years). We were delighted to be involved and be a trusted partner of those responsible for the screening service in England.

In January, we launched a new online resource centre, with free materials for sonographers and other health professionals to access.

Working with the Media Trust, we produced five training videos focusing on specific heart defects. These are now available in our resource centre, which already has more than 150 members.

The result of all this work was that we trained more than 200 sonographers in the year. This means tens of thousands of babies will be scanned by a better trained sonographer every year, making it more likely babies with CHD will be detected early.

"A referral was sent through from a sonographer who had recently received training from Tiny Tickers. They had identified an abnormality in a baby's heart and they were absolutely spot on. It was quite a subtle abnormality that the sonographer is unlikely to have recognised before having the training."

Jan Forster, Consultant Congenital Sonographer, Leeds heart unit, March 2016

"The Tiny Tickers team explored scanning techniques and instilled confidence, and we swiftly accomplished our goal with the minimum disruption to our normal scanning schedule."

Lead Sonographer, Royal Bolton Hospital, January 2016

210 sonographers given hands-on training

Theory conferences for **101** delegates

Raising awareness

We're doing more than ever to raise awareness of CHD among health professionals, parents-to-be, new parents and the general public.

Our Think HEART campaign teaches the possible signs of undiagnosed heart defects in newborns. This campaign was our main awareness focus in 2015/16.

We sent information materials to 4,000 health professionals; had Think HEART as the theme for our annual Heart Week; and commissioned a short animation which has been viewed more than 41,000 times online and has been nominated in the Charity Film Awards.

Our Big Tick campaign continues to perform strongly, teaching parents-to-be about their 20 week pregnancy scans - the best opportunity to spot a heart defect before birth.

The campaign, which empowers parents-to-be by suggesting questions for them to ask their sonographer, has seen 2,500 information cards sent out up to the end of the 2015/16 year.

Our general awareness work continues, and we secured articles in a number of magazines and newspapers, as well as being featured by numerous online bloggers.

Our social media reach is growing rapidly, as is our supporter database.

During 2015/16 we launched a digital newsletter for our growing support base. It's proving to be a great way of raising awareness, inspiring further support and saying thank you.

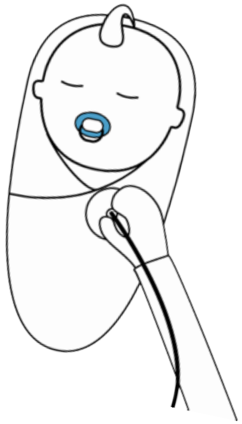
Awareness materials sent to **4,000** health professionals

"Now I hope to spread awareness and let others know that support is there, and that our babies are stronger and braver than we could ever imagine."

Lauren, Jake's mum

OUR ACHIEVEMENTS

Influencing standards



Tiny Tickers works to be a passionate and positive voice for patients and parents, lobbying for continued improvements in the standards of diagnosis and treatment of CHD.

We're determined to be a constructive voice seeking service improvements - and have made significant progress in 2015/16. Here are some of the ways we've made a difference:

Clincial reference group

The NHS England clinical reference groups (CRGs) recommend service standards and specifications to decision-makers. Our Chief Executive is an active part of the CRG for congenital heart services, holding one of the public and patient voice representative roles on the group.

During 2015/16 the group recommended new standards for CHD services that came into effect in April 2016. We influenced improvements in the way parents received expert diagnosis and support services once CHD has been detected.

National review of congenital cardiac services

We continue to be actively engaged in NHS England's national review of CHD services - contributing to and presenting at a range of meetings for clinicians, provider Trusts and public and patient groups.

Fetal detection oversight group

We play a vital role as the public and patient representatives within this group, which has been set up to oversee work to improve fetal detection rates in England.

NCARDRs panel

During the year, we became one of the patient and public voice representatives on the new National Congenital and Rare Diseases Register's expert advisory panel. This new register will record and track every baby diagnosed with CHD (and other congenital conditions) and will help improve services in the future.

> **“Our role as part of the national coalition of congenital heart charities is really important. Where it’s in the interests of our beneficiaries that we work together with others, we will.”**
>
> Jon Arnold, Chief Executive

Working together

We work collaboratively with other charities and organisations to help ensure families with a diagnosis of CHD get the support and information they need.

