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Our BBC Lifeline appeal was hosted by Gabby Logan, pictured with Rocco, a heart patient who featured in the programme. See p4 for more details



## INTRODUCING TINY TICKERS

# A better start for tiny hearts



**We exist to improve the early detection and care of babies with congenital heart disease (CHD), giving them 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 CHD, their families and carers, and the dedicated health professionals who look after them.

## OUR VISION AND MISSION

**We want every baby with CHD to have the best chance of survival and the highest possible quality of life.**

**Our mission is to help babies with CHD by:**

- ♥ Improving the detection and diagnosis of CHD
- ♥ Educating and supporting health professionals
- ♥ Advancing the treatment and care of patients
- ♥ Improving the experience of families affected by CHD



## OUR CHARITABLE WORK

# Delivering an even greater impact for babies with CHD

**We've had another successful year helping babies with CHD, their families, and the dedicated health professionals who look after them. We were able to continue to deliver current projects and introduce new ones, thanks to a strong year of fundraising and the continued spending of previous funding held in restricted reserves. Here are just a few examples of our work during 2017/18...**

### **Sonographer training**

The fetal anomaly screening – commonly known as the 20 week scan – is the best opportunity to detect CHD before the baby is born. Training the sonographers who do these scans to give them greater skills and confidence in recognising cardiac abnormalities has been our core work since the charity was formed.

This year we were able to deliver a further two major regional schemes – offering free training to all sonographers in the East and West Midlands - and also continued to provide ad hoc training as requested by other hospitals throughout

the UK. In the East Midlands, our experts trained 140 sonographers in nine hospitals while, in the West Midlands, we trained 228 sonographers in 14 hospitals.

We're delighted with the amount of training we've been able to provide, and with the superb feedback we've had from the hundreds of dedicated and passionate sonographers we've met around the UK.

### **Pulse oximetry testing**

This year we introduced a major new project to fund and place pulse oximetry testing machines in NHS Trusts throughout the UK. This quick, simple and non-invasive test can be performed on newborn babies in the hours after birth to measure the oxygen saturations in their blood. A low reading can be an indication of congenital heart disease, and triggers further testing.

Experts tell us that the test can help save lives, so we want it to be offered to every newborn. During the year, we ran a pilot scheme in Yorkshire and Humber, to establish our project. Over the course of



Staff at Raigmore Hospital in Inverness, where we trained, with a selection of our awareness and information materials

the pilot and the initial stages of the full project, we placed 37 machines in NHS Trusts, which will be used to test around 55,500 newborns every year.

We are already receiving feedback that some heart defects have been detected as a result of tests using those machines.

We are delighted with these results and have set ourselves an ambitious target of funding and placing around 300 machines over the next three years.

### **Being a voice for families**

We've continued to ensure the voice of parents and the needs of babies have been heard by those who set standards in CHD services. We are patient and public representatives on NHS England's Clinical Reference Group for CHD; on the NHS England national review of CHD services' Programme Board, and on the advisory panel for the National Congenital Anomalies and Rare Diseases Register.

Continued on p4

Continued from p3

### **Family information**

Our set of 10 family experience videos were completed during the year - short films that support parents new to CHD by telling the stories of a range of families who have had similar experiences.

Additionally, we published a 'Going Into Hospital' booklet, for families of babies with CHD. This booklet, alongside our previous new diagnosis booklet called 'Some Things We'd Like To Tell You About CHD', is available from hospitals, health professionals and via our website.

Our private forum for heart families on Facebook continues to go from strength to strength, offering a supporting peer environment for more than 370 members.

### **Raising awareness**

Our two awareness campaigns continue. 'Think 20' empowers parents-to-be by telling them what to expect at their 20 week scan; while 'Think HEART' teaches new parents and health professionals the potential signs of undiagnosed CHD - which could be life-saving information. Both campaigns will continue to be the focus of our awareness work.

### **Collaborative work**

We continue to work closely with other charities and organisations that share our goals. We are one of the lead charities in the Children's and Congenital Heart Forum and are part of a group of charities raising awareness of bronchiolitis.



Gabby Logan filming outside the Royal Brompton Hospital and, below, with Rocco and family. (Bottom) Natasha, Tommy's mum

## TINY TICKERS FEATURES ON THE BBC

**We were very fortunate to be the recipients of a BBC Lifeline appeal during 2017. This is BBC television's monthly charity appeal programme - airing on both BBC1 and BBC2, with fundraising running for a month. Our appeal featured two families - that of Tommy, who tragically passed away from undetected CHD; and Rocco, whose heart condition was detected antenatally and who had surgery at a young age. We were delighted that our appeal was hosted by the hugely talented and respected BBC presenter Gabby Logan, who has family experience of heart disease.**

**Filming took place at the paediatric heart units at the Royal Brompton**

**Hospital in London, and the Leeds General Infirmary, and the programme focused on our sonographer training services and our Think HEART awareness work. As well as boosting our fundraising, the programme brought Tiny Tickers to a whole new audience who had not heard of the charity, raising our profile and helping to ensure our continued growth.**

**We'd like to thank all of those involved in the making of the programme, especially the families involved for telling their difficult stories, and Gabby for donating her time and talent.**

**The programme is available on our YouTube channel - search for Tiny Tickers.**







Awareness materials sent to

**10,000**

GPs surgeries across the UK



**16,000**

views of our series of **10** family experience films



**47,000**

views of our Think HEART campaign animation



**426**

sonographers trained in **31** hospitals in the UK

**2,400**

views of our animation of how a baby's heart grows

**9,000**

info materials ordered by health professionals



**“The training has helped to consolidate our knowledge and skill and has been a great confidence booster for all our staff when examining the fetal heart.”**

A Lead Sonographer in the West Midlands



**370**

members of our online parents and carers forum



**55,500**

babies will have a pulse ox test each year with **37** machines we've placed in UK hospitals



## WHY WE'RE NEEDED

# Sonny's story

After a normal pregnancy, Sandie gave birth to Sonny, a seemingly healthy baby. It was soon clear to Sandie that something wasn't right with Sonny's health and it became a race against time to find out what. This is their story:

"Tim and I went to our 20 week scan already knowing we were having a boy, after a private scan. We were just excited to see him again on screen and didn't really think anything could be wrong. The sonographer scanned me, said it was normal and then we left the hospital to go to Cornwall for a babymoon.

We were halfway there when I received a phone call saying there might actually be something wrong. Apparently, I would need another scan a week later.

That scan did, in fact, come back normal. So we went through our pregnancy blissfully unaware of congenital heart disease and its implications. I often wonder if our journey would have been easier if Sonny's condition was picked up while I was pregnant.

Sonny was born on 14th Jan 2016 – a beautiful bundle of my everything!

He wouldn't breastfeed and became severely dehydrated at three days old. We went to hospital and I was told it was because I had low milk supply. We



changed to formula and he fed well on this, so we were discharged. But he still screamed. For hours and hours. And hours. Not a baby cry, but a blood curdling in pain cry.

Tim would come back from work to find me sobbing and Sonny screaming. I felt like a failure. GPs told me I was over-anxious and health visitors said he was feeding off my anxiety. But both Tim and I knew something was wrong.

When Sonny screamed for nine hours solid with no rest and his respirations



were 90, we took him to the doctor. It was our fourth visit. This time he discovered Sonny had no femoral pulses. We went straight to A&E.

We found out that Sonny had Coarctation of the Aorta the next day. His narrowing was so severe that we were transferred to Southampton for urgent surgery.

I used to feel guilty at the relief I felt when we got the diagnosis. But it was relief that we had an answer and someone was finally listening to us. Our surgeon told us that Sonny had been in severe

**"Our journey could have ended in the worst disaster. I'm so grateful for that one GP who listened to us. For as long as Tim and I live, we will push awareness of congenital heart disease."**

Sandie and Tim,  
Sonny's parents

heart failure and we were lucky to still have him. His surgery went well and he recovered amazingly. He has check ups every nine months and will do for the rest of his life. But he's thriving.

Our journey could have ended in the worst disaster. I'm so grateful for that one GP who listened to us.