Supporting families

Our new website - launched in early 2016 - includes more information for parents-to-be and those whose babies have CHD. And, while we don’t run support services ourselves, we work closely with charities that do and help our families access the right support for them.

National coalition

We’re a member of the Coalition of National Congenital Cardiac Charities, working in partnership with other charities who help families affected by CHD in the UK.

Bronchiolitis collaborations

We actively support the More Than A Cold campaign to raise awareness of bronchiolitis and, in 2015-16, became one of the founding members of a national coalition of charities working to improve bronchiolitis awareness and services.

WHY WE’RE NEEDED

Tommy’s story

“When we found out we were expecting a baby it was such a happy and exciting time.

It was at our 20-week scan that we first heard the words ‘Congenital Heart Disease’. Our sonographer spotted a two-vessel cord (rather than the normal 3-vessel cord) in the umbilical cord. Although rare, we were told that it could be a sign of heart problems in the baby so we would need a further scan at 32 weeks and extra paediatric checks at birth.

The 32-week scan was conducted by a different sonographer. After scanning and not detecting any anomalies, she cancelled our post-natal paediatric checks and told us that our baby would have standard newborn checks.

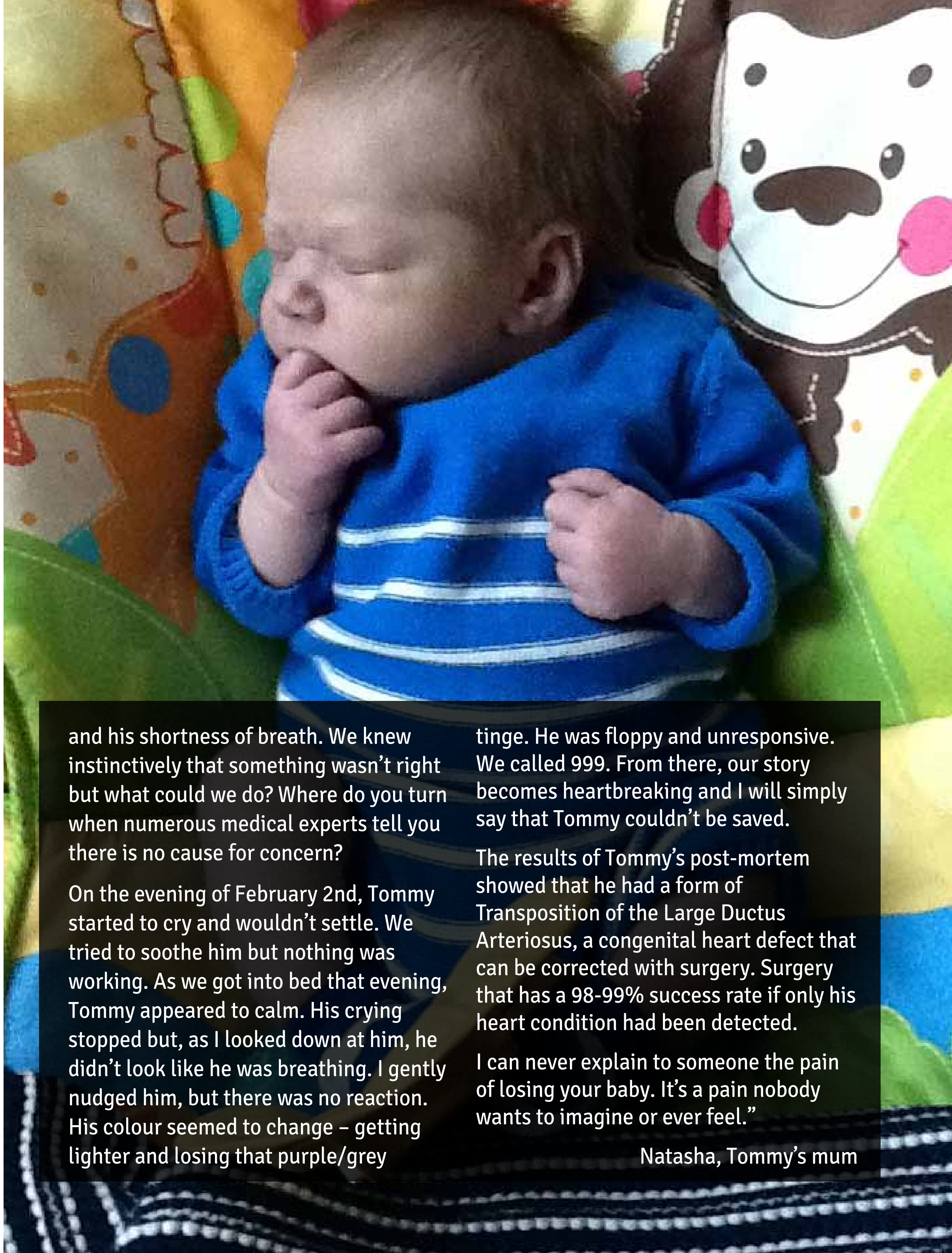
My waters broke on January 22nd and Tommy was delivered within minutes of arriving at the hospital. He was beautiful and perfect, but his hands and feet were extremely cold. He didn’t receive any checks at the hospital that day and we were discharged with no concerns. Tommy would have his newborn checks with our local GP the next day.