For as long as Tim and I live, we will push awareness of CHD and raise money.

Sonny is our warrior and he made me stronger than I ever thought possible."



## OUR FUTURE PLANS

# Sustainable growth helping to deliver our ambitious plans

**It's such an exciting time to be part of Tiny Tickers. We're having a greater impact for our beneficiaries than ever before - more sonographer training; new projects funding equipment; an increasing reach for our information and awareness work. We're proud that, because of our efforts, more babies with CHD are being detected sooner.**

Of course, all of that needs to be built on a stable and sustainable platform, so we continue to look to grow our income and remain so grateful to all our donors, fundraisers and funders who have helped us to do that. Their generosity and efforts constantly amaze and humble me.

There is so much more we need to do to help babies with CHD and their families, and we have made exciting new plans for the 2018/19 financial year and beyond.

In consultation with our beneficiaries, supporters, staff, trustees and other stakeholders, we've redefined the four areas of our work this year and you can

see the results of that on this page. These four areas will drive our future projects - making sure our core mission and vision remain at the centre of our work.

As well as reflecting on what we can be doing more of, we have also spent time thinking about what we can do better. Our core values of being trusted, professional, passionate and ambitious remain as relevant as ever, and continue to influence our team's work on a daily basis.

We are a small charity, but we're getting bigger. As we grow, we are determined to stay close to our principles of being open and transparent in all that we do, and encourage any questions about our work and organisation.

The 2018/19 financial year promises to be another busy and, hopefully, successful one for the charity as we look to deliver on our ambitious plans to further increase our impact for babies with CHD.

**JON ARNOLD**  
CHIEF EXECUTIVE

## OUR AREAS OF WORK

We'll help every baby with congenital heart disease in the UK have equal access to the highest quality detection, diagnosis, treatment and care.



**1** We will **train and support** sonographers and other health professionals working to help patients with CHD.

**2** We will **fund equipment and support new technologies** to improve detection, diagnosis and treatment.



**3** We will **influence service standards** and be a **voice for patients and families.**

**4** We will provide families with **information, advice and access to support.**





Our Head of Training, Anne Rhodes, meeting health professionals at a conference in Yorkshire

## REFERENCE AND ADMINISTRATION DETAILS

**Charity name:**  
Tiny Tickers Limited

**Company registration number:**  
03758594

**Charity registration number:**  
1078114

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

**Trustees:**  
Professor Alan Cameron  
Jane Fisher  
Nick Flanagan  
Allan Jones  
David Lale (Chair of Trustees, resigned April 18th, 2018)  
Ellen O'Donoghue  
Jan Preece  
Paul Schofield (Appointed Chair of Trustees July 18th, 2018)  
Matthew Worrall

**Chief Executive Officer:**  
Jon Arnold

**Company Secretary:**  
Gwen Young

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

**Independent examiner:**  
Peter Clark FCA FBIM cyf  
Milestones, 98 Woodside Road,  
Amersham, Bucks, 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 governance 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 chances 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.



Heart patient  
Billy Hopkins



## Financial review 2017/18

We were delighted to achieve a 25% increase in our income year-on-year, with continued and sustainable growth across a number of revenue streams contributing to a total income of £165,865.

As per our budget plans, the 2017/18 year was the second year of growth in expenditure as a result of a significant one-off event that provided substantial restricted reserves at the end of the 2015/16 year. Therefore, expenditure increased by 5.5% to £220,683 – a figure that included both additional spending on charitable

activities, and continued investment in the organisation's infrastructure and resources.

The combined result of our continuing to spend reserves restricted to our charitable activities (particularly our sonographer training projects), plus a growth in income year-on-year, was a net deficit of £54,818. This was slightly better than our budget expectations and a significant reduction on the deficit of the prior financial year.

As of 30 April 2018, our total funds stood at £123,933, of which £73,425 was unrestricted and £50,508 was restricted. This performance has given

us a stable financial platform from which to deliver significant impact for our beneficiaries.

Our expectation for the 2018/19 financial year is that the net deficit will again reduce as we conclude the spending of the restricted funds mentioned previously, and seek to return to achieving a small surplus in future years.