The first night at home was extremely quiet. Tommy didn’t seem interested in feeds and slept unless I woke him. His colour had also started to change, from white/green to purple. The midwives had noticed the colour change at the hospital but had diagnosed it as facial congestion.

The next day at his newborn checks, I mentioned Tommy’s colour, his indifference to feeding and that he seemed to be slightly short of breath on occasion. Our GP reassured us that it was all normal and to try not to worry. His temperature was still low, but the doctor explained this could be a result of circulation changes.

As the days passed, I became more and more concerned about Tommy’s indifference to feeding. I decided to express my breastmilk so that I could measure exactly how much he was eating. It took 6 hours for him to drink just 1 ounce of milk. Again, our midwives didn’t seem alarmed.

Tommy’s colour continued to change - from purple to grey – and his lips seemed to get worse. They were dark blue when he cried. Every health professional we had met had given us answers to explain away his colour, his sleepiness, his lack of interest in feeding, his temperature and his shortness of breath. We knew instinctively that something wasn’t right but what could we do? Where do you turn when numerous medical experts tell you there is no cause for concern?



On the evening of February 2nd, Tommy started to cry and wouldn’t settle. We tried to soothe him but nothing was working. As we got into bed that evening, Tommy appeared to calm. His crying stopped but, as I looked down at him, he didn’t look like he was breathing. I gently nudged him, but there was no reaction. His colour seemed to change – getting lighter and losing that purple/grey tinge. He was floppy and unresponsive. We called 999. From there, our story becomes heartbreaking and I will simply say that Tommy couldn’t be saved.

The results of Tommy’s post-mortem showed that he had a form of Transposition of the Large Ductus Arteriosus, a congenital heart defect that can be corrected with surgery. Surgery that has a 98-99% success rate if only his heart condition had been detected.

I can never explain to someone the pain of losing your baby. It’s a pain nobody wants to imagine or ever feel.”

Natasha, Tommy’s mum

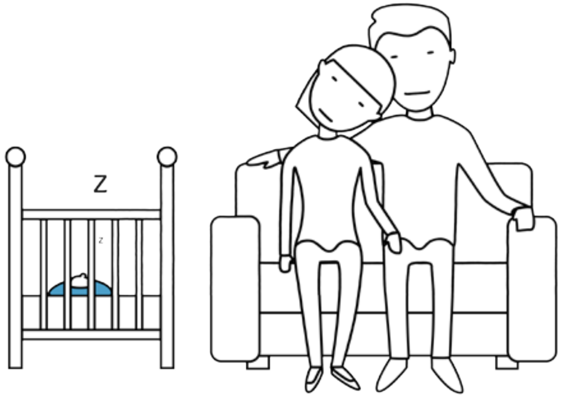
"The work of Tiny Tickers is desperately important. They are training sonographers so they are more confident and equipped to detect heart problems. Early detection during pregnancy is ideal but, as a safety net, our hospital is now using pulse oximetry testing and their staff are being taught about the Think HEART campaign, which shows five signs that your baby could have CHD. With Tommy, we could clearly see four of them - the signs were there.

By sharing Tommy's story I'm doing all I can to prevent other parents experiencing the needless loss we have endured. Hopefully, through that, I will make my son proud and Tommy's legacy will live on."

Natasha, Tommy's mum

OUR AMBITIONS

Our plans to make an even greater impact



I joined Tiny Tickers for one reason only - to help more babies with CHD - and that ambition and motivation is what's behind our new five-year strategy.

We're all incredibly proud of the charity's long record of achievement. Since the organisation was set up in 1999 and then started sonographer training in 2002, national antenatal detection rates have doubled.

Now we want to use this launchpad to have an even greater impact. We want to train more sonographers; raise greater awareness; support more families; and be a louder voice on behalf of patients and their families than ever before.

Our excellent performance in 2015/16 gives us a solid platform to achieve these ambitions, and the ten main aims of our new five-year strategy (laid out on these pages) build on that success.

JON ARNOLD
CHIEF EXECUTIVE

STRATEGIC AIMS FOR 2016/17

1. To increase the number of health professionals who access our training services.

2. To introduce new training services, and develop new ways our training can be accessed.

3. To increase awareness of CHD and our work among diagnosed families and the general public.

4. To increase awareness of our services and campaigns among health professionals.

5. To increase the amount of support given to families who have a diagnosis.

6. To fund, support and collaborate on research and innovative projects relevant to furthering our goals.

7. To be at the centre of the decision-making process for service change across anomaly screening, prenatal and neonatal cardiology.

8. Have a more influential voice in the political side of provision - to be a campaigning organisation.

9. To develop strategic partnerships with people and organisations who can help us achieve our goals.

10. To make our funding sustainable, diverse and proactive; to have a competent and motivated team; to be a stable and sustainable organisation; and to grow our capacity and resources.

REFERENCE AND ADMINSTRATION DETAILS

Charity name:
Tiny Tickers Limited

Company registration number:
03758594

Charity registration number:
1078114

Registered address:
76 Chiswick Lane, London, W4 2LA

Trustees:
David Lale (Chair of Trustees)
Professor Alan Cameron
Anton Christodoulou
Ellen O'Donoghue
Jan Preece
Matthew Worrall
Allan Jones (appointed 20/04/16)

Chief Executive Officer:
Jon Arnold

Company Secretary:
Gwen Young

Bankers:
Lloyds TSB, PO Box 1000,
Andover, BX1 1LT

Independent examiner:
Peter Clark FCA FBIM cyf
Milestones, 98 Woodside Road,
Amersham, Buckinghamshire
HP6 6AP

CHARITY & FINANCIAL INFORMATION

Trustees' statement

Structure and governance

Tiny Tickers is constituted as a company limited by guarantee, incorporated on April 23rd, 1999, and registered as a charity on November 8th, 1999. The company was established under a Memorandum of Association, which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the company being wound up, members are required to contribute an amount not exceeding £10.

The directors of the company are also charity trustees for the purposes of charity law. The Articles of Association require that there are at least three trustees. Trustees are appointed at the Annual General Meeting and are required to retire by rotation, with one third of the board of trustees retiring each year. Trustees who retire at an AGM may, if willing, be reappointed. The board of trustees may appoint new trustees during the year, who will hold office until the next AGM, where they may be re-appointed. New trustees are given a full induction. The trustees are responsible for our governence and for the use of funds. Also, they are responsible for regulating our fundraising, and setting the charity's strategy and policies (and monitoring progress and fulfillment of these). Day-to-day management of the charity's affairs is delegated to the Chief Executive.

Charity objects

The charity's objects, as set out in our Memorandum of Association, are to improve the understanding, early detection and treatment of cardiovascular disease in babies and mothers, through research, training and education. The trustees have referred to the Charity Commission's guidance on public benefit when reviewing aims and objectives and when planning future activities. Since the charity's work aims to advance the life chance of approximately 3,000 babies born suffering from major CHD each year, the trustees are satisfied that the charity meets the Charity Commission's public benefit test.


Sonographers networking at a training conference in Sheffield

Financial review

It was a superb year for Tiny Tickers financially. The charity's income increased during the year to £291,676 (2014-15: £109,702).

The fundraising efforts of our ambassadors Sir Anthony and Lady Chanelle McCoy played a significant part in this growth. We very much look forward to continuing to work closely with them as we spend their funds on charitable projects next year.

Our expenditure also increased, to £143,470 (2014-15: £82,145). This was due to increased spending on charitable activities, including the appointment of a project administration officer. This additional spending has significantly boosted our impact, and we intend to increase charitable spending again in 2016-17.

We generated a net surplus for the year of £148,206 (2014-15: £27,557). The bulk of this (a very significant proportion of which is restricted funds) will be spent on projects during the 2016-17 financial year.