It is the trustees' policy to hold unrestricted reserves equivalent to six to nine months' normal 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:

Paul Schofield, Chair of Trustees  
Date: 11/01/2019

# 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 2018, which are set out on pages 11 to 16.

### **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 Charities Statement of Recommended Practice (Charities SORP (FRS 102))

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 FCA FBIM cyf  
Milestones  
98 Woodside Road  
Amersham  
Buckinghamshire  
HP6 6AP

Date: 11/01/2019



# Statement of financial activities

For the year ended 30 April 2018 (incorporating the Income and Expenditure Account)

	Notes	Unrestricted funds	Restricted funds	Total 2018	Total 2017
		£	£	£	£
<b>INCOMING RESOURCES</b>					
Incoming resources from generated funds:					
Voluntary income	3	85,313	44,321	129,634	97,661
Activities for generating funds		27,061	-	27,061	20,488
Investment income	4	70	-	70	95
Income resources from charitable activities:					
Training		3,062	6,038	9,100	14,853
Other income		-	-	-	-
<b>Total incoming resources</b>		<b>115,506</b>	<b>50,359</b>	<b>165,865</b>	<b>133,097</b>
<b>RESOURCES EXPENDED</b>					
Charitable activities					
Training		10,105	38,366	48,471	62,669
Influencing standards		11,901	18,893	30,794	12,630
Awareness		14,941	16,412	31,353	39,168
Research		2,371	-	2,371	2,645
Family support / collaborative working		11,228	4,772	16,000	14,340
Cost of generating funds:					
Cost of generating voluntary income		46,424	-	46,424	36,095
Fundraising event costs		9,352	-	9,352	7,319
Operating costs		29,296	-	29,296	30,088
Governance costs		6,622	-	6,622	4,148
<b>Total resources expended</b>	5	<b>142,240</b>	<b>78,443</b>	<b>220,683</b>	<b>209,102</b>
<b>Net income (expenditure) for the year</b>		<b>(26,734)</b>	<b>(28,084)</b>	<b>(54,818)</b>	<b>(76,005)</b>
Total funds brought forward May 2016		100,159	78,592	178,751	254,756
<b>Total funds carried forward May 2017</b>	10	<b>73,425</b>	<b>50,508</b>	<b>123,933</b>	<b>178,751</b>

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

The notes on pages 13 to 16 form part of these financial statements.

# Balance sheet

As at 30 April 2018

	Notes	Unrestricted funds	Restricted funds	Total 2018	Total 2017
		£	£	£	£
<b>Current assets</b>					
Debtors	8	1,148	-	1,148	430
Cash at bank and in hand		75,473	50,508	125,981	181,517
Total current assets		76,621	50,508	127,129	181,947
Creditors: amounts falling due with one year	9	3,196	-	3,196	3,196
Net current assets		73,425	50,508	123,933	178,751
Net assets		73,425	50,508	123,933	178,751
<b>Funds of the charity</b>					
Unrestricted funds		73,425	-	73,425	100,159
Restricted income funds		-	50,508	50,508	78,592
Total funds	10	73,425	50,508	123,933	178,751

For the year ended 30 April 2018, 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.

These accounts have been prepared in accordance with the provisions applicable to companies subject to small companies' regime.

The financial statements on pages 13 to 16 were approved by the trustees on Friday, January 11th, 2019 and signed on their behalf by:



Paul Schofield, Chairman of the Trustees

Date: 11/01/2019

The notes on pages 13 to 16 form part of these financial statements.