As of 30 April 2016, our total funds stood at £254,756, of which £126,423 is restricted and £128,333 unrestricted. It is the trustees' policy to hold unrestricted reserves equivalent to six to nine months expenditure and we are operating within that policy once funds designated to planned charitable activities are taken into account.

Declaration

The trustees declare that they have approved this annual report document. Signed on behalf of the charity's trustees:

David Lale, Chair of Trustees
Date: 30/12/2016

Independent examiner's report

Independent examiner's report to the Trustees of Tiny Tickers Limited

We report on the accounts of the company for the year ended 30 April 2016, which are set out on pages 15 to 20.

Respective responsibilities of Trustees and Examiner

The Trustees (who are also the Directors of the Company for the purposes of company law) are responsible for the preparation of the accounts. The Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

Having satisfied ourselves that the charity is not subject to audit under company law and is eligible for independent examination, it is our responsibility to:

- Examine the accounts under section 145 of the 2011 Act;
- Follow the procedures laid down in the general Directions given by the Charity Commission under section 145 (5)(b) of the 2011 Act; and
- State whether particular matters have come to our attention.

Basis of independent examiner's report

Our examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as Trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with our examination, no matter has come to our attention:

(1) which gives us reasonable cause to believe that in any material respect the requirements:

- To keep accounting records in accordance with section 386 of the Companies Act 2006: and
- To prepare accounts which accord with the accounting records, comply with the accounting requirements of section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities

have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Peter Clark FAC FBIM cyf
Milestones
98 Woodside Road
Amersham
Buckinghamshire
HP6 6AP

Date: 30/12/2016

Statement of financial activities

For the year ended 30 April 2016 (incorporating the Income and Expenditure Account)

	Notes	Unrestricted funds £	Restricted funds £	Total 2016 £	Total 2015 £
INCOMING RESOURCES					
Incoming resources from generated funds:					
Voluntary income	3	131,550	113,255	244,805	16,649
Activities for generating funds		39,408	-	39,408	46,158
Investment income	4	40	-	40	28
Income resources from charitable activities:					
Training		1,665	-	1,665	30,767
Other income		5,758	-	5,758	16,100
Total incoming resources		178,421	113,255	291,676	109,702
RESOURCES EXPENDED					
Charitable activities					
Training		7,861	28,385	36,246	3,898
Influencing standards		7,352	-	7,352	8,939
Awareness		5,847	3,382	9,229	-
Research		80	-	80	-
Family support / collaborative working		8,662	-	8,662	-
Cost of generating funds:					
Cost of generating voluntary income		40,752	-	40,752	26,955
Fundraising event costs		4,548	-	4,548	7,357
Operating costs		33,592	-	33,592	32,581
Governance costs		3,009	-	3,009	2,415
Total resources expended	5	111,703	31,767	143,470	82,145
Net income (expenditure) for the year		66,718	81,488	148,206	27,557
Total funds brought forward		61,615	44,935	106,550	78,993
Total funds carried forward	10	128,333	126,423	254,756	106,550

All of the activities are continuing. There were no recognised gains or losses other than those stated above.

The notes on pages 17 to 20 form part of these financial statements.

Balance sheet

As at 30 April 2016

	Notes	Unrestricted funds £	Restricted funds £	Total 2016 £	Total 2015 £
Current assets					
Debtors	8	-	-	-	95
Cash at bank & in hand		137,819	126,423	264,242	109,619
Total current assets		137,819	126,423	264,242	109,714
Creditors: amounts falling due with one year	9	9,486	-	9,486	3,164
Net current assets		128,333	126,423	254,756	106,550
Net assets		128,333	126,423	254,756	106,550
Funds of the charity					
Unrestricted funds		128,333	-	128,333	61,615
Restricted income funds		-	126,423	126,423	44,935
Total funds	10	128,333	126,423	254,756	106,550

For the year ended 30 April 2016, the company was entitled to exemption under section 477 of the Companies Act 2006 relating to small companies.

No members have required the company to obtain an audit of its accounts for the year in question in accordance with section 476 of the Companies Act 2006.

The directors acknowledge their responsibility for complying with the requirements of the Act with respect to accounting records and for the preparation of accounts.