# Notes to the accounts

For the year ended 30 April 2018

## 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 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

	2018 £	2017 £
Donations from individuals	36,666	40,019
Corporate donations	17,597	9,142
Grants from trusts and foundations	31,050	23,500
	85,313	72,661

### 4. Analysis of investment income

	2018 £	2017 £
Bank interest receivable	70	95
	70	95

### 5. Analysis of resources expended

	Activities undertaken directly	Support costs	2018 £	2017 £
	£	£		
<b>Charitable activities</b>				
Training	17,794	30,677	48,471	62,669
Influencing standards	20,571	10,223	30,794	12,630
Awareness	16,869	14,484	31,353	39,168
Research	-	2,371	2,371	2,645
Family support / collaborative working	5,452	10,548	16,000	14,340
<b>Cost of generating funds</b>				
Cost of generating voluntary income	1,290	45,134	46,424	36,095
Fundraising event costs	9,352	-	9,352	7,319
<b>Operating costs</b>	10,374	18,922	29,296	30,088
<b>Governance costs</b>	6,622	-	6,622	4,148
	88,324	132,359	220,683	209,102

Included in governance costs is £1,150 in respect of fees for the independent examination of the accounts (2017: £1,280).



## Notes to the accounts (cont.)

### 6. Trustee remuneration and expenses

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

### 7. Staff costs

	2018 £	2017 £
Gross wages	132,359	125,788
Employer's national insurance contributions	8,588	7,564
Employer's pension contributions	752	-
	<hr/> 141,699	<hr/> 133,352

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

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

### 8. Debtors

	2018 £	2017 £
Trade debtors	1,148	430
Accrued income	-	-
	<hr/> 1,148	<hr/> 430

### 9. Creditors: amounts falling due within one year

	2018 £	2017 £
Accruals	3,196	3,196
	<hr/> 3,196	<hr/> 3,196

## Notes to the accounts (cont.)

### 10. Funds analysis

	B/f at 1 May 2017 £	Incoming resources £	Outgoing resources £	C/f at 30 April 2018 £
<b>Unrestricted funds</b>	100,159	115,506	142,240	73,425
<b>Restricted funds</b>				
Training	57,796	6,038	38,366	25,468
Think 20	2,134	-	375	1,759
Parent information booklets	2,200	-	1,255	945
Family experience videos	3,762	-	3,516	246
Fetal heart development video	2,600	-	-	2,600
Think HEART	10,100	-	15,576	(5,476)
Pulse oximetry	-	44,321	18,894	25,427
Restricted funds total	78,592	50,359	78,443	50,508
<b>Total funds</b>	178,751	165,865	220,683	123,933

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.

#### Think 20

Our Think 20 campaign provides information for parents-to-be to properly understand their baby's heart

development and their 20 week pregnancy screening.

#### Parent information booklets

Funding was secured for two information booklets for families with a diagnosis of CHD, both of which are now published and available.

#### Family experience videos

Funding was secured for a series of films to support families who have a diagnosis

of CHD. A series of ten films are now available for viewing.

#### Fetal heart development video

Production of this animation, which has a target audience of both parents-to-be and health professionals, was completed during the prior year. The film will continue to be publicised and shown in future years.

#### Pulse oximetry

### 11. Transactions with related parties

There were no transactions with related parties during the year.

We are funding and placing pulse oximetry testing machines in NHS Trusts throughout the UK. This is a quick, non-invasive test that can be given to newborns to test the level of oxygen saturations in their blood. A low reading can be an indicator of CHD, and will lead to further specialist investigation. This is a new project begun during the 2017/18 financial year.



# Saying thank you

## OUR FUNDERS AND SUPPORTERS

We would like to thank all individuals, organisations, trusts and foundations that have supported our work. These include but are not limited to:

**Abbie**  
**Ann Rylands Small Donation Scheme**  
**Chapman Charitable Trust**  
**Children's Heart Surgery Fund**  
**DM Thomas Foundation**  
**Hamilton Wallace Charitable Trust**  
**JN Derbyshire**  
**May Gibson Charitable Trust**  
**Mrs Hilda Beer Charitable Trust**  
**Lioness Clubs UK**  
**Roger Raymond Trust**  
**Ms Rose Adeane Charitable Trust**  
**Souter Charitable Trust**  
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**Daniel Benson, Damien & Stuart Simons**



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**Anne Rhodes**  
**Vicky Woodmansey**

And former members of the team:

**Sharon Cook**  
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**Harriett Roberts**

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**Sam Bainbridge**  
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**Angela Hobbs**  
**Joanne Jones**  
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