The financial statements on pages 14 to 20 were approved by the trustees on Monday, November 28th, 2016 and signed on their behalf by:

David Lale, Chairman of the Trustees

Date: 30/12/2016

The notes on pages 17 to 20 form part of these financial statements.

Notes to the accounts

For the year ended 30 April 2016

1. Basis of preparation

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

1.1 Basis of preparation

The financial statements have been prepared under the Companies Act 2006 and in accordance with the Charities Statement of Recommended Practice (Charities SORP (FRS 102)) and Financial Reporting Standard 102 (FRS 102). The financial statements are drawn up on the historical cost basis of accounting, as modified by the revaluation of investments.

Tiny Tickers meets the definition of a public benefit entity under FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

1.2 Reconciliation with previous UK Generally Accepted Accounting Practice

In preparing the financial statements, the directors have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 the restatement of comparative items was required. No such adjustments were deemed necessary.

1.3 Going concern

The Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future and the company is well placed to manage its risks successfully. Accordingly, they adopt the going concern basis in preparing the annual report and accounts.

2. Accounting policies

2.1 Incoming resources

Income is included in the Statement of Financial Activities (SoFA) when:

- The charity becomes entitled to the resources;
- The trustees are virtually certain they will receive the resources; and
- The monetary value can be measured with sufficient reliability.

Where incoming resources have related expenditure (as with fundraising or contract income) the incoming resources and related expenditure are reported gross in the SoFA.

Grants and donations are only included in the SoFA when the charity has unconditional entitlement to the resources.

Incoming resources from tax reclaims on donations are included in the SoFA at the same time as the gift to which they relate.

Contractual income and performance related grants are only included in the SoFA once the related goods or services have been delivered.

Gifts in kind for sale or distribution are included in the accounts as gifts only when sold or distributed by the charity. Gifts in kind for use by the charity are included in the SoFA as incoming resources when receivable. Gifts in kind are accounted for at a reasonable estimate of their value to the charity or the amount actually realised.

Donated services and facilities are only included in incoming resources (with an equivalent amount in resources expended) where the benefit to the charity is reasonably quantifiable, measurable and material. The value placed on these resources is the estimated value to the charity of the service or facility received.

2.2 Expenditure and liabilities

Liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to pay our resources.

Where the charity gives a grant with conditions for its payment being a specific level of service or output to be provided, such grants are only recognised in the SoFA once the recipient of the grant has provided the specified service or output.

Grants payable without performance conditions are only recognised in the accounts when a commitment has been made and there are no conditions to be met relating to the grant which remain in the control of the charity.

Governance costs include costs of the preparation and examination of statutory accounts, the costs of trustee meetings and cost of any legal advice to trustees on governance or constitutional matters.

Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources.

2.3 Assets

Tangible fixed assets for use by charity are capitalised if they can be used for more than one year, and cost at least £500. They are valued at cost or a reasonable value on receipt.

Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost on a straight-line basis over their expected useful economic lives as follows:

- Project and office equipment - over 4 years

Investments quoted on a recognised stock exchange are valued at market value at the year-end. Other investment assets are included at trustees' best estimate of market value.

Stocks and work in progress are valued at the lower of cost or market value.

Notes to the accounts (cont.)

3. Analysis of voluntary income

	2016 £	2015 £
Donations from individuals	43,981	7,655
Corporate donations	58,769	4,494
Grants from trusts and foundations	28,800	4,500
	131,550	16,649

4. Analysis of investment income

	2016 £	2015 £
Bank interest receivable	40	28

5. Analysis of resources expended

	Activities undertaken directly £	Support costs £	2016 £	2015 £
Charitable activities				
Training	28,385	7,861	36,246	3,898
Influencing standards	7,352	-	7,352	8,939
Awareness	3,382	5,847	9,229	-
Research	80	-	80	-
Family support / collaborative working	8,662	-	8,662	-
Cost of generating funds				
Cost of generating voluntary income	4,280	36,472	40,752	26,955
Fundraising event costs	4,548		4,548	7,357
Operating costs	-	33,592	33,592	32,581
Governance costs		3,009	3,009	2,415
	56,689	86,781	143,470	82,145

Included in governance costs is £650 in respect of fees for the independent examination of the accounts (2015: £650).

Notes to the accounts (cont.)

6. Trustee renumeration and expenses

No renumeration or out-of-pocket expenses were paid to trustees during the year or the preceding year.

7. Staff costs

	2016 £	2015 £
Gross wages	87,988	55,015
Employer's national insurance contributions	4,330	1,993
	92,318	57,008

The charity has four employees, three of whom are employed on a part-time basis. In the prior year, there were three part-time salaried employees.

There were no employees whose emoluments exceeded £60,000.

8. Debtors

	2016 £	2015 £
Trade debtors	-	-
Accrued income	-	95
	-	95

9. Creditors: amounts falling due within one year

	2016 £	2015 £
Accruals	9,486	3,164
	9,486	3,164

Notes to the accounts (cont.)

10. Funds analysis

	B/f at 1 May 2015 £	Incoming resources £	Outgoing resources £	C/f at 30 April 2016 £
Unrestricted funds	61,615	178,421	111,703	128,333
Restricted funds				
Training	35,745	93,855	28,385	101,215
Big Tick	9,190	5,600	982	13,808
Parent information booklets	-	2,200	-	2,200
Family experience videos	-	1,000	-	1,000
Fetal heart development video	-	5,000	2,400	2,600
Think HEART	-	5,600	-	5,600
Restricted funds total	44,935	113,255	31,767	126,423
Total funds	106,550	291,676	143,470	254,756

Details of restricted funds are as follows:

Training
A number of funders have requested their funds should be allocated to the delivery of our sonographer and health professional training services.

Big Tick
Our Big Tick campaign provides information for parents-to-be to properly discuss their baby's heart health with the sonographer during their 20 week scan.

Parent information booklets
Part funding has been secured for two new information booklets for families with a diagnosis of CHD. Once full funding has been secured, this project will be delivered during the 2016-17 financial year.

Family experience videos
Part funding has been secured for a series of videos to support families who have a diagnosis of CHD. Once full funding has been secured, this project will be delivered during the 2016-17 financial year.

Fetal heart development video
Production of this new video, which will be of interest to parents-to-be and health professionals, began towards the end of the 2015-16 financial year and will be completed in the 2016-17 financial year.

Think HEART
This campaign teaches health professionals and parents the potential signs that a baby may have an undiagnosed heart defect. We launched a new push on this campaign during the 2015-16 financial year, which will continue in future years.

11. Transactions with related parties

There were no transactions with related parties during the year.

Saying thank you

From top: Trustee Matthew Worrall (left) and fellow Ride100 fundraiser Mark Woodthorpe-Smith; the staff team and our parent and carer panel get together; and our Chief Executive Jon with the Hospital Saturday Fund team

OUR FUNDERS AND SUPPORTERS

We would like to thank all individuals, organisations, trusts and foundations that have supported our work this year. These include:

Abbvie
Big Lottery Fund
Children's Heart Surgery Fund
Experian
Garfield Weston Foundation
Grocer's Charity
Hospital Saturday Fund
ICAP plc
Leeds Congenital Hearts unit
Peek Creative
QBE Foundation
Shanly Foundation
Sheffield Hallam University
Smiths Group
Souter Charitable Trust
Sovereign Healthcare Charitable Trust
Swizzels Matlow
TMCCL
Toyota Trust
Vojin Soskic

OUR TEAM

We would like to thank everyone who gave their times and skills as part of our board of Trustees:

David Lale (Chair of Trustees)
Gwen Young (Secretary & Treasurer)
Prof. Alan Cameron
Jan Preece
Ellen O'Donoghue
Matthew Worrall
Anton Christodoulou
Allan Jones

Thanks to the following fantastic folks who have donated their time and efforts to our Parent and Carer panel:

Aimee Foster (also our volunteer Social Media Executive)
Rajni Cairns
Jacqui Scott
Rebecca Watterall
Ilia Bowles
Cassie Davies
Grace Brown
Alison Jones

Thanks to our employees for their efforts:

Jon Arnold
(Chief Executive)
Harriett Roberts
(Head of Fundraising)
Jenni Cowlishaw
(Senior Fundraiser)
Vicky Woodmansey
(Project Support Officer)
Ann-Marie Sheard
(Project Administrator)

And our gratitude also to the skilled sonography experts who have delivered our training services and projects:

Helen Miller
Niki Harding
Jan Forster
Sam Bainbridge

OUR AMBASSADORS

A special thank you to our wonderful ambassadors **Sir Anthony and Lady Chanelle McCoy**, and their children Eve and Archie, for their tremendous efforts on our behalf.

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